



EUROPEAN GENERAL PRACTICE
RESEARCH NETWORK



Abstract Book

12 - 15 October 2023

www.egprn.org

COLOPHON

Abstract Book of the 97th European General Practice Research Network Meeting
Prague, Czech Republic 12 - 15 October 2023

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Foreword

Innovative Technologies and Methods in General Practice

"Innovative technologies and methods in General Practice", reflects the advent of modern technologies into general practice, which to a large extent change diagnostic procedures, the way of working and communication, both with patients and within the health care system. For example, the Czech Republic has become a European leader in the use of POCT laboratory techniques in primary care. The arsenal of instrumental diagnostic technology is developing. In addition to devices from cardiovascular and pulmonary diagnostics, it has recently been sonographic examination in the POCUS regime. Various solutions in the field of IT applications and communication systems, both with patients and within the healthcare system, are also gaining in importance. Distance medicine is emerging. All of these changes are coming very quickly now, and they are not all evaluated in terms of their actual contribution to improving patients and doctors' satisfaction and safety, quality of care or cost-effectiveness. In this area, there is both space and need for research in primary care.

Innovative methods include new ways doctors organise their practice and approaches to management of their patients' problems. Benefits or risks of a team/shared practice vs single practice can be the field of research focus. The Czech Republic is characterized by a predominance of single practices in which independent doctors operate. The Europe-wide trend towards the development of team practices is difficult to apply here. There is a shortage of non-medical staff, and it is more difficult to set up multidisciplinary teams. One example of an inspiring innovation in the competence of a Czech GP is the reimbursement of a Psychosomatic intervention provided by GPs with extra psychosomatic education including self-reflection and supervision. The cost-effectiveness needs to be evaluated.

General practice in the Czech Republic is developing successfully, its importance has grown even more after the covid pandemic, and it is one of the most frequent career choices of medical students. Both professional and scientific organizations have a strong position and academic workplaces of general practice are also developing. Only research in primary care is still a weakness. Tradition, experience, methodological background and institutional support are lacking. In recent years, the situation has improved, thanks to international and interdisciplinary cooperation and some successful local projects.

We believe that the ERGPRN conference in Prague will become an impulse for further development of research in primary care in the Czech Republic.

Host Organising Committee

- Chair: Martin Seifert MD, Head of the Division of General Practice, 3rd Medical Faculty, Charles University
- Bohumil Seifert assoc. prof. MD, Ph.D. Head of the Department of General Practice, 1st Medical Faculty, Charles University
- Svatopluk Býma assoc. prof. MD, CSc, Head of the Czech Society of General Practice
- Katerina Javorská MD, Medical Faculty Hradec Kralové, Charles University
- David Halata MD, Medical Faculty Hradec Kralové, Charles University
- Ludmila Bezdíčková MD, Institute of Postgraduate Medical Education
- Jáchym Bednář MD, Institute of Postgraduate Medical Education

THURSDAY, 12TH OCTOBER 2023

Time	Janovského (2nd Floor)	Heveroch (2nd Floor)	Ostrčil (1st Floor)
9:00		Workshop 1 Writing for Publication 09:00 - 12:30	W2 POCUSCave Modul 1 09:00-09:45
9:30	Executive Board Meeting 09:30-13:00		
9:45			
10:00			
10:15			W2 POCUSCave Modul 2 10:15-11:00
11:00			W2 POCUSCave Module 3 11:30-12:15
11:30			
12:00			
12:15			
12:30			
13:00			
Lunch Break			
13:00	Price is not included in the conference fee. You may purchase lunch at the restaurants or shops nearby.		
13:30		Workshop 3 How to Build a Research Capacity in Primary Care 13:30 - 16:30	W2 POCUSCave Module 4: 13:30-14:15
14:00	Council Meeting 14:00-17:00		W2 POCUSCave Module 5: 14:30-15:15
14:15			
14:30			W2 POCUSCave Module 6: 15:30-16:15
15:00			
15:15			
15:30			
16:00			
16:15			
16:30			
17:00			
17:00	Research Strategy Committee 17:00-18:00	Educational Committee 17:00-18:00	PR & Communication Committee 17:00-18:00
17:30			
18:00			
18:00- 19:30	Welcome Reception and Opening Cocktail Location: The House of Doctors, Foyer		

FRIDAY, 13TH OCTOBER 2023		
08:00-08:30	Registration - Ground Floor	
	Štejfa Hall (1st Floor)	
08:30-08:45	Opening of the Meeting by EGPRN Chairperson Dr. Tiny van Merode	
08:45-09:00	Welcome by Local Host Dr. Martin Seifert	
09:00-09:40	National Keynote Lecture Assist. Prof. Miroslav Kluga	
09:40-11:10	Plenary Session - Theme Papers: Research Networks in Primary Care	
11:10-11:40	Coffee Break - For the regular attenders - Foyer	
11:10-11:40	Blue Dot Coffee Break - For the first time attenders - Hall (2nd Floor)	
	Štejfa Hall (1st Floor)	Janovského Room (2nd Floor)
11:40-13:10	Parallel Session A - Theme Papers: Capacity in General Practice	Parallel Session B - Freestanding Papers: Screening and Prevention
13:10-14:10	Lunch - Foyer	
	Heveroch Room (2nd Floor)	
13:10-14:10	Research Cafe Do you have any questions about research that you are doing or would like to do? Ask the EGPRN's experts at the lunchtime "Research Café"! Take your lunch with you.	
	Office 1 (2nd floor)	
13:10-14:10	13:00 - 13:30 EGPRN Collaborative Study Group Meeting: inSIGHT	
	Štejfa Hall (1st Floor)	Janovského Room (2nd Floor)
14:10-15:40	Parallel Session C - Theme Papers: Miscellaneous	Parallel Session D - Freestanding Papers: Chronic Diseases
15:40-16:00	Coffee Break - Foyer	
16:00-17:30	Parallel Session E - One Slide Five Minute Presentations	Parallel Session F - Freestanding Papers: COVID-19
17:40-17:50	Summary of the day Assist. Prof. Miroslav Kluga	
	Štejfa Hall (1st Floor)	Janovského Room (2nd Floor)
17:50-18:40	EGPRN Collaborative Study Group Meeting: Örenäs	EGPRN Collaborative Study Group Meeting: PHC-Eurodata-Covid19
	Practice Visits in Prague	
18:00	Location: 4 different options. Online pre-registration required, space is limited. The groups will leave from the conference venue. Transportation will be by metro.	

SATURDAY, 14TH OCTOBER 2023			
08:30-09:10	Štejfa Hall (1st Floor)		
	International Keynote Lecture Prof. Niek de Wit		
09:10-10:40	Štejfa Hall (1st Floor)	Janovského Room (2nd Floor)	
	Parallel Session G - Theme Papers: Vulnerable People	Parallel Session H - Web Based Research Course Presentations	
10:40-11:00	Coffee Break		
11:00-12:30	Poster Sessions		
	Poster Session 1: Metabolic and Cardiovascular Diseases	Poster Session 2: Cancer and End of Life	Poster Session 3: Support Systems to Improve Quality of Care
	Poster Session 4: Treatment and Safety of Care	Poster Session 5: Prevention and Lifestyle	Poster Session 6: COVID-19
	Poster Session 7: Mental Health		
12:30-13:30	Lunch - Foyer		Office 1 (2nd floor)
			13:00 - 13:30 EGPRN Collaborative Study Group Meeting: PACE GP/FM
13:30-15:30	Štejfa Hall (1st Floor)	Janovského Room (2nd Floor)	
	Parallel Session I - Theme Papers: Chronic Diseases	Parallel Session J: Web Based Research Course Presentations	
15:30-15:50	Coffee Break - Foyer		
15:50-17:30	Štejfa Hall (1st Floor)	Janovského Room (2nd Floor)	
	Parallel Session K: Theme Papers: Screening and Diagnosis	Parallel Session L: Freestanding Papers: Mental Health	
17:30-17:40	Summary of the day Prof. Niek de Wit		
17:40-18:00	Chairperson's Report by EGPRN Chair Dr. Tiny van Merode		
18:00-18:15	Presentation of the Poster-Prize for the best poster presented		
18:15-18:25	Introduction to the next EGPRN meeting		
18:25-18:30	Closing		
20:00	Social Night with Dinner, Dance and Music! Location: Kaiserštejnský Palace. Pre-booking online essential. Address: Malostranské nám. 23/37, 110 00 Malá Strana, Prague		

Programme

Thursday, 12 October 2023

09:00 - 12:30 **Workshop 1: Writing for Publication – Meet the Editors for Tips and Tricks!**
Location: Heveroch Room (2nd Floor)

[Registration is required.](#)

09:00 - 16:15 **Workshop 2: Point-of-Care Ultrasonography Training for General Practitioners – POCUSCave**
Location: Ostrčil Room (1st Floor)

[Registration is required.](#)

Module 1: 09:00-09:45, Module 2: 10:15-11:00
Module 3: 11:30-12:15, Module 4: 13:30-14:15
Module 5: 14:30-15:15, Module 6: 15:30-16:15

09:30 - 13:00 **EGPRN Executive Board Meeting**
Location: Janovského Room (2nd Floor)

Only for Members of the Executive Board.

13:00 - 14:00 **Lunch**

Price is not included in the conference fee. You may purchase lunch [at restaurants or shops nearby.](#)

13:30 - 16:30 **Workshop 3: How to Build a Research Capacity in Primary Care**
Location: Heveroch Room (2nd Floor)

[Registration is required.](#)

14:00 - 17:00 **EGPRN Council Meeting**
Location: Janovského Room (2nd Floor)

Only for EGPRN Executive Board and EGPRN Council members.

17:00 - 18:00 **EGPRN Committee Meetings and Working Groups**

- EGPRN Research Strategy Committee - Janovského Room (2nd Floor)
- EGPRN Educational Committee - Heveroch Room (2nd Floor)
- EGPRN PR & Communication Committee - Office 1 (2nd Floor)

18:00 - 19:30 **Welcome Reception and Opening Cocktail**
Location: Foyer

Friday, 13 October 2023

08:00 - 08:30	Registration Location: Ground Floor
08:30 - 08:45	Opening of the Meeting by EGPRN Chairperson Location: Štejfa Hall (1st Floor) <ul style="list-style-type: none"> • Tiny Van Merode (Speaker)
08:45 - 09:00	Welcome by Local Host Location: Štejfa Hall (1st Floor) <ul style="list-style-type: none"> • Martin Seifert (Speaker)
09:00 - 09:40	National Keynote Lecture Location: Štejfa Hall (1st Floor) <ul style="list-style-type: none"> • Bohumil Seifert (Chair) • Innovative Methods in the Development of Trustworthy Clinical Practice Guidelines - Miloslav Klugar (Keynote Speaker)
09:40 - 11:10	Plenary Session - Theme Papers: Research Networks in Primary Care Location: Štejfa Hall (1st Floor) <ul style="list-style-type: none"> • Tiny Van Merode (Chair) • A new data collection project for studies of the process of diagnosis in primary care: collecting data on reasons for encounter and diagnoses in episodes of care in Europe. - Jean Karl Soler • Developing a semi-automatic COVID-19 syndromic surveillance tool into a fully automated tool for respiratory infectious diseases in Belgian General Practices - Laura Debouverie • Using information technology to facilitate research in a practice-based research network - the story of PraksisNett - Guro Haugen Fossum
11:10 - 11:40	Blue Dot Coffee Break Location: Hall (2nd Floor) <p>For the first time attenders.</p>
11:10 - 11:40	Coffee Break Location: Foyer <p>For the regular attenders.</p>
11:40 - 13:10	Parallel Session A - Theme Papers: Capacity in General Practice Location: Štejfa Hall (1st Floor) <ul style="list-style-type: none"> • Ana Luisa Neves (Chair) • Are nurse-Led Patient consultations and nurse-led dose adjustments of permanent medication acceptable for the general population in Germany? Results from a population-based study (RESIDENCE Study) - Celina Wiens • The inverse care law as applied to general practice clinics in the Irish Midwest: examining effects through simulated practice closure - Michael O'callaghan
11:40 - 13:10	Parallel Session B - Freestanding Papers: Screening and Prevention

Location: Janovského Room (2nd Floor)

- Philippe-Richard Domeyer (Chair)
- Exploring Trends in Contraception and HRT Prescription in Ireland: An Application of Reimbursement Data - Fintan Stanley
- Intention to treat and per protocol analyses showed different results in a diagnostic cluster randomized controlled trial evaluating fecal calprotectin in primary care - Sophie Ansems

12:40 - 14:10

Lunch

Location: Foyer (1st Floor)

13:10 - 14:10

Research Cafe

Location: Heveroch Room (2nd Floor)

Do you have any questions about research that you are doing or would like to do?
Ask the EGPRN's experts at the lunchtime "*Research Café*"!
Take your lunch with you.

14:10 - 15:40

Parallel Session C - Theme Papers: Miscellaneous

Location: Štejska Hall (1st Floor)

- Negar Pourbordbari (Chair)
- Conceptual Overview of Telemedicine in Primary Care: A Grounded Theory Perspective - Hans Thulesius
- Fostering HPV Vaccination Uptake in Youth: Insights from the Young Generation - Hüsna Sarca Çevik
- Usefulness of project management softwares in a general practice setting during a health care crisis. - Jean-Francois Michel

14:10 - 15:40

Parallel Session D - Freestanding Papers: Chronic Diseases

Location: Janovského Room (2nd Floor)

- Goranka Petricek (Chair)
- Chronic obstructive pulmonary disease in a Portuguese Primary Health Care Unit: a quality improvement study - Liliana Jesus
- Exploring Sex-Based Differences in Patient Outcomes: A Secondary Analysis of Heartwatch, an Irish Cardiovascular Secondary Prevention Program - Ivana Keenan
- How often do we measure blood pressure in the office? Results of the Hungarian Hypertension Registry - János Nemcsik

15:40 - 16:00

Coffee Break

Location: Foyer (1st Floor)

16:00 - 17:40

Parallel Session E: One Slide Five Minute Presentations

Location: Štejska Hall (1st Floor)

- Mehmet Ungan (Chair)
- Ferdinando Petrazzuoli (Chair)
- Artificial intelligence assistance in arterial hypertension follow up and management - Renata Romić
- Bridging the Gap: A Project to Promote Collaboration Between General Practitioners and Researchers in Primary Care - Martina Zangger
- Optimizing management of children presenting with acute abdominal pain in primary care: a cluster randomized controlled trial evaluating the impact of a clinical prediction rule including C-reactive protein for appendicitis - Gea Holtman
- Oral Health Status of Primary Dental Care Patients with Chronic Diseases - Melisa Öçbe
- Prognostic value of blood pressure and its variability on the risk of hemorrhagic stroke in

adult patients on anticoagulant therapy in Catalonia. A case-control study. - Joan De Montserrat Moreno

- Self-care promotion competences among general practitioners and primary care nurses and their affecting factors - Jessica Longhini
- Should We Use an Open-Label Placebo for Moderate Depression Treatment? Protocol for a Randomised Controlled Trial. - Pavlo Kolesnyk
- Sustainability in primary healthcare practice, no time to lose! - Paul Van Royen
- Why don't we follow clinical practice guidelines attending people suffering from vertigo? Let's improve it! - Eva Peguero

16:00 - 17:30

Parallel Session F - Freestanding Papers: Impact on Quality of Life

Location: Janovského Room (2nd Floor)

- Ayse Caylan (Chair)
- Degree of self-perceived disability and impact on their quality of life in primary care healthcare workers with long COVID-19: EPICOID-AP21 study - Jaime Monserrat Villatoro
- Fatigue among long-term breast cancer survivors: a controlled cross-sectional study - Saskia Accord-Maass
- How to implement a physical activity program in primary care among cancer survivors: barriers and facilitators from the perspective of the GP and practice nurse - Famke Huizinga

17:40 - 17:50

Summary of the day

Location: Štejska Hall (1st Floor)

- Miloslav Klugar (Speaker)

17:50 - 17:55

End of the conference day

17:55 - 18:40

EGPRN Collaborative Study Group Meeting: Örenäs

Location: Štejska Hall (1st Floor)

17:55 - 18:40

EGPRN Collaborative Study Group Meeting:PHC-Eurodata-Covid19

Location: Janovského Room (2nd Floor)

18:00 - 19:00

Practice Visits in Prague

Online pre-registration required, space is limited. The groups will leave from the conference venue. Please click [here](#) for more information.

Saturday, 14 October 2023

- 08:30 - 09:10 **International Keynote Lecture**
 Location: Štejska Hall (1st Floor)
- Tiny Van Merode (Chair)
 - Is innovative technology the solution for the challenges in general practice ? - Niek de Wit (Keynote Speaker)
- 09:10 - 10:40 **Parallel Session G: Theme Papers: Technical Support in Diagnosis and Screening**
 Location: Štejska Hall (1st Floor)
- Radost Assenova (Chair)
 - Evidence of POCUS applications in primary healthcare at the European level and a prospective POCUS study in patients with acute abdominal pelvic pain in family medicine practice - Mihai Iacob
 - Utilization of medical technology in primary care: lessons learned from a nationwide study - Ábel Perjés
- 09:10 - 10:40 **Parallel Session H: Special Methodology Session**
 Location: Janovského Room (2nd Floor)
- Jean Karl Soler (Chair)
 - Evaluation of the effect of sleep quality and physical activity on perceived stress level in 45-64 year-old population - Gökçe İşcan
 - Introducing Family Medicine to undergraduate medical students: an early clinical exposure through an elective activity at Humanitas University in Milan - Luigi Bracchitta
 - Study of the activity of BAT in patients with phenylketonuria - Noemí López
- 10:40 - 11:00 **Coffee Break**
 Location: Foyer
- 11:00 - 12:30 **Poster Session 1: Metabolic and Cardiovascular Diseases**
- Nicola Buono (Chair)
 - Low-dose Aspirin adherence after acute coronary syndrome – patients` experience - Goranka Petricek
 - Morbidity and mortality from diseases of the circulatory system in the Republic of Kazakhstan for 2013-2020. - Akbayan Markabayeva
 - Proportion of ECR of patients over age 18 without code for Hypertension and without any measure of Blood Pressure - Sonia Zenari
 - Up-rise ability predicted hip fractures and mortality in 295 women 70 years and older – a 20 year follow up controlled intervention - Daniel Albertsson
 - Use of mHealth application in improving blood pressure control and adherence to therapy in patients with newly diagnosed arterial hypertension in North Macedonia - Sashka Janevska
- 11:00 - 12:30 **Poster Session 2: Cancer and End of Life**
- Jean Yves Le Reste (Chair)
 - "Effectiveness of the SPYROS DOXIADIS program in the compliance of the patient list of a personal doctor in doing mammography". - Christiana Milai
 - Does personalised advise about cervical and breast cancer screening effects women`s intention to be screened? - Natalliia Ponzel
 - End of life care in GP offices in Czech Republic - Pavel Demo
 - How does colorectal screening (CRS) work in European countries? - Jelena Danilenko
 - Worries and Uncertainty among Male patients with elevated PSA levels . - Marcello Mangione
- 11:00 - 12:30 **Poster Session 3: Support Systems to Improve Quality of Care**

- Hans Thulesius (Chair)
- A Comparative Analysis of the 'Physician Attitudes and Intentions to use Telemedicine' (PAIT) Questionnaire Responses from General Practitioners in England and Sweden. - Oliver Engela Ras
- Competences of General Practitioners - Medical Students' View vs. The View of Their Lecturers - Pavel Martinek
- Digital self-triage: how compliant is the patient? - Veronique Verhoeven
- Evaluation of the Effectiveness of Quality Committees in Primary Health Care in Tajikistan - Parvina Makhmudova
- Perceptions regarding the use of Clinical Decision Support Systems in Primary Care - Viviana Barreira

11:00 - 12:30

Poster Session 4: Treatment and Safety of Care

- Margarida Gil Conde (Chair)
- Development and pilot testing of a sex- and gender-sensitive primary care intervention for patients with chronic non-cancer pain receiving long-term opioid therapy (GESCO): a study protocol - Achim Mortsiefer
- Digital Transformation in Swedish Primary Care: Evaluating the Impact on Antibiotic Prescription and Equity in Utilization - Jens Wilkens
- Exploring primary health care professionals' queries to a drug information centre – a descriptive analysis - Naldy Parodi López
- Phase 1 Results and Phase 2 Initiation for AC102: A Novel Drug Candidate for the Treatment of Sudden Sensorineural Hearing Loss (SSNHL) - Rachael Ward

11:00 - 12:30

Poster Session 5: Prevention and Lifestyle

- Hilde Bastiaens (Chair)
- Effectiveness and cost-effectiveness of a virtual community of practice to improve the empowerment of middle-aged people with multimorbidity: A randomized controlled trial. - Alba Campillejo
- Parental adherence to boys' HPV vaccination and associated factors: a cross-sectional study. - Laetitia Bachmann
- Prevention needs in adolescents: What is their emotional problem all about? - Ana Clavería Fontán
- Running 15 minutes daily - interview study with teachers four years after introducing the physical activity intervention "The Daily Mile" at a Swedish junior school - Staffan Svensson
- The Contraception Attitudes and Accessibility to Primary Care Centers for the Women in Reproductive Age (15-49 years old) During The Pandemic - Pemra C. Unalan

11:00 - 12:30

Poster Session 6: COVID-19

- Jako Burgers (Chair)
- Delphi Study on Primary Health Care Indicators for COVID-19 Pandemic across 30 European Countries: Eurodata study, preliminary results - Ileana Gefaell Larrondo
- Increased resilience of educational practices during COVID-19 in Hungarian primary care - Zoltán Lakó-Futó
- Knowledge, attitudes, and perceptions towards vaccination against COVID-19 in a Greek island community - Eleni Jelastopulu
- Primary Care Physicians' Intentions to Use Telemedicine in Sweden – A Survey Before and After the COVID-19 Pandemic - Fredric Karlsson
- Side effects of the COVID-19 vaccine in the vaccinated population of Vlora district; evidence of the efficacy and safety of the vaccines applied - Vasilika Prifti

11:00 - 12:30

Poster Session 7: Mental Health

- Vanja Lazic (Chair)
- "VoluntariaMente" - The Impact of the Individual Social Role on the Improvement of Mental Health - Ana Gonçalves
- A qualitative study of mental health impact among conflict-affected civilian population in

Ukraine - Albina Zharkova

- Burnout among Catalan family doctors. A three times cross-sectional study, during and after the SARS-CoV-2 pandemic - Maria Miñana Castellanos
- Exploring the association between type of pain and mental health with 4DSQ - Aysen Kutan Fenercioğlu

12:30 - 13:30

Lunch

Location: Foyer (1st Floor)

13:00 - 13:30

EGPRN Collaborative Study Group Meeting: PACE GP/FM

Location: Office 1 (2nd Floor)

13:30 - 15:30

Parallel Session I - Theme Papers: Chronic Diseases

Location: Štejska Hall (1st Floor)

- Pemra C. Unalan (Chair)
- Feasibility study of a home-based artificial intelligence system to empower patients with type 2 diabetes - Jesús González-Lama
- Recommendations on digital care in Dutch diabetes guidelines - Ingrid Hendriksen
- The use of Business Intelligence for the early detection of patients with Chronic Kidney Disease - Josep Vilaseca
- Which patients participate in DSME, what are the reasons for nonparticipation, and how do participants rate DSME training? - data from a nationwide survey - Solveig Weise

13:30 - 15:30

Parallel Session J: Web Based Research Course Presentations

Location: Janovského Room (2nd Floor)

- Ferdinando Petrazzuoli (Chair)
- Mehmet Ungan (Chair)
- Changes of burnout during family and community residency in doctors and nurses - Macarena Chacón Docampo
- Conflict management among healthcare professionals in primary care - Marika Svatošová
- Digital skills and tools in cancer care: needs and gaps of clinical professionals, non-clinical professionals and patients/caregivers - David Liñares Mariñas
- How to organize Telemedicine Services in Primary Care: consensus from a Delphi study - Vera Costa
- Prevalence of falls and associated risk factors among community dwelling older people in Bulgaria - Pepa Ferreira
- RECORD-CV study: recording practices of cardiovascular risk factors between psychiatry service and primary health care in individuals with severe mental illness on long-acting injectable antipsychotic treatment - Jorge Manuel Silva

15:30 - 15:50

Coffee Break

Location: Foyer (1st Floor)

15:50 - 17:30

Parallel Session K: Theme Papers: Screening and Diagnosis

Location: Štejska Hall (1st Floor)

- Pavlo Kolesnyk (Chair)
- Identifying available addictive disorder screening tests feasible in primary care: A systematic review - Maxime Pautrat
- The role of digital tools for breast cancer risk factor assessment in general practice and their impact on screening - Jadranka Karuza - Soom
- The variation of diagnostic accuracy across different healthcare settings - Natasja Vijfschagt

15:50 - 17:30

Parallel Session L: Freestanding Papers: Mental Health

Location: Janovského Room (2nd Floor)

- Martin Seifert (Chair)
- Unmet needs of family caregivers and primary healthcare practitioners of patients suffering from neurocognitive disorder - Clarisse Dibao

17:30 - 17:40

Summary of the day

Location: Štejfa Hall (1st Floor)

- Niek de Wit (Speaker)

17:40 - 18:00

Chairperson's Report by EGPRN Chair

Location: Štejfa Hall (1st Floor)

- Tiny Van Merode (Speaker)

18:00 - 18:15

Presentation of the Poster-Prize for the best poster presented

Location: Štejfa Hall (1st Floor)

- Ayse Caylan (Speaker)

18:15 - 18:25

Introduction to the next EGPRN meeting

Location: Štejfa Hall (1st Floor)

- Ana Luisa Neves (Speaker)
- Margarida Gil Conde (Speaker)

18:25 - 18:30

Closing

20:00 - 00:00

Social Night with Dinner, Dance and Music!

Pre-booking online essential.

Location: [Kaiserštejnský Palace](#)

Address: [Malostranské nám. 23/37, 110 00 Malá Strana](#)

Sunday, 15 October 2023

10:30 - 13:30 **Executive Board Meeting**

Only for Members of the Executive Board
Location: Hotel Carol

International Keynote Lecture

New technology in clinical practice; *will it help the general practitioner?*

Prof. Dr. Niek de Wit

General Practitioner, University Medical Center Utrecht, the Netherlands

Health care systems around the world are under pressure. Due to the aging of the population, societal changes and increasing socio-economic inequity, the demand for health care steadily increases. As a result, health expenditure is rising and the workforce in healthcare gets more and more under pressure. Primary care is needed, now more than ever.

However, primary care is also under pressure because of the ever-increasing demand. In many countries GPs can hardly cope and waiting times for primary care consultation are increasing. As in other healthcare sectors, primary care will not manage to respond to future challenges with the available workforce. Fundamental changes are needed to keep general practice future-proof. Better patient information about when to see their GP. Task delegation to nurses and practice assistants for low complex problems. Possibilities for direct specialist consultation in primary care. In addition, technical innovations in practice organization and care delivery are needed to better balance demand and available resources in primary care.

These technical solutions cover a broad field. Online patient information websites and platforms can adequately answer health questions of the patient, making consultation unnecessary. Discriminating websites with high quality health information from those of commercially inspired providers proves very difficult for the average patient. Licensing by the government or endorsing by professional primary care organizations may be the solution for this.

Technical innovations in practice organization may improve the efficiency of primary care delivery. Digital or app-based triage systems positioned as first response in the practice may better guide the patient to the appropriate primary care deliverer. AI based digital systems may in future even replace the GP in case of low-risk problems. Web based platforms can facilitate digital patient consultation, create and provide efficient routing for low threshold specialist consultation.

Newly developed biomarker tests may improve the quality of primary care, by more effectively diagnosing or excluding disease. Calprotectin for IBD, CRP for infectious disease, biomarkers for cardiac ischemia, and possibly tests for circulating free DNA for early cancer detection. The key challenge is that though many tests may effectively diagnose disease in the lab, the true clinical value is determined by the false positive and negative test result rate. Unfortunately, this balance is unknown for many tests, and less favorable for many others.

With artificial intelligence algorithms are being developed that improve identification of patients groups at high risk, or facilitate early detection. Routine care data based algorithms are being used to determine elderly patients with an increased risk of frailty. Natural language processing-based analysis of routine primary care text data is being developed for early detection of cancer, or to demonstrate an increased cancer risk at an earlier stage. Once their validity is demonstrated, these algorithms are translated into decision support systems, integrated in primary care records. In this way the GP can be alerted to an increased cancer or cardiovascular risk during the consultation. Clinical application of these systems faces major practical and ethical challenges.

In summary, technical solutions may be the answer to the challenges that general practice faces. They should be used to support the GP, not to replace him. High quality digital information provision is probably one of the most effective innovations to reduce the workload. Promising future in-practice innovations, such as biomarkers and AI based decision support systems need careful clinical validation before large scale implementation.

Local Keynote Lecture

Innovative Methods in the Development of Trustworthy Clinical Practice Guidelines

Assist. Prof. Miroslav Klugar

Director and founder the Cochrane Czech Republic, Czech GRADE Network, and The Czech Republic (Middle European) Centre for EBHC: JBI Centre of Excellence. Head of Department of EBM and Assessment of the Healthcare Quality, Institute of Health Information and Statistics of the Czech Republic.

Trustworthy guidelines need reliable methods. The state-of-the-art methods for the development of trustworthy guidelines in 2023 are based on the methodology developed by the Grading of Recommendations Assessment, Development and Evaluation (short GRADE) working group (WG). GRADE WG started in the year 2000 as an informal collaboration of people with interest in addressing the shortcomings of grading systems in health care. GRADE WG is evolving and cultivating GRADE methodology as there are at the moment published 35 GRADE guidance papers and more than 60 GRADE-related publications developed by members of GRADE WG. The lecture will introduce some of the innovative methods developed in recent years within the guidelines field.

Theme Paper / Ongoing study no results yet**A new data collection project for studies of the process of diagnosis in primary care: collecting data on reasons for encounter and diagnoses in episodes of care in Europe.**

Jean Karl Soler, Nicola Buono, Heidrun Ligner, Thomas Frese, Brendan Delaney, Christos Lionis

MIPC, RBT2418 Rabat, Malta. E-mail: info@thefamilypractice.com.mt

Keywords: reasons for encounter; episode of care; ICPC; diagnostic research; decision support; electronic medical records

Background:

The Dutch Transition Project has made a unique contribution to primary care research in collecting data on reasons for encounter (RfEs, including symptoms and complaints) and diagnoses in an episode of care (EoC) model, allowing the study of incidence and prevalence of both, and especially relationships between RfEs and episode titles to research the process of diagnosis. A new collaboration within EGPRN promises to recreate and expand this project now.

Research questions:

To develop and implement a data collection tool which interfaces with existing electronic medical record (EMR) systems, which can alternatively stand-alone as a basic EMR

To collect and analyse data on RfEs, interventions and diagnoses collected with ICPC in an EoC model, to empirically inform the epidemiology of primary care

To make such data available for research into the process of diagnosis and the development of diagnostic decision support systems

Method:

The steps to develop such systems and to analyse and publish such data will be explained, based on the prior published experiences of the authors. The current progress to achieve such again, in a sustainable project over time will be presented.

Results:

The formal collaboration between EGPRN, MIPC and partner academic and software organisations is in place to allow the development of the project within EGPRN in the immediate future. The current status of the project will be presented.

Conclusions:

This project is expected to raise the profile of EGPRN as a repository of high quality data from primary care, and empower it to be a major partner in the future development of diagnostic decision support systems and learning healthcare systems in primary care.

Points for discussion:

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

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

Discussion on the progress and challenges of such an academic collaboration.

Theme Paper / Ongoing study no results yet**Developing a semi-automatic COVID-19 syndromic surveillance tool into a fully automated tool for respiratory infectious diseases in Belgian General Practices**

Laura Debouverie, Mélanie Nahimana, Floriane Rouvez, Robrecht De Schreye

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Keywords: Respiratory infections, Syndromic surveillance, General Practices, eHealth, Lessons learned

Background:

General Practitioners (GPs) are the primary point of contact for patients with health issues and key for surveillance. During the COVID-19 pandemic, a real-time semi-automatic syndromic surveillance tool was implemented in Belgium, the COVID-19 Barometer in General Practices (COVID-19 BGP). The Electronic Medical Records (EMR) are used by GPs to store patient data, including diagnosis (e.g. ICPC-2 codes) and patient contacts, hence using EMR software statistical modules allows us to collect data. Since early 2023, we are developing further the COVID-19 BGP to collect data on Respiratory Infectious Diseases (RIDs) in a fully automated way.

Research questions:

To document the development of the COVID-19 BGP into a fully automated real-time syndromic surveillance tool of RIDs.

Method:

We identified strengths and limitations of the existing COVID-19 surveillance tool based on feedback of participating GPs, stakeholders and scientific experts. Concurrently, we selected RIDs-related ICPC-2 codes and initiated technical development of the EMR software statistical modules to collect data automatically at a pre-set frequency from GP Practices. We defined legal and ethical requirements for automated data collection.

Results:

An automated data collection will address the need for real-time and continuous syndromic surveillance to monitor Belgian population health, reduce GPs reporting burden and contribute to the National and European Pandemic Preparedness plan.

We started to develop the automated data extraction with a selection of ICPC-2 codes related to RIDs : COVID-19, Influenza Like Illness and Acute Respiratory Infections. Furthermore, we have been evaluating the specificity of codes, determining the usage/coding level in the practice, choosing relevant risk factors for reporting (e.g. age groups) and setting up case definitions.

Conclusions:

To ensure real-time syndromic surveillance of RIDs, while reducing reporting burden for GPs, a fully automated data collection from the EMR system is both necessary and feasible.

Points for discussion:

Ensuring the validity of technical developments in EMR softwares

Reporting data from real-time surveillance

GPs' involvement in an automated syndromic surveillance tool

Theme Paper / Ongoing study with preliminary results**Using information technology to facilitate research in a practice-based research network - the story of PraksisNett**

Guro Haugen Fossum, Peder Halvorsen

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Keywords: Clinical interventions, family practice, health services research, quality development, primary care, general practice, practice-based research networks

Background:

Practice-based research networks (PBRNs) are research infrastructures established to overcome hurdles associated with clinical studies in primary care. PBRNs have been successfully set up in the UK, Netherlands, USA, Ireland, Canada and Australia. In Norway, 5.5 million inhabitants have access to a GP through a patient list system, and 70 % visit their GP at least once a year. Within this system we have established a nationwide PBRN based on research-oriented GP practices and an innovative IT solution.

Research questions:

We aim to describe the establishment, organization, function and outcomes of PraksisNett - The Norwegian Primary Care Research Network.

Method:

We briefly describe the conception, institutional cooperation and funding process that enabled us to set up the network. We then focus on how the projects are conducted, including evaluation and approval by the PBRN staff and practical implementation in the GPs' offices. Finally, we present outcomes of the network so far.

Results:

Our PBRN is comprised of two parts; a human infrastructure (employees, including academic GPs) organized as four regional nodes and a coordinating node, and an IT infrastructure based on a secure multiparty computation protocol. This enables computing on distributed data without ever exposing or moving it. For a given research project the system can easily calculate the number of eligible patients and generate recruitment lists at each GP site. The core of the infrastructure is 90 general practices that are contractually linked to PraksisNett. These include almost 500 GPs, serving around 500 000 patients. Twenty studies are either completed or ongoing, and 80 have expressed an interest in using the network since its conception.

Conclusions:

Our PBRN may serve as a model for other countries wanting to strengthen primary care research. This will benefit both patients, GPs and society in terms of improved quality of care.

Points for discussion:

How can PraksisNett serve as a model for other countries looking to set up PBRNs?

How can the PBRNs in general practice in Europe collaborate in larger clinical studies?

How can we work together to overcome challenges of using IT in PBRNs?

Theme Paper / Ongoing study no results yet**Are nurse-Led Patient consultations and nurse-led dose adjustments of permanent medication acceptable for the general population in Germany? Results from a population-based study (RESIDENCE Study)**

Solveig Weise, Celina Wiens, Rafael Mikolajczyk, Thomas Frese, Felix Bauch

Institute of General Practice and Family Medicine, Center of Health Sciences, Martin-Luther University Halle-Wittenberg, Magdeburger Straße 8, 06112 Halle (Saale), Germany, 06120 Halle (Saale), Germany. E-mail: solveigweise@posteo.de

Keywords: delegation; doctor-nurse-substitution; nurse-led care

Background:

Practice nurse (PN)-led patient consultations and dose adjustments of permanent medication (pmed) are uncommon and understudied in general practice settings in Germany. Today, patient consultation and dose-adjustments of pmed are predominantly provided by general practitioners (GPs) in Germany, but current challenges in general practice make it necessary to study doctor nurse substitution.

Research questions:

What are the attitudes of the general population towards PN-led patient consultations and PN-led dose adjustments of pmed in general practice in Germany?

Method:

This is a cross-sectional survey of participants of the HeReCa cohort (Health Related Beliefs and Health Care Experiences). The HeReCa cohort is an online panel including persons aged 18 years and older in five federal regions in Germany. The HeReCa cohort regularly assess the general public's view on health issues. We used a self-developed and pre-tested questionnaire including items on attitudes towards PN-led patient consultations and PN-led dose adjustments of pmed, specific reasons for encounter or medication for PN-led consultations and PN-led dose adjustments. In addition, our questionnaire focuses on the preferences of the general adult population for general conditions for implementing PN-led care and sociodemographic variables. The survey was set up using LimeSurvey, starting in July 2023 and first results will be expected in September 2023. For statistical analyses we will use IBM SPSS 25 software.

Results:

We expect to present initial results at EGPRN meeting. Our data will show how many participants are open or reluctant to the concept of PN-led consultations and PN-led dose changes of pmed and for which reason for encounters they would accept PN-led care. We also expect to show which participants characteristics are associated with openness for PN-led consultations or PN-led dose adjustments of pmed.

Conclusions:

We expect that the results will be helpful for future pilot studies and additionally highlight relevant factors to consider when implementing doctor-nurse-substitution.

Points for discussion:

How would you set up a model project/pilot study starting from these data?

Has anyone in the audience had experiences with implementing a model project or a pilot study of doctor-nurse substitution in a country that does not do this habitually?

Theme Paper / Almost finished study**The inverse care law as applied to general practice clinics in the Irish Midwest: examining effects through simulated practice closure**

Michael O'callaghan, Eric Harbour, Fintan Stanley, Liam Glynn

Irish College of General Practitioners, D02 XR68 Dublin, Ireland. E-mail: mike.ocallaghan@icgp.ie

Keywords: Rural medicine, healthcare access, health equity, rural and remote, primary care, general practitioner, health informatics

Background:

The inverse care law, proposed by Julian Tudor Hart in 1971, states “the availability of good medical care tends to vary inversely with the need for it in the population served”. Tudor Hart held that this law operates in both socioeconomically deprived and/or geographically remote settings.

Modern computing methods facilitate analysis and mapping of large datasets, which can be used to test such hypotheses.

Research questions:

This study aims to examine the inverse care law and resilience of differing areas in Ireland's Midwest to GP clinic closure.

Method:

All GP clinic locations in Ireland's Midwest counties Limerick and Clare were identified. Administrative boundaries (Small Areas (SAs)) were identified from open data resources and divided into six levels of rurality. The direct linear distance from the centre of each SA to its respective closest GP clinic was measured. Simulated “closing” of each GP clinic was carried out using a computer program, which removed practices sequentially from the overall dataset before re-calculating all distances.

Results:

GP clinics (n=112) were mapped across 1,287 SAs. As expected, GP clinics cluster in more urban areas. The majority of the SAs in Co. Clare (63%) and Co. Limerick (66%) are rural. Rural SAs had significantly longer travel distances to GP clinics than urban SAs, and these distances increase further as distance from an urban centre increases. Due to sparseness of GP clinics in rural locations, simulated closure of GP clinics revealed increasing travel distance to the next closest clinic with increasing level of rurality, in a stepwise fashion ($r^2=0.31$).

Conclusions:

Due to lack of alternative GP clinic supply, rural communities are more adversely affected by local GP clinic closure. Our methods are replicable and may encourage policy makers to focus on ensuring rural general practice is supported.

Points for discussion:

novel methodology for identifying areas most adversely impacted by health service closure

next steps include incorporating social deprivation of small areas into calculations

study involves assumptions about closest clinic being available to and preferred by all those within a community – requires further study also

Freestanding Paper / Ongoing study with preliminary results**Exploring Trends in Contraception and HRT Prescription in Ireland: An Application of Reimbursement Data**

Fintan Stanley, Noirin O' Herlihy, Ciara Mc Carthy, Mike O' Callaghan

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Keywords: Contraception, HRT, reimbursement data

Background:

GPs are the main prescribers of contraception and hormone replacement therapy in Ireland. The WHO advocates for high quality, affordable sexual and reproductive health services. Information should be provided about the full range of family planning methods. Similarly, as women enter their post reproductive years, they should have access to information on how to optimise their menopause transition.

As of December 2022, the GMS scheme provides 31% of the Irish population with free or heavily subsidized medical care, underscoring the significance and limits of understanding prescribing trends within this framework.

Research questions:

Can reimbursement data shed light on the changing trends in contraception and HRT (Hormone Replacement Therapy) use in Ireland? What insights can be derived from such data to guide policy-making and medical education?

Method:

This study uses anonymized, aggregated records from the Health Service Executive Primary Care Reimbursement Services (HSE-PCRS) to assess trends in hormonal contraception and HRT prescriptions from 2010 to 2022.

Results:

The analysis of reimbursement data revealed significant trends: a decrease in the use of short-acting contraceptive methods (down 35% of peak in 2013), an increase in progesterone-only pills usage (up 46% since 2013), stable usage of long-acting reversible contraceptives (LARCs) despite a dip during the COVID pandemic, and a near threefold increase in HRT prescriptions between 2018 and 2022 (up 129% since 2013).

Conclusions:

These prescribing trends, which appear to coincide with changes in clinical guidelines, illustrate how reimbursement data can provide valuable insights for informing policy decisions and medical education.

Points for discussion:

In an Irish context reimbursement data is a largely untapped source of health data, but its limitations leave real gaps in the analysis.

Could reimbursement data be used to systematically interrogate/evaluate changes in policy and coverage?

Freestanding Paper / Finished study**Intention to treat and per protocol analyses showed different results in a diagnostic cluster randomized controlled trial evaluating fecal calprotectin in primary care**

Sophie Ansems, Marjolein Berger, Patrick Van Rheenen, Karin Vermeulen, Michiel De Boer, Gea Holtman

University Medical Center Groningen, 9700 AD Groningen, Netherlands. E-mail: s.m.ansems@umcg.nl

Background:

General practitioners (GPs) often struggle with the diagnostic uncertainty of distinguishing functional gastrointestinal disorders (FGID) from organic disorders in children with chronic gastrointestinal symptoms. It is essential to limit referrals of children with FGID while not missing organic disorders such as inflammatory bowel disease (IBD). Fecal calprotectin (FCal) testing may be useful as it can safely rule out IBD.

Research questions:

This study aims to evaluate whether FCal testing can reduce referral rates to pediatric specialist care.

Method:

In a pragmatic clustered randomized controlled trial, Dutch GP practices were randomly assigned to an intervention or control group. The intervention group received an online training about the indication, interpretation, follow-up and communication of FCal testing and used it at their discretion. The control group followed Dutch GP guidelines that do not recommend the test. The primary outcome was the referral rate to pediatric care within six months. GPs enrolled children aged 4 to 18 with chronic abdominal pain and/or diarrhoea, aiming to recruit 406 children. Participants were not blinded to the intervention, but researchers were blinded during statistical analysis. We used multilevel logistic regression, on both an intention-to-treat and per-protocol basis.

Results:

Between 01-10-2019 and 01-07-2021, 40 GP practices assigned to the intervention group and 44 to the control group enrolled 203 and 202 children, respectively. Alarm symptoms were more frequently documented in the intervention (26.6%) than the control group (8.9%), while the referral rates were similar (22.8 vs 21.9%, adjusted OR 0.94; 95% CI 0.57-1.54). In the per protocol analysis we found a reduction in referral rates (5.8 vs 20.3%, adjusted OR 0.21; 95% CI 0.09-0.50).

Conclusions:

Our results do not support the routine use of fecal calprotectin in primary care until the reasons why GPs did not adhere to the recommendations given in the online training are known.

Points for discussion:

How can we improve adherence of physicians to complex interventions, like this new diagnostic testing strategy?

What other factors influence the GP's referral behavior in children with chronic gastrointestinal symptoms?

Would you, being a GP, after listening to this presentation, use this test?

Theme Paper / Finished study

Conceptual Overview of Telemedicine in Primary Care: A Grounded Theory Perspective

Hans Thulesius, Eva Arvidsson, Ulrika Sanden, Jens Wilkens, Björn Ekman

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Keywords: Telemedicine, Primary Care, Digital text contacts, Grounded Theory

Background:

Telemedicine, which involves delivering medical care from a distance, has experienced rapid growth due to technological advancements. Physicians' acceptance of telemedicine plays a crucial role in its long-term adoption. Rogers' theory of "diffusion of innovations" explains the slow progress of telemedicine. Yet, the COVID-19 pandemic accelerated telemedicine usage pushed Rogers' curve of innovation adoption to the right (innovators, early adopters, early majority, late majority, and laggards). Retail telemedicine, primarily focusing on minor conditions, has gained traction in Swedish primary care since 2016. Furthermore, Sweden is implementing a national digital text platform for asynchronous contacts in 2023.

Research questions:

This study aims to examine the status of telemedicine in primary care and present a conceptual framework for its understanding.

Method:

A classic grounded theory approach was employed for data analysis, adhering to the "all is data" principle. The study drew on diverse sources, including primarily secondary analysis of literature and multiple interviews with telemedicine caregivers, users and stakeholders, with a specific emphasis on the Swedish context.

Results:

Telemedicine is defined as remotely delivered care assisted by digital technology. It offers substantial "convenience capital" to patients, saving working hours, travel costs, and leisure time. However, primary care providers exhibit hesitancy towards telemedicine, perceiving it as having low value with few personal contacts hindering integration into blended care models. After the COVID-19 pandemic surge telemedicine has lost in volume. To overcome this inertia, technical improvements, regulatory adjustments, and remuneration changes are necessary to integrate telemedicine seamlessly into primary care. Adequate training for primary care providers in telemedicine is crucial to recognize its limitations and advantages, including telework opportunities.

Conclusions:

Telemedicine, providing cost and time-saving benefits, is well-received by patients. Nonetheless, its growth has been impeded by primary care providers' hesitancy. Addressing the mismatch between caregivers and patients is pivotal to ensuring the future success of telemedicine.

Points for discussion:

How much experience of telemedicine do you have in your country and practice?

Will telemedicine be here to stay in blended care models in the near or distant future?

What will it take for telemedicine to become a fully integrated care model in your country/practice?

Freestanding Paper / Finished study**Fostering HPV Vaccination Uptake in Youth: Insights from the Young Generation**

Hüsna Sarıca Çevik, Gülsen Ceyhan Peker, Shlomo Vinker, Süleyman Görpelioğlu, Mehmet Urgan

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Keywords: Communication, family physicians, HPV, vaccination, young people

Background:

As part of the PROTECT-EUROPE project, funded by the EU4Health Programme and aimed at promoting gender-neutral vaccination to protect youth against HPV-related cancers, WONCA Europe conducted a consultation with youth organizations (Youth Cancer Europe, ThinkYoung, and Youth Health Organization) to determine the key ideas to convey and identify ways to improve one-on-one communication between clinicians and youth.

Research questions:

Which strategies can be implemented to enhance communication between family physicians/general practitioners (FPs/GPs) and youth, specifically focusing on gender-neutral HPV vaccination?

Method:

The research team solicited written responses from the three organizations to address the goals. Subsequently, a SWOT analysis was conducted to assess communication between FPs/GPs and youth, and a video consultation was scheduled with representatives from organizations to facilitate further discussion.

Results:

The findings indicate that young people consistently recommended several key strategies, including emphasizing the transmission route of HPV, raising awareness about lifelong risk of encountering HPV and promoting gender-neutral vaccination by FPs/GPs. Participants suggested that vaccination rates could be increased by establishing alternative channels (virtual platforms, schools) for engaging with FPs/GPs; and emphasized the importance of making the vaccine free of charge and ensuring vaccination takes place in safe and easily accessible locations. Regarding communication, strengths included building a trusting relationship before discussing HPV-related information, clear communication of vaccine facts, empathy, and doctors' effective communication skills. Weaknesses included using technical language by FPs/GPs, difficulties obtaining appointments and time constraints. Opportunities for improvement encompassed integrating sexual health and vaccination topics into annual visits and online platforms, and allocating more time for preventive actions/information during appointments. Threats encompassed the sensitivity of discussing HPV and the need for patients and doctors to initiate the conversation.

Conclusions:

Enhancing communication between FPs/GPs and youth, and actively involving youth in decision-making are crucial steps towards increasing HPV vaccination. Physicians and policymakers should prioritize these efforts to achieve the goals of PROTECT-EUROPE.

Points for discussion:

Are key recommendations from young people applicable? Participants can also explore practical suggestions such as making the vaccine free of charge and ensuring convenient and safe vaccination locations, such as schools and gyms.

What are the communication barriers with youth and what strategies do you suggest to enhance communication?

What are the opportunities with youth? Participants can explore opportunities for improvement, such as integrating sexual health and vaccination topics into annual visits, allocating more time for preventive actions/information during appointments, and leveraging online platforms for accessibility.

Theme Paper / Ongoing study no results yet**Usefulness of project management softwares in a general practice setting during a health care crisis.**

Jean-Francois Michel

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Keywords: Covid-19, general practice, patient care, disease management

Background:

On 29 February 2020 the first patient was officially diagnosed with Covid-19 in Luxembourg. Shortly afterwards, a national lockdown was declared, Covid-19 outpatient centres opened, general practice clinics were closed to the public and clinical care was only accessible via a newly established teleconsultation system. As in most countries around the world, the Luxembourgish system underwent a structural revolution within a few weeks which exposed general practitioners to considerable stress and uncertainties. In order to avoid doctors' isolation, promote efficient communication between general practitioners (GP) and improve patient care overall, we decided to set up a Covid-19 response forum under the form of a workspace on Slack, a market leader in project management softwares. Slack is an instant messaging program optimising the workflow by connecting people and centralising conversations, data, and apps in one virtual place. Within 2 weeks after the creation of this workspace, more than 600 doctors had subscribed to the platform most of whom were general practitioners.

Research questions:

What are relevant lessons for general practice that can be learned from using such a project management platform during the Covid-19 pandemic?

Method:

This is a descriptive study based on a quantitative analysis of this Luxembourgish Covid-19 workspace based on the Slack analytics tool as well as a qualitative analysis of relevant channels in which users posted in.

Results:

Determine the impact of this platform on the management of the Covid-19 crisis in a general practice setting in Luxembourg. Identify the main worries and most discussed issues on the platform. Determine the strengths and weaknesses of this innovative approach and the implications for future health crises.

Conclusions:

This experience of using a project management software in the context of the Luxembourgish Covid-19 crisis shows that such an approach can be of interest for the management of future health crises.

Freestanding Paper / Ongoing study with preliminary results**Chronic obstructive pulmonary disease in a Portuguese Primary Health Care Unit: a quality improvement study**

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Keywords: Pulmonary Disease, Chronic Obstructive; Quality Improvement

Background:

The prevalence of chronic obstructive pulmonary disease (COPD) is 14.2% in people over 40, increasing with age and smoking in both genders, and is the sixth leading cause of preventable death. However, because several determinants of respiratory health are socio-economic in nature and therefore difficult to address, chronic respiratory diseases have been relegated to the background.

Research questions:

What is the quality of care for patients with COPD at the Terras de Santa Maria Health Unit?

Method:

Observational and retrospective study with the aim of improving and assuring the quality of care. Study Unit: Patients with COPD from the Terras de Santa Maria Health Unit; Timeframe: January 2022 to December 2024. The following criteria were analysed: administrative data completion; COPD-related face-to-face medical consultation; COPD-related face-to-face nursing consultation; smoking status; smoking intervention; vaccination status.

Results:

In the preliminary analysis for the period from January to December 2022, we found 153 COPD patients. 70.6% and 81.0% of them had COPD-related medical and nursing consultations, respectively. Of those seen by a medical professional, 19.3% were smokers, and 72% of them were advised to stop smoking. Among the patients with a nursing assessment, 14.5% are smokers, and an intervention related to smoking was carried out in 83.3% of them. 77.1% of patients with COPD were vaccinated against seasonal influenza. Only 23.5% were fully vaccinated against pneumococcal disease. The proportion of COPD patients with FEV1 recorded in the last 3 years was 57.51%.

Conclusions:

The authors believe there is room for improvement in the care of patients with COPD. Training for the multi-professional team on diagnosis, management, treatment and inhaler devices and technique was provided between March and June 2023. A multi-professional consultation on chronic respiratory pathology has been developed and a new mid-term evaluation is proposed for data from August to December 2023, following the implementation of this consultation.

Points for discussion:

Multi-professional consultation on chronic respiratory pathology organization

Chronic respiratory diseases diagnosis and management training

Defined quality of care targets/goals

Freestanding Paper / Ongoing study with preliminary results**Exploring Sex-Based Differences in Patient Outcomes: A Secondary Analysis of Heartwatch, an Irish Cardiovascular Secondary Prevention Program**

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Background:

In 2003, a secondary CVD prevention program – Heartwatch, was introduced in Ireland with the aim to reduce morbidity and mortality caused by CVDs. A recent review of overall outcomes of Heartwatch patients' revealed sex-based differences, where female patients achieved worse secondary prevention outcomes than males. Further investigation of the differences in key risk factor outcomes is needed.

Research questions:

What are sex-based differences in risk factor outcomes in the Heartwatch program?

Method:

Anonymous data extracted from the Heartwatch database was used. Risk factors (including SBP, LDLc, Waist Circumference, Diabetes status, physical activity, and smoking) were analysed at sign-up, and at four years follow-ups. Additionally, an 8-point aggregate risk score (CCare Score) which uses key recommendation targets for males and females was assessed. Regression analysis was applied to assess the statistical significance of the differences observed.

Results:

In total 8,893 patients, of whom 78% were male were included. Females exhibited a higher risk profile across all CVD risk factors. Systolic blood pressure and waist circumferences were more likely to be off target than for males [M to F odds ratios(95% CI); Sys. BP: 1.5 (1.3-1.6), W.Circ: 1.7(1.5-1.9)], these disparities persisted even after 4 years of chronic disease management [M to F odds ratios(95% CI); Sys. BP: 1.3 (1.2-1.5), W.Circ: 1.7(1.5-1.9)]. CCare scores also demonstrated the gap between male and female patients at baseline [mean(sd); M: 5.1(1.2), F: 4.8(1.2)] and after 4 years of structured care [mean(sd); M: 5.3(1.2), F: 4.9(1.2)].

Conclusions:

Female patients typically started with worse CVD risk factor values across the board and did not reach the same level of improvement as male patients, even after four years of receiving the same standardised care. Further investigation into the reasons why female patients' health measures differ from male patients is necessary to support a decrease in sex-based inequities in care and outcomes.

Points for discussion:

What are the programs used in your country for secondary CVD prevention?

Have you witnessed differences between female and male patients in your practice in terms of primary and secondary prevention of CVD?

Freestanding Paper / Finished study**How often do we measure blood pressure in the office? Results of the Hungarian Hypertension Registry**

János Nemcsik, Johanna Takács, Csaba Farsang, Attila Simon, Dénes Páll, Péter Torzsa, Szilveszter Dolgos, Akos Koller, Zoltán Járai

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Background:

Hypertension is a major public health problem and its proper diagnosis and treatment are crucial to reduce the cardiovascular morbidity and mortality.

Research questions:

The aim of the new Hungarian Hypertension Registry was to evaluate the features of blood pressure measurement practice of family physicians and hypertension care specialists and to register the blood pressure values measured during everyday practice.

Method:

Omron M3 IT devices were distributed for four-months periods to family physician practices and to hypertension outpatient clinics between October 2018 and April 2023. Blood pressure data were transmitted online from the cuff of the monitors to the central database using the Medistance system of Omron.

Results:

Family physicians (n=2 385), internists (n=988) and cardiologists (n=232) participated in the study. During 10 four-months long evaluation periods altogether 4 804 821 blood pressure measurements were registered. The daily average number of the measurements in the ten periods were between 3.0 and 5.6. Following the ESH diagnostic criteria, the proportion of subjects in optimal, normal and high-normal blood pressure categories were 14%, 13.4% and 16.7%, respectively. Altogether 56% of the measurements belonged to stage 1, stage 2 and stage 3 hypertension categories (31.6%, 17.1% and 7.4%, respectively). The average systolic blood pressure values in family physician practices with more than 2500 patients were higher compared with practices with less, than 1500 patients (141.8 mmHg versus 139.84 mmHg, respectively).

Conclusions:

In conclusions, the low daily average number of blood pressure measurements refers for limited blood pressure screening capacity of the Hungarian family physicians. In practices with more patients the blood pressure is generally less controlled. These results suggest the need for reconsideration of the blood pressure measurement guidelines and for the further promotion of home blood pressure measurement.

Points for discussion:

Office blood pressure measurement practice in real life, the importance of home blood pressure monitoring.

One-Slide/Five Minutes Presentation / Ongoing study with preliminary results**Artificial intelligence assistance in arterial hypertension follow up and management**

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Keywords: AI; Hypertension; Follow-up; Adherence; Blood pressure

Background:

Arterial hypertension (AH) is a well known disease to Family medicine specialists (FMS). Doctors have extensive knowledge about the disease, treatment, complications and outcomes. Still, there are many factors negatively impacting final results. Low patient education, poor medical adherence, patient indifference but also lack of doctor availability all hinder efforts to treat AH successfully. Therefore, we are in the process of designing a study to evaluate the potential use of artificial intelligence (AI) based mobile application in follow up and management of patients with AH.

Research questions:

Do patients suffering from AH, who are using AI digital assistant have better blood pressure (BP) regulation. Is there better medical adherence (related to medication intake and self monitoring blood pressure) and less often FMS consultation in patients who are using digital assistant.

Method:

Estimated number of participants is N=180 (90 examinees, 90 controls). Sampling will be done alternately between patients who come to FM office, and who enter the including criteria. Examinees will use the AI based digital assistant to take records of the BP measurement, while control group will keep record of their BP log on a paper. Planned follow up consultations are after 3, 9 and 12 months.

Goals of the study are to determine values of systolic and diastolic BP in both groups, to determine medication adherence rate, the ratio of planned and realized consultations with FMS and duration of consultation with FMS regarding AH.

Results:

Preliminary results (pilot project) showed that AI based digital assistant resulted in the decrease of average systolic BP for -4mmHg, and it reduced duration of consultation with FMS regarding blood pressure regulation.

Conclusions:

AI digital assistant based on mobile application is useful tool in follow up and management of arterial hypertension. It is easy to use application and provides benefits both to family medicines specialists and patients.

Points for discussion:

Can AI replace doctors' decision making process

Reliability of adherence measuring regardless of therapy regime differences (type of medication, side effects, number of pills/day)

Do all patients have access to constant internet connection

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Bridging the Gap: A Project to Promote Collaboration Between General Practitioners and Researchers in Primary Care**

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Keywords: primary care research, GP-researcher collaboration, participatory design approach

Background:

To ensure high-quality and effective primary healthcare, there is a need for more research in primary care settings. However, it has been more and more difficult to recruit General Practitioners (GPs) to participate in research projects. Despite the important role that GPs play in patient care, there is a gap between GPs and health care researchers, with limited opportunities for collaboration between them. This can lead to missed opportunities for improving patient care. Good communication between GPs and researchers plays a substantial role in motivating GPs to participate in primary care research.

Research questions:

How can we improve collaboration between GPs and researchers in primary care?

The objective of this research project is to bridge the gap between GPs and primary care researchers. An online platform will be created to facilitate communication, aid collaboration and enhance GPs' involvement in research, such as supporting studies or being part of study teams

Method:

This project uses an iterative, participatory design. It will start with a qualitative investigation to gather GPs' perceptions and expectations for collaboration with researchers. Based on these insights, a prototype platform will be developed to encourage and facilitate interaction between GPs and researchers. The prototype will be repeatedly refined using Plan-Do-Study-Act (PDSA) cycles.

Results:

The project will result in a prototype platform that promotes collaboration between GPs and researchers in primary care research. The platform will provide updates on research projects, including feedback about their performance and information about planned studies. Research teams can easily disseminate study results and access a pool of interested GPs for recruitment.

Conclusions:

By addressing the gap between GPs and researchers, this project aims to facilitate collaboration and strengthen primary care research. The project employs both quantitative and qualitative data collection and analysis methods to comprehensively evaluate the impact of the platform.

Points for discussion:

What are the main challenges faced by GPs in your experience when collaborating with researchers, and how can we address these challenges to improve primary care research?

How can we effectively facilitate collaboration between GPs and researchers in primary care research?

Do you have any experiences with online platforms to facilitate this collaboration?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Optimizing management of children presenting with acute abdominal pain in primary care: a cluster randomized controlled trial evaluating the impact of a clinical prediction rule including C-reactive protein for appendicitis**

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Keywords: cluster RCT, appendicitis, children, diagnostic strategy

Background:

It is difficult for the general practitioner (GP) to distinguish harmless acute abdominal pain from acute appendicitis (AA) at an early stage. This results in missing 19% of children with AA at first presentation in primary care and 70% non-AA cases among referrals which has a negative impact on the child and parents.

Research questions:

What is the impact of using a clinical prediction rule (cPR) including C-reactive protein point-of-care test (CRP POCT) for AA on referral efficiency and safety in children with acute abdominal pain in primary care, as compared with usual care?

Method:

This will be a cluster randomized controlled trial in primary care. Children aged 4 to 18 years presenting to their GP with acute abdominal pain will be included. The intervention is a diagnostic strategy for AA referral using an externally validated cPR based on symptoms and signs selectively followed by a CRP POCT in the medium risk group. GPs in the control group will perform usual care according to the Dutch College of GPs guideline 'abdominal pain in children', which does not include specific recommendations for AA referral and CRP POCT test is not recommended. The co-primary outcomes are efficiency (proportion non-referrals in non-AA patients during 30 days follow-up) and safety (proportion referrals in AA patients during first consultation).

Results:

In 2024 we will start developing and testing the e-learning and decision-making tool for GPs. Thereafter, we will start recruiting and training GPs and include patients. We aim to include 566 children, from 150 GP practices, to determine an improvement in efficiency of 88% to 95% and non-inferiority of safety (81%).

Conclusions:

We expect that this diagnostic strategy could be a child-friendly and cost-effective solution to reduce the number of non-AA referrals without increasing the number of missed AA children at first presentation.

Points for discussion:

How can we deal with the preferences of parents to be referred to the hospital?

How can we increase the awareness among GPs for the diagnostic strategy?

How should we design the e-learning to educate GP's such that they will implement the diagnostic strategy in daily practice?

One-Slide/Five Minutes Presentation / Ongoing study with preliminary results**Oral Health Status of Primary Dental Care Patients with Chronic Diseases**

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Keywords: primary dental care, oral health, chronic diseases, general dental practice

Background:

Dental caries and gingival/ periodontal diseases are commonly occurring, preventable conditions. In the presence of chronic diseases, the oral manifestations of these diseases and the medication of the patients may affect oral health. The aim of this study was to evaluate the oral health status of primary dental care patients with chronic diseases using DIMF-T and DMF-S indices.

Research questions:

Does having a chronic disease affect oral health status of the patient?

Should family physicians refer every patient with chronic diseases to a dentist?

Method:

A total of 205 patients from Marmara University, Oral Diagnosis outpatient clinic were included in the study. Study group was conducted with 106 patients with chronic disease (e.g. diabetes, cardiovascular diseases, respiratory tract diseases, gastrointestinal disorders) and 99 healthy subjects (without any chronic diseases) for the control group was selected by simple randomization. The subjects were evaluated for oral health status with DIMF-T (decayed (d), unrestorable and hopeless (i), missing (m) and filled (f) teeth) and DMF-S (decayed (d), missing (m) and filled (f) teeth surface) indices. The stage of the periodontal disease and the type and frequency of the denture were also evaluated. Statistical analysis was applied with SPSS for Windows.

Results:

The study included 205 patients (96 male, 109 female), aged between 16-84 years (mean age: 43.01). The median DIMF-T was found 9.00 in the control group; and 16.00 in the study group while the median DMF-S was 22.00 in the control group, it was 53.50 in the study group. There was a statistically significant difference in the median DIMF-T and DMF-S regarding the presence of a chronic disease ($p < 0.001$).

Conclusions:

The results of this study indicate that the awareness of the adverse effects on oral health of the chronic disease should be increased. Dental healthcare centers should be visited more frequently by patients with chronic diseases.

Points for discussion:

Should oral health be included in screening processes of family practices?

What are the global practices of oral health assessment in patients with chronic diseases and what can be done to bring them up to European standards?

What is the role of newly established family dentistry practices in improving the oral health of patients with chronic diseases?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Prognostic value of blood pressure and its variability on the risk of hemorrhagic stroke in adult patients on anticoagulant therapy in Catalonia. A case-control study.**

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Keywords: Intracranial Hemorrhages; Hemorrhagic stroke; Blood Pressure Determination; Blood Pressure Variability; Anticoagulants

Background:

Hemorrhagic stroke represents approximately 15% of all strokes. The combination of poor blood pressure control, high blood pressure variability, associated with anticoagulant therapy can multiply the risk.

Research questions:

How does the blood pressure control and its variability impact on the risk of hemorrhagic stroke on anticoagulated patients in Catalonia?

Method:

Case-control study in a population treated at primary care in Catalonia on anticoagulant treatment with history of an hemorrhagic stroke. Two comparable controls will be selected for each case. The data will be extracted from the shared medical records of Catalonia and the hospital admission registry. We will perform validation of the predictive model in a region of Catalonia.

We will determinate: average SBP and its variability will be measured with standard deviation, average real variability and coefficient of variation using data recorded during the previous 18 months. In addition to other risk factors for hemorrhagic stroke.

Statistical analysis: multivariate logistic regression models adjusted for hemorrhagic stroke risk factors will be used.

Results:

We estimate to include 890 cases of anticoagulated patients with hemorrhagic stroke in Catalonia, between 2006 and 2020. It is expected to find an association between poor SBP control and high variability on its values on the incidence of hemorrhagic stroke.

Conclusions:

The risk algorithm of this study will make possible to apply these new findings in a pragmatic way at daily clinical practice by translating them into a computer application.

Points for discussion:

Does blood pressure variability increase the risk of having a hemorrhagic stroke in anticoagulated patients?

Does poor blood pressure control increase the risk of having a hemorrhagic stroke in anticoagulated patients?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Self-care promotion competences among general practitioners and primary care nurses and their affecting factors**

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Keywords: self-care; general practice; nursing; interprofessional care; primary care; home care; patient education

Background:

The world health organization has emphasized the importance to promote self-care, including education on lifestyles, chronic conditions, and new emerging issues such as digital literacy and planetary health. Patient education has not been studied in terms of self-care promotion embedding these different aspects, that might be well addressed in general practice and home care.

Research questions:

the aims of this project will be: a) validating an interprofessional instrument for measuring self-care promotion competencies of general practitioners and primary care nurses; b) measuring these competencies in a European sampling of general practitioners and primary care nurses; c) identifying factors that could promote or hindering acting these competencies.

Method:

the project will be conducted in multiple phases: a) conducting a literature review and semi-structured interviews to identify self-care promotion competencies and their influencing factors; b) building an instrument based on the findings of the first phase; c) conducting a validation study with a transnational Delphi study according to COnsensus-based Standards for the selection of health Measurement Instruments (COSMIN) guideline; d) performing a cross-sectional study using the developed instrument including the competencies assessment part and influencing factors identified in literature and with the interviews; in this phase, influencing factors will be studied with a structured equational model. Participants will be general practitioners and nurses working in general practice and home care. The analysis will be conducted with the Software R-project and M-Plus.

Results:

The results might inform a curriculum for a future innovative educational program targeted to general practitioners, primary care nurses, managers, educators, and stakeholders. Ameliorating self-care promotion competencies towards new emerging issues will help to improve health outcomes, health-seeking behaviors, and health service use. The results might inform future projects on the association with the patient's self-care abilities and their need for education from primary care providers.

Conclusions:

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Points for discussion:

Do you have other similar projects in your country?

Did you ever study or take part to a project to assess these competencies in primary care?

Do you have training programs on this topic in your country?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Should We Use an Open-Label Placebo for Moderate Depression Treatment? Protocol for a Randomised Controlled Trial.**

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Keywords: Open-label placebo, Depression, General practice/family medicine, Primary care, Randomised controlled trial

Background:

Randomised controlled trials (RCTs) in patients with subjective symptoms in chronic low back pain, knee pain, cancer-related fatigue, migraine headaches, irritable bowel disease and allergic rhinitis have suggested that open-label placebo (OLP) may be an effective method to produce placebo effects without deception in these conditions.

However, there is insufficient evidence on their effects in mental disorders management.

Millions of people in Ukraine suffer from mental disorders, including depression, because of the full-scale Russian invasion. So there is a need for an easily available, effective and low-cost treatment.

Research questions:

In Ukrainian patients with moderate depression:

- How does the effectiveness of OLP compare with no-pill control (NPC)?
- How does the effectiveness of OLP compare with double-blind placebo (DB-P)?

Method:

Primary care patients with newly diagnosed moderate depression (14–18 points according to Hamilton Rating Scale for Depression (HRSD)) will be randomised to one of four 6-week treatment arms:

- OLP (unblinded)
- NPC (unblinded)
- DB-P
- DB-SSRI (double-blind selective serotonin reuptake inhibitor). Inclusion of this arm establishes double-blind conditions without deceiving patients or clinicians.

The differences in groups' clinical outcomes will be tested by one-way analysis of covariance.

A reduction in HRSD score in 6 weeks will be considered clinically important and used for the outcome measures. All patients will continue their treatment with SSRI after 6 weeks participating in the study.

Results:

This RCT seeks to explore the counter-intuitive finding from other studies about OLP, DB-P and NPC differences by studying it in patients with moderate depression. We are not aware a study with such a design has ever been performed.

Conclusions:

Open-label placebo effects research may suggest alternative ways of managing patients with mental disorders in primary care. This could be particularly useful in low-income countries, or those where pharmaceutical supplies are unreliable.

Points for discussion:

Do EGPRN members sometimes prescribe medicines that they believe will not have any pharmacological effects in the hope of inducing a placebo effect ('impure' placebos)?

Existing evidence suggests that patients are willing to try OLP. Is this something that EGPRN members would consider using in their own practices?

What other illnesses with subjective symptoms might be suitable for similar research?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Sustainability in primary healthcare practice, no time to lose!**

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Keywords: sustainability, primary care, general practice, environmental health, climate change, survey, qualitative research

Background:

Worldwide climate change leads to extreme heat, lack of water and natural resources, but has also negative effects on people's health with more respiratory and cardiovascular diseases due to pollution and unhealthy lifestyle. Healthcare is responsible for 7% of worldwide CO₂ emission and general practice has a significant share in it. Pollutes are medicine use, energy and transport. One health, planetary health and sustainability are formulated as creating the bedrock and allowing an integrated approach for the revised WONCA European definition of general practice.

Participants at an EGPRN Network workshop during Brussels WONCA conference, discussed collaborative studies and made an exercise on developing a project about sustainable primary care. Sustainability seems to be a broad concept and all participants had different views on which aspects are important in their country. Different topics were listed: energy-saving measures, climate-friendly devices for asthma, less disposable material, home visits by bike, paperless practice, review of procedures for disinfection. The idea grew to develop an European collaborative study on this topic.

Research questions:

This study intends to gain insight on GPs' knowledge, perspectives about sustainability in primary health care and on how they implement sustainability actions in their own practice.

Method:

A literature-based survey will be developed and distributed among GPs in different European countries. EGPRN national representatives/members will be invited to distribute the survey in their own country. Based on the analysis of these survey data, we will organize a nominal group to frame a priority list for further research. To get more insight into these priorities, relevant experiences and feasible implementation strategies, in-depth interviews will be organized among relevant GP stakeholders in several European countries

Results:

This study will provide GPs' perspectives on sustainable primary care practice and on how this varies across and within countries. We also will define gaps and objectives for further research.

Points for discussion:

What is your experience on sustainability in primary care?

How to select and include respondents for the survey and relevant stakeholders for the interviews?

One-Slide/Five Minutes Presentation / Ongoing study with preliminary results**Why don't we follow clinical practice guidelines attending people suffering from vertigo? Let's improve it!**

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Keywords: Benign paroxysmal positional vertigo; Epley maneuver; Dix-Hallpike maneuver; Primary Care; Qualitative Study

Background:

5% of the population suffers from dizziness, whose most common cause is benign paroxysmal positional vertigo (BPPV). The clinical practice guidelines recommend the approach of BPPV with diagnostic and therapeutic maneuvers that can be performed in a unique consultation saving time and money. But General Practitioners do not routinely perform it.

Research questions:

What are the barriers and facilitators in adherence to clinical practice guidelines in the management of BPPV?

Method:

Qualitative study through focus groups.

Study population: Family physicians. Intentional and reasoned sampling.

90-minute sessions, based on a previously prepared question script, until information saturation. The sessions are transcribed and a thematic content analysis is performed by three independent researchers.

Results:

Main barriers detected: lack of time, bad initial experiences, fear of harming the patient, especially in older people, difficulties in visualizing the nystagmus, and overcoming the inertia of the patient's expectations, who expects a pill instead of physical maneuvers.

Facilitators: proper training with periodic reminders and the development of technological aids that could offer tutorials, accessible videos and software that helps in the interpretation of nystagmus.

Conclusions:

GP's in Spain ask for time, periodically training, accessible applications and software that helps interpret nystagmus.

Our research group made a training course, and is working on accessible applications and on a medical device to help interpret nystagmus.

Points for discussion:

To share our study to know if the barriers are the same.

To improve and share our training, our work on an application and a medical device.

Freestanding Paper / Almost finished study**Degree of self-perceived disability and impact on their quality of life in primary care healthcare workers with long COVID-19: EPICOVID-AP21 study**

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Keywords: healthcare workers; long COVID; primary care; quality of life; sick leave.

Background:

Primary care healthcare workers (PCW) have been one of the groups most affected by long COVID. Self-perceived disability is critical in assessing the burden of disease in terms of impact on quality of life (QoL) and occupational activity.

Research questions:

How do PCW perceive the impact on their health status and QoL resulting from long COVID?

Method:

An observational, descriptive, multicenter study was conducted using an ad hoc online questionnaire (cross-sectional survey with self-report questionnaire). Data were collected on quality of life, perceived health status, disabling symptoms, and sick leave of healthcare workers with persistent symptoms at least 8 weeks after testing positive for SARS-CoV-2. A 10-point Likert scale (0-10) was used to assess self-perceived disability and quality of life impairment (0 no impact; 10 maximum impact). A descriptive analysis of the study variables was performed. Confidence intervals (CI) of 95% were calculated.

Results:

A total of 573 women (median age 50; IQR 42, 54) and 116 men (median age 46; IQR 40, 51) responded. Participants reported a mean perceived disability value of 7.0 (IQR 5, 8) and QoL of 8 (IQR 7, 9), with no significant differences between men and women. The most frequent disabling symptoms were fatigue (86.2%, CI 83.4 to 88.6%), lack of concentration/attention deficit (69.1%, CI 65.6 to 72.4%), mental fog (63.1%, CI 59.5 to 66.7%), muscle pain (61.8%, CI 58.2 to 65.4%), and mental confusion (60.5%, CI 56.8 to 64.1%). Of the 689 participants, 67.8% (CI 64.2 to 71.2%) reported being or having been on sick leave due to persistent symptoms.

Conclusions:

The persistence of symptoms after COVID-19 appears to have a substantial impact on the health-related quality of life of PCWs, with a substantial effect on their work productivity.

Points for discussion:

Should there be a specific circuit for treating healthcare workers with long COVID?

Are there local or national plans in your area to address the work overload that can be caused by the sick leave rate of these professionals?

Freestanding Paper / Published**Fatigue among long-term breast cancer survivors: a controlled cross-sectional study**

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Keywords: breast neoplasms; fatigue; cancer survivors; long-term adverse effects

Background:

Fatigue is the most common and persistent symptom among women in the first five years after a breast cancer diagnosis. However, the long-term prevalence of fatigue among breast cancer survivors needs further investigation.

Research questions:

What is the prevalence of multidimensional fatigue and its persistence over time among long-term breast cancer survivors compared to a reference population? Also, what is the association of multidimensional fatigue with factors such as breast cancer treatment, cardiac dysfunction, depression, and anxiety?

Method:

We performed a cross-sectional cohort study of 350 breast cancer survivors ≥ 5 years after diagnosis and a reference population of 350 women matched by age and general practitioner. Fatigue was measured using the Multidimensional Fatigue Inventory (MFI-20), and a sum score of >60 (multidimensional fatigue) was the primary outcome. Logistic regression was applied to compare the prevalence of multidimensional fatigue between the survivor and reference populations, adjusted for body mass index (BMI) and cardiovascular and psychological variables. Odds ratios (ORs) and 95% confidence intervals (95% CIs) were estimated. Logistic regression was applied to evaluate the determinants of multidimensional fatigue among the survivors.

Results:

Breast cancer survivors (median 10 years after diagnosis) more often experienced multidimensional fatigue than the reference population (26.6% versus 15.4%; OR, 2.0 [95%CI, 1.4-2.9]), even after adjusting for confounders. The odds of multidimensional fatigue were also higher among survivors with symptoms of depression (32.2% versus 2.7%; OR, 17.0 [95%CI, 7.1-40.5]) or anxiety (41.9% versus 10.1%; OR, 6.4 [95%CI, 3.6-11.4]).

Conclusions:

One in four breast cancer survivors experiences multidimensional fatigue, which occurs more frequently than in women of the same age and general practitioner. This fatigue appears to be associated with symptoms of depression and anxiety.

A follow-up study is being conducted in the same population 8 years later. This study will provide more details about the trajectory of long-term fatigue among breast cancer survivors.

Points for discussion:

How can we improve fatigue among long-term breast cancer survivors?

Should we actively follow up long-term breast cancer survivors as general practitioners?

Are we underestimating the prevalence by choosing multidimensional fatigue?

Freestanding Paper / Ongoing study with preliminary results**How to implement a physical activity program in primary care among cancer survivors: barriers and facilitators from the perspective of the GP and practice nurse**

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Background:

Lifestyle receives increasing attention in primary care of cancer survivors. However, little is known about how to successfully implement lifestyle programs in general practice, and the related barriers and facilitators.

Research questions:

What are the barriers and facilitators on the implementation of a physical activity (PA) program for cancer survivors in general practice from the perspective of general practitioners (GPs) and practice nurses?

Method:

A qualitative study using data from multiple sources collected during the implementation of the PA program: field notes, interviews with GPs, and a focus-group with participating practice nurses. We used thematic analyses proposed by Braun & Clarke, where two researchers performed inductive coding. All data was collected in Atlas.ti.

Results:

We collected field notes of all the GP practices that initially participated (n=20), and interviewed 3 GPs and 7 practice nurses from 6 GP practices who continued participation, and 2 GPs and 2 practice nurses from 3 GP practices who quitted participation. Barriers to implementation were organizational issues, low commitment of the GP and practice nurse, negative experiences with participating patients, and an undefined patient group. Facilitators were collaboration within the team, a motivated practice nurse, and experienced patient benefits. Strategies to address the barriers were embedding consultations within regular clinical practice, combining consultations, enabling practice nurses to share their experiences with peers, support to define patient group, and technical support for digital problems.

Conclusions:

The most important barriers and facilitators from GPs' and practice nurses' perspective on the implementation of a PA program for cancer survivors in GP practice relate to the organization domain and patient experiences. The results of this qualitative study can be used to improve future implementation of lifestyle programs in primary care.

Points for discussion:

Is primary care (i.e. general practice) suitable for implementation of lifestyle programs for cancer survivors or should we think at other alternatives?

Theme Paper / Finished study**Evidence of POCUS applications in primary healthcare at the European level and a prospective POCUS study in patients with acute abdominal pelvic pain in family medicine practice**

Mihai Iacob

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Keywords: POCUS applications, POCUS curriculum, POCUS screening, POCUS survey, core POCUS curriculum, clinical ultrasonography

Background:

Point-of-care-ultrasonography performed by the clinician, is an important tool to guide and improve case management for early diagnosis and treatment. It represents an extension of the clinical examination of the physician, to achieve an accurate positive or differential diagnosis.

Research questions:

What is the diagnostic accuracy and which POCUS applications can be used in primary healthcare?

Method:

This study aimed to establish some POCUS applications for family doctors. All these presented a typical ultrasound pattern and simple diagnostic criteria. We brainstormed and conducted an online-survey on what POCUS applications can be used in primary care. We designed a questionnaire and distributed it to family physicians from the WONCA-Networks. We performed a POCUS screening on 3400 patients with acute-abdominal-pain who were examined first time by the family physician and afterward by the specialist. Each patient followed an ultrasound-protocol and was archived in an e-database. We made a descriptive-statistic and analyzed the POCUS-screening data, and the inter-rater-agreement using Cohen's-kappa-coefficient.

Results:

We had 450 family physicians and family medicine residents as respondents to this POCUS survey from all European countries.

We made a comparative analysis of their answers and found out which POCUS applications are of great interest to European family doctors.

We present the results of the survey launched by EUVEKUS regarding the education and future POCUS curriculum in primary healthcare. The opinions of over 86% of the respondents were in favor of using POCUS.

The results of our second prospective study on the patients with abdominal-pelvic pain were: an accuracy:94.54%, sensitivity:96.43%, and specificity:91.16%($p < 0.001$). The agreement between US-results performed by a trained-GP versus an emergency specialist in the abdominal emergency diagnosis was:91%($k=0.86$;95%CI:0.79-0.91).

Conclusions:

Ultrasonography should be a diagnosis tool, besides the stethoscope, in the GP's office. Early and accurate diagnosis can help to save many patients in primary care, based on notions of good clinical practice (GCP).

Points for discussion:

How can we increase the accuracy of diagnosis in primary healthcare?

Could ultrasound along with clinical examination help in decision-making and case management of pathology in primary healthcare?

What kind of the PoC-US applications may be required in family medicine practice?

Utilization of medical technology in primary care: lessons learned from a nationwide study

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Keywords: medical devices, practice cluster, PoCT,

Background:

Expectations towards general practitioners (GPs) are increasing to provide a more comprehensive preventive- and definitive care and to integrate state-of-the-art digital solutions into daily practice. There were various government-aided programs in Hungary in the past two decades aiming at improving primary care services, some by simply subsidizing device procurements, while others studied possible systemic changes in primary care by piloting practice cluster models.

Research questions:

Our aim was to determine the availability and utilization of various medical devices in primary care in Hungary and to identify the right incentives that could lead to improvement in this area.

Method:

Data were collected using an online self-assessment questionnaire from 1800 Hungarian GPs registered in Hungary. Descriptive statistics, Wilcoxon's test and χ^2 test were applied to analyze the ownership and utilization of 32 types of medical devices, characteristics of the GP practices and to highlight the differences between traditional and cluster-based operating model.

Results:

Based on the responses from 27.7% of all Hungarian GPs, the medical device infrastructure was found to be limited especially in single GP-practices. Those involved in development projects of GP's clusters in the last decade reported a wider range and significantly more intensive utilization of evidence-based technologies (average number of devices: 5.42 versus 7.56, $P < .001$), but even these GPs are not using some of their devices (e.g., various point of care testing devices) due to the lack of financing. In addition, GPs involved in GPs-cluster development model programmes showed significantly greater willingness for sharing relatively expensive, extra workforce-demanding technologies ($\chi^2 = 24.5$, $P < .001$).

Conclusions:

Financial incentives for better outcomes, as seen in GP cluster pilots, may provide superior results in application of modern medical technologies in primary care, as opposed to procurement-focused subsidies.

Freestanding Paper / Finished study**Evaluation of the effect of sleep quality and physical activity on perceived stress level in 45-64 year-old population**

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Keywords: Sleep quality, perceived stress scale, physical activity**Background:**

Exposure to intense stress affects sleep patterns. Physical activity and exercise should be done for better sleep and sleep quality. Exercising for more than an hour a day increases sleep duration and low-intensity exercise also positively affects sleep.

Research questions:

Do perceived stress level, exercise status and physical activity affect sleep quality in individuals aged 45-64 years?

Method:

As a data collection tool; in addition to the sociodemographic information form created by us by reviewing the literature, the questions in the "International physical activity scale", "Perceived stress scale" and "Pittsburgh sleep quality index" will be applied in an isolated room by face-to-face interview by the person conducting the study between 01.12.2022 - 01.06.2023. The minimum number of participants was 480 in the power analysis performed with the G-power program and 487 participants were included in the study.

Results:

60.4% of the participants (n = 294) were female. 58.1 percent (n=287) were college graduates, and 78.1 percent (n=385) were married. Only 38% (n=185) of the participants regularly engaged in sports, and of those, 23.4% engaged in walking. There was no statistically significant difference between stress level and participation in sports (p=0.871), but those with depression had substantially higher stress levels (p<0.001). In addition, those with inadequate sleep reported substantially higher levels of stress (p<0.001). In general, those who participated in sports slept better, but this was not statistically significant (p=0.420). Stress decreased marginally as the duration of sports practice increased (r=-0.124; p=0.006), whereas there was no correlation between sports practice and sleep quality (r=-0.032; p=0.482). Nevertheless, sleep quality deteriorated moderately and modestly as perceptions of inadequacy (r=0.292; p<0.001), stress (r=0.479; p<0.001), and stress scores (r=0.447; p<0.001) increased.

Conclusions:

Our study found that doing sports significantly decreased stress, while stress affected sleep positively, but sports were ineffective.

Points for discussion:

What kind of practice can be used to explain the importance of exercise and stress levels to people with sleep problems?

Freestanding Paper / Published**Introducing Family Medicine to undergraduate medical students: an early clinical exposure through an elective activity at Humanitas University in Milan**

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Keywords: Family Practice, Primary Health Care, Undergraduate Education, Early Clinical Exposure

Background:

In Italy, undergraduate Medical school programs focus primarily on secondary care, with limited exposure to primary care. At Humanitas University, an elective activity has been proposed to second-year students in order to provide them with an Early Clinical Exposure (ECE) to family medicine (FM) and improve their understanding of its role within the health system and as a career opportunity.

Research questions:

Can ECE to family medicine at second year of undergraduate studies improve students' knowledge and perception on general practice and have an impact on career choices.

Method:

The elective consisted of 4 lectures for a total of 8 hours focused on FM and a 50 hours internship at local General Practitioner (GP) practices. The impact of the elective course was assessed through surveys which investigated students' perception and knowledge of GP role and family medicine as a potential career choice. Surveys were administered before, during and after the activity to all the 11 students who participated to the elective.

Results:

The study showed a strong appreciation of the elective activity by students as well as GPs from the internship program, and this may represent an indirect measure of learning. Most of the students reported an improvement in their understanding of the role of family doctors, especially as key figures in the functioning of the health system and within their community. They acknowledged the special relationship citizens build with their GPs and its impact on people's health. GPs reported the tutoring experience as positive and they showed interest in participating in similar events.

Conclusions:

Overall, the project has received a very positive response, improving students' perception of FM and inspiring tutors to be involved in medical education. Despite some concerns about the lack of clinical abilities, the second year of medical school has proven to be an adequate learning setting to acquire FM knowledge.

Points for discussion:

Family Practice

Undergraduate Education

Early Clinical Exposure

Web Based Research Course Presentation / Finished study**Study of the activity of BAT in patients with phenylketonuria**

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Keywords: Brown adipose tissue, catecholamines, FGF21, phenylketonuria, obesity

Background:

Thermogenesis is the set of metabolic reactions whose final objective is the genesis of heat to maintain body temperature, this process takes place in brown adipose tissue. Patients with phenylketonuria have a deficiency in the activity of the enzyme phenylalanine hydroxylase, which leads to a decrease in the concentration of tyrosine, an essential amino acid for the synthesis of catecholamines, with the consequent affectation of the adrenergic pathway that regulates brown adipose tissue.

Research questions:

How is thermoregulation in patients with PKU and M-HPA

Is there any correlation between body temperature, BAT temperature and metabolic, hormonal and anthropometric measures in the different groups?

Method:

We have studied the activity of adipose tissue in patients with phenylketonuria, moderate hyperphenylalaninemia and healthy controls using infrared video thermography. In addition, possible correlations between body temperature and brown adipose tissue with metabolic, hormonal, anthropometric and dietary parameters in the different groups were investigated.

Results:

The results obtained showed a positive correlation between the brown adipose tissue temperature gradient and peripheral body temperature in all three groups, although the body temperature in the group of patients with phenylketonuria was maintained at the expense of a higher brown adipose tissue temperature. These patients also presented higher levels of triglycerides, one of the main substrates of brown adipose tissue, as well as a positive correlation with its activity. In this group, higher levels of FGF21 were also observed, as well as different ratios in the concentrations of catecholamines with respect to tyrosine, an essential amino acid in its synthesis, which could indicate some limiting reaction in the conversion of adrenaline leading to greater stimulation of BAT.

Conclusions:

Patients with PKU show higher body temperature and higher BAT temperature.

Patients with PKU show higher concentrations of triglycerides with positive correlation with the temperature of BAT

Patients with PKU show higher levels of FGF21

Points for discussion:

Is it possible to start research in basic science in primary care?

How can primary care contribute to basic science research?

Poster / Finished study**Low-dose Aspirin adherence after acute coronary syndrome – patients` experience**

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Keywords: qualitative research, adherence, acute coronary syndrome, low-dose Aspirin, patients` experience

Background:

Cardiovascular diseases are the leading cause of death worldwide. To prevent cardiovascular morbidity and mortality, low-dose Aspirin (LDA) treatment is among the most widely used treatment. Still, adherence to LDA is suboptimal, with the lowest rates among all cardiovascular preventive therapies.

Research questions:

To explore and describe the patients experience with recurrent acute coronary syndrome (ACS) in the city of Karlovac with regard to factors affecting LDA adherence.

Method:

Four general/family practitioner (GP/FP) recruited 25 patients with recurrent ACS, using a purposeful sampling strategy. Three focus groups were conducted, transcribed and analyzed to find emerging themes and sub-themes. Textual data were explored inductively, using content analysis to generate categories and explanations.

Results:

Seven major themes and explanatory models of lay people`s perspective emerged from the data: factors affecting adherence to LDA (factors related to medication, health professionals and patients) and patients` expectations of the GP/FP. The majority of participants showed a satisfactory level on the LDA action knowledge. Negative adherence factors involved mostly polypharmacy, multimorbidity and side effects of LDA. The most important positive factors of LDA adherence included patient education by health professionals, followed by trust, availability and continuity of GP/FP care. Other positive factors were family support, personal motivation to live and stay healthy, and technical aids (so-called medication organizers). In contrast, the participants` job, duties and responsibilities were in some cases indicated as aggravating factors.

Conclusions:

To achieve good adherence to LDA, GPs are advised to provide continuous care to patients who suffered an ACS as part of their everyday work, and to make themselves available to patients through various types of consultations. It is also recommended to build a therapeutic relationship with patients based on trust, establish appropriate communication, refer patients to hospital specialists as required and periodically refresh knowledge about LDA and the reasons for its use.

Poster / Ongoing study with preliminary results**Morbidity and mortality from diseases of the circulatory system in the Republic of Kazakhstan for 2013-2020.**

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Keywords: Incidence, Mortality, Arterial hypertension, Diseases of the circulatory system, Cardiac ischemia, Cerebrovascular diseases, The Republic of Kazakhstan

Background:

Despite the decline in mortality from cardiovascular diseases (CVD) in recent decades, it still continues to occupy a leading position among the causes of early death in the world, including in the Republic of Kazakhstan (RK).

Research questions:

The purpose of this study was to study the incidence and mortality of diseases of the circulatory system (CSD) for 2013-2020 in the Republic of Kazakhstan.

Method:

Material and methods. A statistical analysis of morbidity and mortality rates was carried out based on the statistical collections of the Ministry of Health of the RK "Health of the population of the RK and the activities of healthcare organizations", the Committee on Statistics of the Ministry of National Economy of the RK for 2013 - 2020.

Results:

In Kazakhstan, according to the official data of the Ministry of Health, the overall incidence rate of CSD increased from 18683.6 cases per 100 thousand of the population in 2013 to 26306.2 cases in 2020, and the primary incidence - from 3315, 7 cases (of which: coronary heart disease - 500.6; acute myocardial infarction - 57.5; cerebrovascular disease - 208.1; arterial hypertension - 1665.9) to 4378.6 (of which: coronary heart disease - 604, 2; acute myocardial infarction - 127.6; cerebrovascular diseases - 433.7; arterial hypertension - 2138.9) cases, respectively.

The mortality rate from CSD decreased from 207.4 cases (of which coronary heart disease - 70.75 and stroke 71.90 cases) per 100 thousand population in 2013 to 193.79 (of which coronary heart disease - 67, 57 and stroke 66.57) cases in 2020.

Conclusions:

Conclusions: In Kazakhstan in 2013-2020. there is an increase in the overall incidence of diseases of the circulatory system by 40%, the primary incidence of diseases of the circulatory system by 32%. However, mortality from diseases of the circulatory system over the years has decreased to 37.4%.

Points for discussion:

Studying the causes of the increase in the incidence of diseases of the circulatory system in Kazakhstan

It is of interest to study the incidence in age groups

Poster / Almost finished study**Proportion of ECR of patients over age 18 without code for Hypertension and without any measure of Blood Pressure**

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Keywords: Audit; ECR; screening

Background:

Authoritative guidelines (1; 2) recommend blood pressure (BP) measurement in all patients aged 18 years and older

Research questions:

The main objective: what is the proportion of absence of measures of BP, enumerating for each GP the number of patients aged 18 years and over who are both without ICD9 code for diagnosis of arterial hypertension and without evaluation of at least one blood pressure measure in the Electronic Clinical Record (ECR)

Method:

A) For the extraction of data from their Database of ECR, GPs have used SQL phrases; B) the SQL phrase has extracted from its entire Database either patients from age 18 years or over with Hypertension code 401.9xx, either patients WITHOUT Hypertension code and WITHOUT PRESSURE measurement. In the data collection form, the participating GPs entered: 1. The total number of patients assisted; 2: The Total Number of Patients WITH ICD9 code for Hypertension; 3: the TOTAL of Patients WITHOUT Code for Hypertension and WITHOUT BP measurement in the ECR

Results:

Number of GPs participants (of volunteer quality Italian group "Netaudit") and their assisted population: 16 GPs, with a sum of assisted patients of 22402; an average patient for GPs of 1400 patients; median of 1496; minimum of 520 patients; maximum of 1578 patients.

Hypertensive Number: for all 16 GPs the total sum of hypertensive patients was 5569 patients: a proportion of the total number of patients (22402) equal to 24.8% (Confidence Interval from 24.2% to 25.4%).

Conclusions:

The total number of patients, aged 18 years or older, WITHOUT ICD9 code for Hypertension and WITHOUT BP measurement in the ECR is 5984: a proportion of the total number of assisted persons (22402) equal to 26.7% (with confidence interval from 26% to 27.3%). A connected variability was found between 16 GPs: the coefficient of variation is 78%

Points for discussion:

a) how can GPs increase this relative high proportion of Not recording of BP ?

b) how to ask the softwarehouse of ECR of giving automatic sign to GPs with these "holes" for important measure as BP?

Poster / Finished study**Up-rise ability predicted hip fractures and mortality in 295 women 70 years and older – a 20 year follow up controlled intervention**

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Keywords: hip fracture, uprise, women, follow-up intervention study, population-based cohort, primary care

Background:

A multifactorial intervention program was tested to reduce hip fracture risk in a high-risk group of Swedish women.

Research questions:

Could reduced hip fracture incidence and mortality be observed during 20 years, after a fracture prevention program?

Method:

A total of 295 women, selected from a population-based cohort of 1248 women aged 70-100, were recruited for a controlled intervention study 2001 with follow up 2004. The 295 women had high hip fracture risk with at least two of the following risk factors: age ≥ 80 years, body weight ≤ 60 kg, prior fragility fracture, and fall previous year.

The intervention group of 103 women were offered exercise at home and in group, home hazard reduction and pharmacological treatment. A control group of 192 women were offered treatment as usual.

Risk factors including up-rise ability were assessed 2001 and 2004 and incident hip fractures were derived from radiology records 2002-2021. Survival analyses and standard statistics were performed.

Results:

Between 2001 and 2004, there was a decline in up-rise ability among controls compared to intervention group (136 to 117 out of 192 vs. 67 to 69 out of 103, $p < 0.001$). By 2004, improved up-rise ability was more common in intervention group than in controls among those with impaired up-rise ability in 2001 (12 out of 36 vs. 5 out of 56, $p < 0.001$). Up-rise ability at baseline was associated with a longer time to first hip fracture or death only for the intervention group (Kaplan-Meier, log rank 4.0, $p < 0.05$; adjusted Cox regression analysis HR=0.4; CI 0.1-0.9, $p < 0.05$).

Conclusions:

Self-reported up-rise ability decreased in controls compared to the intervention group, in a multifactorial intervention for 295 women at high hip fracture risk between 2001 and 2004. Only women in the intervention group with up-rise ability at baseline 2001 had a longer time to first hip fracture or death at follow-up 2021.

Points for discussion:

Is it new knowledge that self-reported impaired up-rise ability is associated with sarcopenia and frailty, that influences the risk of hip fracture and longevity?

Is prescribing osteoporosis treatment enough as fragility fracture prevention?

Should activities that strengthen muscles and/or improve the psychosocial network be "prescribed" in primary care?

Poster / Ongoing study no results yet**Use of mHealth application in improving blood pressure control and adherence to therapy in patients with newly diagnosed arterial hypertension in North Macedonia**

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Keywords: telemonitoring, mHealth application, arterial hypertension, self-monitoring

Background:

Arterial hypertension is a global public health problem and a leading cause of total morbidity and mortality. The use of telemonitoring opens up new possibilities for close monitoring of patients with HTA through self-monitoring of BP values at home and fast transfer to family physicians.

Research questions:

Will the use of a mHealth application in newly diagnosed patients with arterial hypertension improve blood pressure control and adherence to therapy compared to newly diagnosed patients with arterial hypertension with a standard care protocol?

Method:

A prospective randomized multicenter controlled study with a 12-month follow-up in North Macedonia. 200 patients from entire territory of North Macedonia will be covered according to: Inclusion criteria- newly diagnosed patients with HTA, aged 35-70 years. Exclusion criteria- patients with heart failure, chronic renal or hepatic insufficiency, cancers, secondary hypertension, pregnancy, cognitive diseases and patients without signed informed consent. Randomization: 10 family doctors will randomly randomize 100 patients to the intervention (standard care + mHealth application) and 10 family doctors will randomize 100 patients to the control group (standard care). Omron M2 clinically validated upper arm blood pressure monitors will be provided for the patients involved.

Results:

The primary objective of the study is to assess the effect of using mHealth application in improving BP control and therapy adherence in patients with newly diagnosed HTA in NR Macedonia.

Conclusions:

Using the mHealth application is expected to improve CP control and better adherence to therapy in patients with newly diagnosed HTA.

Points for discussion:

Is the use of an mhealth application a reliable and effective way of monitoring patients with newly diagnosed HTA?

Does the use of an mhealth application have a positive effect on patient motivation in following HTA or can it cause a new type of technology addiction?

Poster / Ongoing study with preliminary results**"Effectiveness of the SPYROS DOXIADIS program in the compliance of the patient list of a personal doctor in doing mammography".**

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Keywords: prevention, mammography, improving quality of care

Background:

One of the Health Balance Scorecard's (HBSC) clinical indicators of the health Center of Vari (HCV), is the percentage of women on the list of the personal doctor (PD) who have had a mammogram. In 2018, 1 year after the implementation of the institution of the PD, there was done an effort to measure this c.i. In June 2022, the Greek Ministry of Health launched the SPYROS DOXIADIS program, which includes, among other things, the prevention of breast cancer. A relevant SMS message was sent to all women in Greece.

Research questions:

How effective was the Spyros Doxiadis program for mammography at a PD list?

Method:

3 months after the implementation of the SPYROS DOXIADIS program, an attempt was made to communicate with all the women on the list of a P.D. of the HCV. A similar communication effort had been made with the same women 2 years before the implementation of the program, in the context of measuring HBSC c.i. The women were asked about the following:

1. Have you received a message about a mammography YES/NO?
2. Did you have your mammogram done YES/NO?

Results:

From the women who answered our questions, 20% of them received the message of the program. 59% of those who received the message performed mammography and 41% did not performed mammography. The results of the previous effort 2 years before the program, was as follow. None of the women that were conducted in order to inform them for the necessity of doing mammography had performed mammography.

Conclusions:

The SPYROS DOXIADIS program for the prevention of breast cancer seems to be effective in the list of women of a PDr at VHC. From 0% of women who responded to the proposal of health professionals for mammography at the first effort, this percentage became 56% with the intervention of the program.

Points for discussion:

Prevention of breast cancer,

Ways to increase the mammography procedure

Poster / Study Proposal / Idea**Does personalised advice about cervical and breast cancer screening effects women's intention to be screened?**

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Keywords: Ukrainian Internally Displaced Women, Screening, Breast Cancer, Cervical Cancer, General practice/family medicine, Primary care

Background:

Ukraine lacks state breast and cervical cancer screening programs which can contribute to the underestimation and overlooked of cancer screening. The ongoing war has led both doctors and population to prioritize managing acute and chronic diseases rather than screening. In 2022, the detection of breast cancer through screening methods decreased from 36.9% to 28.8%, and cervical cancer - from 37.9% to 24.2% according to the Ukrainian national cancer registry.

Research questions:

How much does GPs provision of personalized information about cervical and breast cancer screening affect internally displaced women's (IDPW) intentions to be screened?

Method:

Readiness for breast and cervical cancer screening of IDPW(aged 21-74) will be assessed using a validated questionnaire. Participants will be randomly assigned to 2 groups:

-Group A (receive motivation consulting sessions from GPs and personal intended screening plan developed by designed web-based program "Screening Advisor")

-Group B (receive standard GP consultation sessions and screening educational materials).

Both groups' screening readiness will be reassessed, allowing for comparison and evaluation of the interventions' impact.

After one month performance rate will be estimated: number of participants who have undergone suggested screening.

Results:

We seek to investigate if personalized screening recommendations suggested by "Screening Advisor" have different effect on readiness and performance than handling screening educational materials after the GP's consultation about screening.

Conclusions:

Finding ways to increase readiness and performance of breast and cervical cancer screening is crucial for Ukrainian IDPW to prevent late diagnosis, treatment delays, and mortality during war crisis.

Points for discussion:

What is the experience of EGPRN members in providing breast and cervical cancer screening for Ukrainian refugees?

What are the ways to provide personalised information to the patients to increase readiness and performance of breast and cervical cancer screening?

Would any EGPRN colleagues like to collaborate in this research?

Poster / Study Proposal / Idea**End of life care in GP offices in Czech Republic**

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Keywords: End-of-life care, general practitioner**Background:**

Approximately 80% of patients in the Czech Republic wish to die in their bed at their own home: 20% of them are fortunate in this sense.

The general practitioner's (GPs) position is exceptional within the health care system: long-term interaction with the patient, knowledge orientation in his value system and medical competence and physician empathy play essential roles in this important front-line contact. It can also be generally assumed that outstanding end-of-life care may prevent possible trauma for the patient and his relatives.

Research questions:

To identify the needs of GPs in the field of end-of-life care and how to fulfill them.

Method:

We used simple questionnaire in electronic form based on semi-structured interviews.

Results:

The proposed project consists of two complementary parts.

The first important goal was to collect sufficiently detailed information on the basic needs of practitioners operating also in the field of end-of-life care in the Czech Republic. It was realized by applying a relatively simple questionnaire in electronic form. Consequently, it is necessary to prepare a specific Curriculum for GPs to upgrade their competence in this field. Additionally, the newly-prepared web pages with specific and useful information for GPs (including, for example, instructions in optimization in end-of-life care activities) seem highly useful for the near future.

The second part of the project is oriented more practically: to seek motivated practitioners – expected regional leaders in end-of-life care (including their two years of support). This effort aims to build up a functional net covering, ideally, the whole Czech Republic.

Conclusions:

Currently we only have preliminary results. Final results will be available by the time of the EGPRN meeting.

Points for discussion:

What is essential in end-of-life care in our surgeries?

Is this theme interesting for you?

Do you have any experience in this field?

How does colorectal screening (CRS) work in European countries?

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Keywords: Colorectal cancer screening , Immunological faecal occult blood test.

Background:

As the population ages and lifestyles change, a rapid increase in the number of cancer cases is expected. Cancer is the leading cause of death worldwide in countries of all income levels, however some types of cancer can be treated effectively if diagnosed at an early stage and adequate therapy is initiated. Given the high mortality rates, secondary prevention is important. Worldwide, the main form of early detection of cancer is through population-based screening programmes with the aim of detecting the tumour at an early stage and initiating treatment.

Research questions:

How does colorectal screening (CRS) work in European countries?

Method:

A 7-question survey which was distributed during the Split EGPRN meeting. The questions asked about personal-professional experience of CRS.

Results:

28 questionnaires from delegates in 19 countries were returned. Colorectal cancer screening uptake was above the uptake recommended in the European guidelines (45%) in six countries: Israel (80%), Finland (73.5%), UK (70.3%), Netherlands (70%), Slovenia 64.6-75%), Denmark (61-64%). In Belgium, the Flemish government response rate was 64.1%. The faecal immunochemical test was most commonly used, with the most common target age-group 50-74 years. All countries surveyed screened once every two years, except Israel (yearly) and possibly Croatia (every 3 years). Only Macedonia had not developed a colorectal cancer screening programme.

Conclusions:

This short, anonymous questionnaire provided an insight into colorectal cancer screening in Europe. Israel had the best uptake of the surveyed countries, and only Israel had yearly testing. In 10 of the surveyed countries, the recommended minimum uptake was not reached.

Points for discussion:

- Why is it difficult for countries to achieve the colorectal cancer screening uptake that is recommended in the European guidelines?
- Which CRS programme/method is best, and why?
- How can we improve CRS uptake?

Poster / Study Proposal / Idea**Worries and Uncertainty among Male patients with elevated PSA levels .**

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Keywords: Prostate Cancer (PCa) ; Prostate Specific Antigen (PSA) Qualitative Research

Background:

Patients who are aware of having high Psa values experience a state of concern and anxiety because they are unsure of whether they will need to undergo biopsies, surgeries or other interventions or treatments. Multiple studies have shown that in a population of men between 50 and 70 years old, a part of them will have elevated Psa levels (>3,5). We also know that 70% of these individuals do not have prostate cancer (PCa), but 30% could potentially have it.

Research questions:

Is it possible to establish a certain diagnostic/therapeutic algorithm for patients with elevated PSA levels?

Method:

We propose to create a monitoring system that can reassure these patients by explaining the various necessary steps using interviews as in qualitative research method. We will enroll 10 PcPs operating in a rural area near Palermo .

Results:

We will conduct interviews with the patients already present in our database to analyze the reasons for their concerns and uncertainties. We will stage the patients based on their high and very high Psa values ,with or without symptoms and their real risk of having a PCa .

Conclusions:

Analysing the interviews obtained by the patients ,using a qualitative research method and Grounded theory ,we could establish a pathway to follow up patients with high Psa values .

Points for discussion:

Can we face worries and uncertainty in a population of men with elevated Psa Levels ?

Qualitative research, Interviews we can conduct with patients can help us to figure out the causes of anxiety and uncertainty in this population ?

Can we establish a pathway to propose to the patients to know what they have to do after they got an high Psa level ?

Poster / Ongoing study with preliminary results

A Comparative Analysis of the 'Physician Attitudes and Intentions to use Telemedicine' (PAIT) Questionnaire Responses from General Practitioners in England and Sweden.

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Keywords: Telemedicine, general practitioners, theory of planned behaviour, intentions, attitudes, perceived behavioural control, subjective norms.

Background:

Although telemedicine grew rapidly during the COVID-19 pandemic, instruments to assess telemedicine usage and behavioural intentions are scarce. In Sweden, the "Physician Attitudes and Intentions to use Telemedicine" (PAIT) questionnaire was developed from the "Theory of Planned Behaviour" in 2019 and translated into English.

Research questions:

How do attitudes, behavioural intentions, and self-reported use of telemedicine compare between GPs in England and Sweden?

Method:

We compared survey data from 161 Swedish and 53 English GPs using exploratory factor analysis (EFA) and regression models. PAIT has 33 items with 7-point Likert scale options ranging from "Strongly disagree" to "Strongly agree" examining three predictors of intentions: "Attitudes" (12 items), "Subjective Norms" (6 items), "Perceived Behavioural Control" (9 items), and "Intentions" (6 items) to use telemedicine; 22 items assess usage of telemedicine tools, general questions about telemedicine, training experience, free text comments, demographic and background questions.

Results:

Use of text communication was higher for English GPs (median 2 vs 1 for Swedish GPs, $P < 0.01$); use of video and chronic disease monitoring was similar in both countries. Intentions to use telemedicine were lower in England than in Sweden (3.7 (SD 1.6), vs 4.8 (SD 1.7); $P < 0.001$). For GPs in both countries, Attitudes and Perceived Behavioural Control had a significant effect on Intentions to use telemedicine according to linear regression models. The EFA showed that Attitudes for text usage was the strongest component in PAIT for English GPs, whilst Attitudes and Perceived Behavioural Control for video explained most variance in Swedish GPs. Chronic disease monitoring was a strong component in both countries.

Conclusions:

These findings provide insights into the similarities and differences between English and Swedish GPs' attitudes, behavioural intentions, and their use of telemedicine assessed by the PAIT questionnaire.

Points for discussion:

Why do behavioural intentions towards telemedicine vary between countries?

How do our findings compare with your personal experiences of telemedicine?

Would EGPRN members like to translate and adapt the PAIT questionnaire for their own countries

Poster / Almost finished study**Competences of General Practitioners - Medical Students' View vs. The View of Their Lecturers**

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Keywords: Competences, GP, Students, Lecturers**Background:**

As a field with a very broad scope, General Practice (GP) does not have clearly defined competences.

Research questions:

How the competences of GPs are perceived by medical students who are yet to attend the teaching of GP
To what extent these perceptions match the perceptions of their lecturers-actively practicing GPs.

Method:

An electronic questionnaire with 18 medical problems was sent to medical students before their GP course started. They were prompted to mark those problems, in which the GP can be the first doctor consulted by the patient and can solve the problem without help of another specialist, without causing harm to the patient. Another question included in the questionnaire addressed the question of whether GPs refer their patients to specialists too often, as is adequate or too rarely. The lecturers filled the same questionnaire.

Results:

346 of 491 addressed students filled the questionnaire (Response Rate 70%).

The most frequently marked conditions were Flu symptoms in an adult (99%), Tonsillitis (90%) and Back Pain (72%), the items least frequently marked were painful knee after a trauma (12%), Alcohol dependence (28%) and Follow-up after a cured colorectal carcinoma (35%).

In the students' group 53% of responders found that the GPs refer their patients to specialists reasonably often, 41% answered that the GPs refer too often. In the lecturers' group (n=9), only 6 of the 18 items did not reach the 100% of positive answers and there was a broad agreement that GPs refer their patients to specialists too often (78%).

Conclusions:

The students assigned far less competencies to a GP than the lecturers did.

The GPs are trusted by future doctors in management of common infectious diseases and non-traumatic orthopedic conditions, or conditions that are difficult to assign to a certain specialty.

Adequate and timely GP education in the curriculums of medical faculties is needed.

Points for discussion:

Possible sources of the huge gap between students' and lecturers' perceptions of GPs' competences

GP competences estimated by the students lower than reality - local or universal phenomenon?

Possibilities for an intervention?

Poster / Finished study**Digital self-triage: how compliant is the patient?**

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Keywords: triage, symptom checker, self-triage, digital, e-health, m-health, care seeking behaviour, compliance

Background:

Online symptom checkers and digital triage tools are part of a current effort to better assist patients in their healthcare seeking behavior. Compliance in particular requires a more solid evidence-based approach, with limited evidence currently focusing on intention to comply, rather than quantifying the direct impact on patients' decision-making.

Research questions:

RQ1: How compliant are people with the advice given by a digital self-triage tool?

RQ1.1: How do patient, urgency, disease, and triage characteristics influence compliance?

RQ2: To what degree do intention to comply and compliance correlate?

Method:

A prospective longitudinal observational study was designed as a proof of concept in which an online triage tool was integrated into a GPC website. Routine registration data of the triage system was linked to a second dataset from ICAREdata, containing anonymous patient data from unplannable care systems. Algorithmic data-matching visualised the patient flow through the healthcare system.(n=398)

A structured questionnaire gaged the patient's intention pre- and post-advice, the impact of triage on care seeking behaviour, and underlying motivational drivers.(n=99) These results were matched to compare intention to subsequent action.

Results:

Overall, 67.3% complied to the advice given, which increased to 77% for those receiving a non-urgent triage advice (U5). Compliance was associated to utilisation in the weekend v. weeknight (OR 2.9 95% CI 1.3-3.9, $p < 0.002$). 97% of survey respondents believed they required a doctor prior to triage. After utilization, 88.9% indicated they intended to comply, yet in 26.8% of cases observed, behaviour differed from their stated intention.

Conclusions:

Patient adherence to triage advice is generally high for the studied tool and in line with current evidence. There is considerable discrepancy between patient behavior and their declared intention, warranting caution when using the latter as a proximal outcome. Future research on compliance should be of relevant scale and scope and be performed within the tools' intended setting.

Points for discussion:

Care seeking behaviour in Out-Of-Hours settings.

Patient compliance with digital medical tools.

Compliance v. intention to comply.

Poster / Ongoing study with preliminary results**Evaluation of the Effectiveness of Quality Committees in Primary Health Care in Tajikistan**

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Keywords: quality committee, effectiveness, primary health care, maternal and child health, Tajikistan

Background:

Maternal and child health is a priority for the health system of Tajikistan. However, there are still significant challenges, such as limited access to quality antenatal and intranatal care, family planning, and emergency obstetric care. In addition, there is a high rate of premature births and iron and nutrient deficiencies.

Research questions:

To assess the effectiveness of Quality Committees as an innovative technology in improving the quality and availability of services at the PHC level.

Method:

A comparative assessment of the main indicators on maternal and child health was conducted before and after 5 years of activity of the QCs in 12 pilot districts of Khatlon region with a population of about 1 million people.

Results:

The analysis showed that the QCs were effective in improving the quality of services. The proportion of women who made four or more antenatal visits during the last pregnancy increased significantly from 56% in 2016 to 86% in 2019. The number of pregnant women receiving nutrition counseling also increased, from 16.3 thousand in 2016 to 51.5 thousand in 2019. The proportion of children aged 6-23 months who are not breastfed and receiving minimally acceptable nutrition significantly increased between 2016 and 2019, from 16% to 53%. The proportion of women who have reached a minimum level of dietary diversity reached 90% compared to 71% in control communities that are not pilot districts.

Conclusions:

The activities of the Quality Committees at the level of PHC institutions in the districts have improved the indicators of antenatal care and early childhood nutrition through internal monitoring, continuous education of doctors and nurses at the District and Rural Health Centers, as well as Health Houses on maternal and child health issues.

Points for discussion:

The QCs should be scaled up to all PHC facilities in Tajikistan. In addition, the government should provide more support for the QCs, such as training and funding.

Perceptions regarding the use of Clinical Decision Support Systems in Primary Care

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Keywords: Perceptions; Decision support system; General practice; Primary care; Online; Electronic; Virtual

Background:

With the increasing number and complexity of health problems, clinical decision support systems (CDSS) have been developed to assist health professionals in clinical practice, as General Practitioners (GPs) and Family Doctors. CDSS can assist prescription and diagnosis processes and help patients make informed health decisions. Despite evidence that these tools improve GPs performance, their adoption is limited and includes mainly alerts and reminders designed to support treatments and disease management decisions.

Research questions:

What are users' perceptions of CDSS usefulness and the main facilitators and barriers to its use in primary care.

Method:

Bibliographic research of clinical guidelines, classic and systematic reviews, meta-analyses and original articles in PubMed, with the following research terms: “(perceptions) AND (decision support system) AND ((general practice) OR (primary care)) AND ((online) OR (electronic) OR (virtual))”, published in english or portuguese until july 2023.

Results:

In most studies systems are considered useful for clinical practice, emphasizing promotion of guideline adherence, reduction of prescription errors and assistance in differential diagnosis as positive aspects. The main limitations mentioned are related to codification difficulties, impact on consultation style, GP-patient interaction and user interface limitations. CDSS didn't influence perceptions of GPs' professionalism and care or general patient satisfaction, contrary to clinicians' concerns. Moreover, these tools allow patients to complement provider counselling and enhance shared decision-making.

Conclusions:

Worldwide use of CDSS has been adopted as an advantage to daily practice within primary care for efficient consultations. Tools that allow for an overarching evaluation, including diagnostic suggestions, treatment options and adverts for potential interactions have been found useful, despite the identified limitations. A future step will be the development of a similar study regarding a HDSS used currently in the authors' institution, named “Dioscope”, a preset virtual avatar of a medical doctor, which ensures round-the-clock availability to guide and support physicians.

Poster / Ongoing study no results yet**Development and pilot testing of a sex- and gender-sensitive primary care intervention for patients with chronic non-cancer pain receiving long-term opioid therapy (GESCO): a study protocol**

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Keywords: sex- and gender-sensitive medicine, pain therapy, chronic non-cancer pain, long-term opioid therapy

Background:

In management of chronic non-cancer pain (CNCP) a growing body of evidence suggests that sex and gender aspects influence the experience and expression of pain as well as related emotions. In addition, communication between doctor and patient is influenced by gender stereotypes and dyadic structures. Despite there being evidence on such differences, current guidelines do not consider sex- and gender-sensitive approaches.

Research questions:

The GESCO study aims to develop and pilot test a sex- and gender-sensitive intervention for CNCP patients receiving long-term opioid therapy (LTOT) in primary care.

Method:

The development process follows the first two phases of the UK Medical Research Council Framework for developing and evaluating complex interventions. Phase I will iteratively explore, develop, and evaluate the content and modules of the novel sex- and gender-sensitive intervention using literature reviews, interviews and workshops involving stakeholders and experts. Phase II will pilot-test the novel intervention in a sample of 40 adolescent CNCP patients under LTOT from ten general practices using a single-arm, pre-post design including a qualitative process evaluation focusing on acceptance and feasibility. The intervention will combine in-person educational sessions for GPs and tools supporting patient care.

Results:

In the workshops with GPs and researchers, the following promising elements for intervention have been identified so far: narrative medicine, gender-sensitive communication, gender- and sex-sensitive pharmacotherapy, activation of patients' own resources, social prescribing with provision of tailored psychosocial services.

Conclusions:

This project investigates whether and how the findings from gender-specific medical research can be incorporated into concepts for everyday care. This could provide new ideas not only for the primary care of CNCP patients receiving LTOT, but also for primary care of people with other chronic diseases.

Points for discussion:

From your experience, which specific challenges do you see in primary care management of CNCP patients?

What gender and sex aspects are important in the primary care of these patients?

Which elements could be of particular importance for the intervention?

Poster / Almost finished study

Digital Transformation in Swedish Primary Care: Evaluating the Impact on Antibiotic Prescription and Equity in Utilization

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Keywords: Digital Primary Care, Antibiotic Prescription, Equality and Equity, Utilization

Background:

In Swedish primary care, purpose built digital providers started offering consultations nation-wide in 2016. These services increased fast in volume, driven by low access to primary care and a favourable reimbursement system. The emerging digital landscape of health care services raised concerns about its effects on several key performance dimensions, including quality and equity.

Research questions:

We aimed to assess defined effects of digital primary care consultations in Sweden. The research questions were: Who utilizes digital services; What conditions are they used for; What are the effects on antibiotic prescription and equity in utilization across the population, in comparison with in-office consultations.

Method:

We used a purposively built database with individual level service utilization and linked socio-demographic data. Propensity score design was used to analyse differences in antibiotic prescription to manage the non-random data collection, and regression-based concentration indexes with adjustment for need factors for the equity analysis.

Results:

Mild infections among middle age women with high incomes were relatively more common in digital than in in-office primary care consultations. Contrary to fears expressed among medical professionals, antibiotic prescriptions were less common in digital consultations, also in models that aspire to incorporate effects of treatment selection bias in the data. Digital service utilization was “pro-rich”, also when adjusting for need factors such as age, sex and illness. This contrasted in-office services, which showed a “pro-poor” pattern, just like similar studies of traditional primary care. However, within the patient group using digital primary care, utilization was proportionally distributed across income.

Conclusions:

The studies in this project contribute to the evidence base for further deployment of digital primary care services. Advances in digital services can make use of this knowledge to design payment systems and services, to better target specific conditions and populations which are currently underserved.

Points for discussion:

How can traditional primary care services integrate with digital services so that the two forms of contact complement each other?

Which disease groups are likely to grow in digital primary care?

What can clinicians do to mitigate the inequities seen in this study?

Poster / Finished study**Exploring primary health care professionals' queries to a drug information centre – a descriptive analysis**

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Keywords: primary health care, drug prescribing, drug information centre

Background:

Drug treatment is one of the most common interventions in health care, implying challenging decisions through the process of diagnostics and prescribing to dispensing and administration of medications. Guiding information related to different steps of drug intervention processes are not always easily available. In Sweden, health care professionals can pose drug-related queries to one of seven drug information centres. Extent of, and type of, queries posed by primary health care professionals (PHCP) has not previously been explored.

Research questions:

To what extent do queries received to a drug information centre originate from PHCP and what kind of queries are posed from this level of care?

Method:

In this descriptive study, queries posed during 2022 to the drug information centre in Region Västra Götaland, Sweden, were extracted and analysed.

Results:

Out of 618 queries posed to the drug information centre in 2022, 104 (17%) originated from PHCP (physicians: n=99, 95%; nurses: n=3, 3%; and pharmacists: n=2, 2%). The most common queries from PHCP concerned adverse drug reactions (n=31, 30%), pharmacotherapy (n=22, 21%), prescribing issues including medicine shortages (n=20, 19%), pharmaceutical issues (n=15, 14%), drugs in pregnancy/lactation (n=7, 7%), drug interactions (n=7, 7%), and pharmacokinetics (n=2, 2%). A total of 183 drugs were involved in queries from PHCP. The drugs most often appearing in queries regarding adverse drug reactions (n=69, 38%) encompassed the cardiovascular system (n=21, 11%) including antihypertensive drugs (n=13, 7%: amlodipine, candesartan, felodipine, irbesartan, lercanidipine, n=2 each, 1%; bendroflumethiazide, bisoprolol, enalapril, n=1 each, 0,5%); and hypolipidaemic drugs (n=8, 4%: rosuvastatin, n=4, 2%; atorvastatin, evolocumab, ezetimibe, simvastatin, n=1 each, 0,5%).

Conclusions:

One out of six queries to the drug information centre originates from PHCP and one third of them concerns adverse drug reactions, mostly cardiovascular drugs that are commonly prescribed in primary health care.

Points for discussion:

Adverse drug reactions in primary health care

Report of adverse drug reactions

Role of drug information centres

Poster / Finished study**Phase 1 Results and Phase 2 Initiation for AC102: A Novel Drug Candidate for the Treatment of Sudden Sensorineural Hearing Loss (SSNHL)**

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Keywords: Hearing Loss, Pharmacotherapy, Clinical Trial, Phase 1, Phase 2

Background:

Hearing loss is the third most prevalent chronic health condition in adults with proven links to depression and dementia. However, physicians are faced with patients suffering from sudden sensorineural hearing loss (SSNHL) with no approved pharmacotherapy. Clinical practice guidelines recommend the use of corticosteroids for which evidence remains unclear. AC102 is specifically developed for otic indications and outperformed corticosteroids in preclinical hearing loss models.

Research questions:

We present results from a first-in-human study of AC102 with the questions: Is AC102 safe and well tolerated? If so, does it merit further investigation in hearing loss patients?

Method:

AC102 was compared to placebo in 42 healthy volunteers receiving either intratympanic AC102 formulated in a thermosensitive gel at increasing concentrations and volumes or placebo injection. Endpoints at Day 28 were safety and tolerability, including assessment of audiological and vestibular function. Enrolling healthy volunteers with normal hearing ensured any audiological changes measured.

Results:

Treatment emergent adverse events occurred almost equally in both treatment groups. Most were mild and resolved within days. No serious adverse events were observed. The injection hole healed within 1-4 days. In both groups, transient increases in hearing threshold mainly at higher frequencies resolved within 2-4 days after injection. No clinically relevant changes in auditory or vestibular function were observed.

AC102 is now being evaluated in SSNHL patients in a randomized, blinded, two-arm Phase 2 trial. Patients with moderately-severe to profound idiopathic SSNHL are enrolled at ≤50 European sites. Efficacy, safety and tolerability of AC102 will be compared to corticosteroid treatment, giving all patients a treatment option.

Conclusions:

Intratympanic AC102 is safe and well tolerated at all volumes and concentrations examined. AC102 is a promising and innovative therapeutic approach to address a significant, unmet medical need and provide physicians with a treatment with a clinically meaningful benefit to their SSNHL patients.

Points for discussion:

Management of patients with hearing loss at their first appointment

What changes and / or developments would help in the management of hearing loss patients

Considerations before treating hearing loss with corticosteroids

Poster / Ongoing study no results yet**Effectiveness and cost-effectiveness of a virtual community of practice to improve the empowerment of middle-aged people with multimorbidity: A randomized controlled trial.**

Alba Campillejo, Ileana Gefaell Larrondo, Vanesa Ramos García, Débora Koatz, Anthea Santos Álvarez, Jaime Barrio Cortes, Amaia Calderon, Patricia Cifuentes, Francisco Javier García García, Santiago Domínguez Coello, Sofia Garrido Elustondo, Beatriz González De León, Maria Candelaria Martin González, Maria Consuelo Company Sánchez, Pedro Parra Caballero, Patricia Quiroga Colina, Ana Belén Ramirez Puerta, Marta Ruiz López, Carmen Suárez Fernández, Maria Eugenia Tello Bernabé, Jose Ramón Vázquez, Esther Vicente Rabaneda, Beatriz Ugalde Abiega, Andrea Duarte Diaz, Analía Abt Sacks, Aránzazu Hernández Yumar, Alezandra Torres Castaño, Yolanda Álvarez Pérez, Carola Orrego, Lilisbeth Perestelo Pérez, Ana Isabel González González

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Keywords: Multimorbidity, Therapeutic Community, Social Cohesion, Community Networks, Technology Assessment, Biomedical, Empowerment, eHealth Strategies, general medicine (see internal medicine); Middle Aged; Chronic Disease

Background:

Virtual Communities of Practice (VCoP) offer information and exchange possibilities for people with chronic diseases. This could be especially valuable for self-management in patients with multimorbidity. We aim to evaluate the effectiveness of a VCoP versus individual, self-administered online education to improve the activation of patients with multimorbidity.

Research questions:

How does Patient Activation improve after a Virtual Community of Practice web platform-based intervention compared to a self-administered content-focused education?

Method:

Study design: Randomized controlled hybrid-1, pragmatic trial. Setting: Primary healthcare and hospitals, Spain. Participants: Adults 30-60 years old with ≥ 2 chronic diseases. Intervention: VCoP for 12 months. Control group: Content-focused education through self-administered web-platform. Primary outcome: Patient Activation Measure (PAM) questionnaire. Secondary outcomes: Sociodemographic, levels of depression and anxiety, treatment burden, health-related quality of life and implementation outcomes. The development of the research will be done in three phases. Analysis: Mixed-effects linear regression to determine the effects of VCoP on PAM scores at baseline, 6, 12, and 18 months.

Results:

Exploratory phase 1: Patients and professionals participated addressing barriers and needs. They built the trajectory of care, so their needs could be addressed by the vCoP. The experiences facilitated designing a Patient Journey Map. Three stages were recognized:

- a) Pre-diagnosis and diagnosis: Diagnoses may be unexpected, affecting patients emotionally. Some people may deny their situation or exploit it for personal gain. Social determinants are important.
- b) After diagnosis: Patients' environment is impacted. Health education consultations can aid in accepting and understanding. Gender and mental health influence empowerment.
- c) Follow-up: Social determinants, patient's associations, and polypharmacy act as barriers or facilitators.

Conclusions:

A person-centered co-design process of a vCoP may facilitate the empowerment of multimorbid patients. e-EMPODERA-3 project aims to improve the patients' understanding of their chronic diseases and enhance self-

care quality.

Points for discussion:

Does anyone in the audience have any experience with vCoPs?

Which patterns of multimorbidity will benefit from the intervention?

Presentation on 14/10/2023 11:00 in "Poster Session 5: Prevention and Lifestyle" by Alba Campillejo.

Poster / Study Proposal / Idea**Parental adherence to boys' HPV vaccination and associated factors: a cross-sectional study.**

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Keywords: Vaccination - Papillomaviridae - General practice - Evaluation - cross-sectional studies**Background:**

Vaccination against Human Papillomavirus (HPV) is the main means for preventing HPV- dependent cancers. HPV vaccination has been recommended for girls since 2007 in France and an extension to boys aged 11 and over has been decided since 2021.

Research questions:

Main objective was to describe the propensity of parents to vaccinate their boys against HPV. Secondary objectives were to understand the levers that would allow better adherence to HPV vaccination.

Method:

A cross-sectional study was conducted in four French urban counties , between October 2022 and February 2023. Anonymous self-questionnaires were distributed to parents consulting in general medicine practices, in a multidisciplinary health center and in a gynecological polyclinic and having children of age to be vaccinated. Then main endpoint was the adherence to HPV vaccination for boys. Uni- and multivariate analysis were performed to determine associated factors.

Results:

Of the 237 participants, 164 (71%) were in favor of HPV vaccination for the boys. Of these, 117 (71%) were well-informed about HPV and vaccines and 109 (66%) were sensitized by their general practitioner (GP). After adjusting for age, sex, parental level of education, recruitment center, number of children and presence of a boy in the family, the associated factors of adherence to HPV vaccination for boys were a GP in favor of vaccination (adjusted Odds Ratio (aOR)=2.2; 95% Confidence Interval:1.2-4.2, p=0.015), information given by a health professional (aOR=2.2; 95CI:1.2-4.3, p=0.016), the feeling of being sufficiently informed about HPV vaccination (aOR=4.5; 95CI: 1.9-12.2, p=0.002) and to a lesser extent knowledge of HPV-related diseases (aOR=2.1; 95CI: 1.1-4.4, p=0.052).

Conclusions:

Parents of children of age to be vaccinated seem mostly in favor of vaccination against HPV. They are most likely in favor when they feel sufficiently informed about HPV vaccination or HPV-related diseases and when this information is given by their GP or a healthcare professional.

Poster / Finished study**Prevention needs in adolescents: What is their emotional problem all about?**

Inés Alonso González, Macarena Chacón Docampo, Sara Rodríguez Pastoriza, David Liñares Mariñas, Lorena Comesaña Diego, Ana Clavería Fontán

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Keywords: adolescents, emotional and behavioral disorders, community care

Background:

Adolescence is the transition from childhood to adulthood, with significant changes in all spheres of life. This period is characterized by concerns such as school performance, low self-esteem, sexuality, self-image, social relationships with great repercussions on emotions and behaviors.

Research questions:

To detect the main emotional and behavioral problems in adolescents.

Method:

The cross-sectional study was carried out in adolescents aged 16 to 18 years from Mos Secondary School (Galicia, Spain). Emotional and behavioral problems were measured with the validated questionnaire Child and Adolescent Assessment System (SENA), a self-administered scale (scale 1="never" to 5="always"), voluntary and anonymous.

This scale includes sociodemographic variables and other subscales: scales of control (inconsistency, negative impression and positive impression), scales of internalized problems (depression, anxiety, social anxiety, somatic complaints, post-traumatic symptomatology, obsession-compulsion), scales of externalized problems (attention problems, hyperactivity-impulsivity, anger control problem, aggression, defiant behavior, antisocial behavior), scales of other types of specific problems (eating behavior problems, schizotypy, substance use), scales of contextual problems (family problems, problems with school, problems with peers), scales of vulnerabilities (emotional regulation problems, sensation seeking) and scales of personal resource problems (self-esteem, social integration and competence, awareness of problems) that identify different indicators of each of the emotional or behavioral disorders.

Results:

147 participants (women 64.1%, men 35.9%) were included in the study. Internalized problems were twice as prevalent in females (depression 57%, anxiety 53.8%, social anxiety 44.1%, somatic complaints 65.6%, post-traumatic symptomatology 54.8% and obsessive-compulsive 49.5%). Eating behavior problems (43%), emotional regulation (49.5%) and self-esteem (52.7%), are more prevalent in general and twice as frequent in the female sex, according to statistical significance $\alpha < 0.05$.

Conclusions:

Depression and anxiety are identified as the most prevalent problems among the study population. Internalized problems are more prevalent in the female sex. The direct relationship between self-esteem and eating behavior problems stands out, mainly in the female sex.

Points for discussion:

How to visualize the real issue of adolescents mental health?

How to engage the community activity and find synergy among community assets?

Poster / Ongoing study with preliminary results**Running 15 minutes daily - interview study with teachers four years after introducing the physical activity intervention "The Daily Mile" at a Swedish junior school**

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Keywords: Physical Activity, School children, The Daily Mile, Interview, Implementation

Background:

A sedentary lifestyle is linked to multiple health risks. Various interventions aim at establishing sound physical activity habits among children, one of these being "The Daily Mile", where pupils have scheduled 15-minute walk/run sessions at school. Its implementation over time has not been studied in a Swedish setting.

Research questions:

How did teachers experience the introduction and maintenance of "The Daily Mile" (TDM)? What were the obstacles and facilitating factors for keeping this intervention going?

Method:

Qualitative study using semi-structured interviews performed in 2022. Participants were 8 teachers actively involved in day-to-day running of TDM (focus group interview) and 1 teacher and local originator of TDM intervention (individual interview). The setting was a junior school (ages 6-12) in a socioeconomically vulnerable area of Gothenburg, Sweden. This was the first school to practise TDM in Sweden, in 2018, and the intervention is still on-going. Audio-recorded interviews were transcribed verbatim and analysed using systematic text condensation ad modum Malterud.

Results:

Teachers experience the TDM intervention as simple and appreciated by pupils. Factors that have contributed to TDM being maintained over time are its continuous deployment and integration into day-to-day activities. A strong motivation among the teaching staff is considered a necessary condition for its maintenance, as is the possibility to adapt the implementation of TDM to local circumstances. Among the obstacles are low motivation of some (notably older) pupils, their lack of suitable shoes and clothes, and a reluctance to getting sweaty.

Conclusions:

The Daily Mile appears to be a sustainable intervention for increasing physical activity among school children, but its implementation is dependent on teachers' motivation. Findings may be useful for similar schools starting TDM.

Points for discussion:

Responsibility for introducing and maintaining physical activity among children - pros and cons of involving schools

Ways of improving methodology, possible bias in that participants are enthusiastic

Ways of triangulating outcomes using other types of data collection

Poster / Finished study**The Contraception Attitudes and Accessibility to Primary Care Centers for the Women in Reproductive Age (15-49 years old) During The Pandemic**

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Keywords: Contraception, attitude, accessibility, primary care

Background:

Family planning services which are delivered in Primary Care had been interrupted during the lockdowns, isolation, social distancing and the changing use of the primary care services. Family planning attitudes of the women affect their needs and behaviour to seek for contraception methods.

Research questions:

What about the Family planning attitudes, needs and accessibility to family planning methods which are delivered in Primary Care among the reproductive aged women (15-49 years) during extraordinary periods as the pandemic?

Method:

263 women are recruited by a systematic randomization among the women population of reproductive age (15-49 years) who are registered to 10 Primary Care Units responsible for a population of 35.000. In this descriptive study the data was collected with a questionnaire and the Family Planning Attitude Scale. In the analysis of the data categorical variables are analyzed by Chi-square, Kruskal Wallis and Mann Whitney-U and Spearman Correlation non parametric tests are used if the data is not distributed normally. $P < 0.05$ is considered as statistically significant.

Results:

The mean age is 35.53 ± 6.75 , most common FP methods are condom(36.9%), withdrawal(29.6%) and IUD(11.8%) and 43.7% of women ($n=115$) stated no need to access the FP services. The future pregnancy plans of 33.4% of women are affected and 10% want to change their usual methods due to the pandemic. The rate of unplanned pregnancy is 3.4%, 7 women stated their need to change the FP method and 6 could not access during the pandemic. The need for access to FP methods during the pandemic period is significantly higher ($p < 0.05$) for women with higher education level, working, single, higher income, non-pregnant/nullipar and using modern FP methods.

Conclusions:

Women who did not need FP methods during the pandemic were those with a negative FP attitude. Therefore, FP awareness and access to FP services should be expanded regardless of extraordinary situations.

Points for discussion:

Is there any similarity with your experience in your country if the FP services are delivered in primary care?

What are the limitations and the strengths of this study?

Poster / Ongoing study with preliminary results**Delphi Study on Primary Health Care Indicators for COVID-19 Pandemic across 30 European Countries: Eurodata study, preliminary results**

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Keywords: COVID-19, indicators, primary health care, public health

Background:

During the COVID-19 pandemic, the significance of primary health care (PHC) has been assessed using over 40 distinct indicators across Europe. However, a consensus has yet to be reached on the most effective COVID-19 indicators to establish a comprehensive PHC scorecard for European health authorities. This study aims to create a scorecard to enhance policy decision-making in future health crisis scenarios throughout Europe.

Research questions:

Which PHC indicators are most relevant for assessing the impact of the pandemic in primary care settings?

Method:

168 specialists in primary care and public health were invited to answer the following question in an online Delphi study. The survey had 86 items, structured in 11 sections to assess a total of 22 PHC indicators. A Likert scale was used to evaluate the results. 117 experts participated in the first round and 102 in the second round and achieved a high degree of consensus (results). Data collection took place between December 2022 and April 2023. The consensus was defined as 70% of respondents agreeing or strongly agreeing.

Results:

117 experts participated in the first round and 102 in the second round and achieved a high degree of consensus. In the first round: Four indicators with disaggregation and periodicity information were accepted. Seven indicators were rejected and 11 went to a second round. In the second round, 5 indicators were accepted and 6 clearly rejected with very low punctuation. The panel finally agreed to select 9 PHC indicators with a disaggregation at the regional and national level mainly and a weekly periodicity which may change to daily in pandemic periods. Variability was found in the portfolio of services across countries

Conclusions:

This study contributes to identifying a minimum set of indicators to consider primary care activity for decision-making in relation to epidemic and pandemic situations of COVID19 and other respiratory infections.

Points for discussion:

What is your opinion about the need of having shared indicators in Europe?

Would other healthcare workers have to be included in this study?

How frequently would you collect the indicators?

Poster / Almost finished study**Increased resilience of educational practices during COVID-19 in Hungarian primary care**

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Keywords: COVID-19, primary care, PRICOV19, epidemic, educational practices

Background:

The PRICOV-19 research focused on the impact of the COVID-19 pandemic on primary care. Educational practices (EP) were associated with the provision of better quality of care and higher patient satisfaction.

Research questions:

Our aim was to compare the characteristics of EPs vs non-EPs during the COVID-19 epidemic.

Method:

The research consortium collected data using questionnaires filled out on a voluntary basis by general practitioners (GP). The research took place in 38 European countries. We analyzed the data collected in Hungary.

Results:

Practices with at least one GP trainee were considered educational practice (EP). The number of registered patients were higher in EPs (1834 ± 639 vs 1998 ± 546 , $p=0.045$). These practices rated higher the number of elderly patients on their list on a Likert-scale (1.27 ± 0.67 vs 1.53 ± 0.55 , $p=0.36$).

EPs had more GPs working in the practice (1.1 ± 0.36 vs 1.4 ± 0.45 , $p=0.011$), and the total number of employees was also higher (2.6 ± 1.3 vs 3.1 ± 1.4 , $p=0.006$).

GP teachers were more likely to increase infection control to protect the staff (89.7% vs 100%, $p=0.045$).

EPs were more likely to ask their patients to give the exact reason for the appointment when scheduling (62.1% vs 87.5%, $p=0.027$), and to give information on which symptoms should not be brought to the practice (37.6% vs 62.5%, $p=0.039$). Information for referral to the triage station was more often readily available in EPs (59.6% vs 82.4%, $p=0.007$).

EP doctors were more likely to agree that their job was meaningful (72.4% vs 91.2%, $p=0.024$), however, they did not score higher on the Mayo Clinic Well-being Index.

Conclusions:

Despite caring for a larger and older population, EPs doctors working in larger teams, preserved job satisfaction, and managed to apply strict infection control and patient flow rules. Teaching in primary care may be associated with resilience, better care and mental health of care providers.

Points for discussion:

COVID 19 epidemic

educational practices

mentalhealth

Poster / Finished study**Knowledge, attitudes, and perceptions towards vaccination against COVID-19 in a Greek island community**

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Keywords: Cross-sectional study, COVID-19, Vaccination status, vaccination reluctance; Greece

Background:

Efforts to control the spread and impact of the COVID-19 pandemic have primarily focused on widespread vaccination campaigns. However, factors beyond vaccine availability play a crucial role in determining individuals' willingness to be vaccinated.

Research questions:

This study aims to investigate the knowledge, attitudes, and perceptions in a Greek island community regarding COVID-19 vaccination. Additionally, it seeks to determine the vaccination rate, the rate of vaccine refusal, and identify factors influencing vaccination decision-making.

Method:

We conducted a cross-sectional study involving 202 adult participants in Crete during September-October 2021. Data collection was carried out through an online questionnaire. The questionnaire covered socio-demographic information and explored participants' vaccination status, factors influencing acceptance or reluctance, perceptions of vaccine safety, and more.

Results:

Among the participants, 73.3% (n=148) had received the COVID-19 vaccine, while 26.7% (n=54) remained unvaccinated at the time of the study. Reasons for vaccine refusal included mainly concerns about side effects and doubts regarding vaccine safety. Approximately 42.6% believed vaccines offered protection against COVID-19 infections and 42.2% perceived them safe. Moreover, 59.4% of participants felt well-informed about vaccination. Concerning health risks, 36.6% believed vaccines posed a significant danger to their health and 25.2% thought they posed some risk. Additionally, 49.2% of participants considered doctors to have a large or significant influence on their vaccination decision. Multivariable analysis revealed that older age groups were significantly associated with better knowledge and lower perceived health risks from vaccination. Negative attitudes and unfavorable perceptions of COVID-19 vaccines were also significantly associated with being unvaccinated against COVID-19.

Conclusions:

The study reveals a relatively high willingness to receive the COVID-19 vaccine. However, negative attitudes and unfavorable perceptions were identified as significant factors contributing to vaccine refusal. These findings emphasize the crucial role of physicians in promoting positive attitudes, improving knowledge, and influencing perceptions regarding COVID-19 vaccination uptake in the general population.

Poster / Almost finished study**Primary Care Physicians' Intentions to Use Telemedicine in Sweden – A Survey Before and After the COVID-19 Pandemic**

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Keywords: telemedicine, primary care physicians, intentions, self-reported use, COVID-19 pandemic, Theory of Planned Behaviour

Background:

The use of text- and video-based telemedicine tools for patient contacts and consultations increased worldwide during the COVID-19 pandemic.

In 2019 we studied primary care physicians' intentions to use telemedicine through the questionnaire Physician Attitudes and Intentions to use Telemedicine (PAIT) in two regions in southern Sweden. PAIT is based on the Theory of Planned Behaviour that predicts intentions to use telemedicine by examining three predictors: Attitudes, Subjective Norms, and Perceived Behavioural Control. The 2019 survey indicated that physicians had high behavioural intentions but low self-reported use of telemedicine.

Research questions:

Were there any changes in primary care physicians' behavioural intentions and self-reported use of telemedicine before compared to after the COVID-19 pandemic?

Method:

The 2019 PAIT web survey was resent 2022 to primary care physicians in the same two regions. We used parametric and non-parametric statistics, and linear regression analyses, to test for significant differences in predictors, behavioural intentions, and self-reported use of telemedicine.

Results:

There were no significant differences in primary care physicians' behavioural intentions to use telemedicine between 2019 and 2022. Similarly, there were no significant differences in the main predictors of behavioural intentions toward telemedicine usage.

Self-reported use of video consultations increased in 2022 compared to 2019 (scores on a 7-point scale increased from 1.3 (sd 0.7) to 1.5 (sd 0.8), $p=0.03$). All other self-reported use of telemedicine was unchanged.

Median age and years of experience were similar in both years (2019: $n=198$, 44 years, 10 years; 2022: $n=93$, 43 years, 9 years). There were more women respondents in 2022 than in 2019 (67% vs 53%, $p=0.06$).

Conclusions:

Primary care physicians' behavioural intentions to use telemedicine did not change, and their self-reported utilization revealed limited changes between the year before the COVID-19 pandemic and 2022 for the two studied regions in southern Sweden.

Points for discussion:

What factors influenced primary care physicians' intentions and utilization of telemedicine during the COVID-19 pandemic and beyond?

What are successful strategies to overcome barriers and enhance the adoption of telemedicine among primary care physicians?

We invite participants to consider translating and adapting this survey in their respective countries or jurisdictions. The survey has been translated and adapted to an English context.

Poster / Finished study**Side effects of the COVID-19 vaccine in the vaccinated population of Vlora district; evidence of the efficacy and safety of the vaccines applied**

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Keywords: COVID-19 vaccines; booster dose; side effects, challenges

Background:

COVID-19 vaccination has substantially altered the course of the pandemic, saving tens of millions of lives globally, and the booster doses are crucial in restoring vaccine effectiveness.

Research questions:

What are the challenges of Vlora citizens during the initiation of vaccination process?
What are the factors that affect this process?

Method:

This is a cross-sectional study conducted in the city of Vlora, Albania. The participants were interviewed about their perception on immunization process, side effects and the impact of vaccine on their chronic diseases.

Results:

The prevalence of continuing the vaccination process was 82%. Covid-19 infection is significantly reduced after each vaccination dose. Pain of injection site (86.4%), muscle pain (8.5%), tiredness (6.3%), headache (4%), fever (2.8%) and others (10%) were the most reported side effects.

Conclusions:

Regardless of side effects and the presence of chronic diseases, most individuals are willing to continue the process of vaccination up to the second dose. This decision seems to be significantly impacted by the effectiveness of vaccination on preventing COVID-19 infection, type of administered vaccine and perception that the side effects severity lessens in the booster doses. The vaccination process has high rate of acceptance for the first and second dose. This study found that the participants decided to get further doses depending on the severity of previous side effects experienced and level of protection from COVID-19 infection.

Points for discussion:

Continuation of the vaccination process, what was done by the health care workers

How do we relate to the challenges encountered, in order to better understand the population perceptions toward the future of infectious diseases

Poster / Ongoing study no results yet**"VoluntariaMente" - The Impact of the Individual Social Role on the Improvement of Mental Health**

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Keywords: mental health disorders; volunteer work; primary health care; anxiety disorder; depression disorder; volunteering

Background:

Mental health problems are very common and represent a significant proportion of health-seeking contacts in primary health care. Given the prevalence and impact of mental health disorders, it's important to improve methods that promote social integration and well-being of these patients. Studies have shown that volunteer work promotes not only mental health, but also social inclusion, and is related with lower anxiety and depression symptoms. Taking into account the PERMA model (Seligman, M.) who proposes five pillars on which psychological well-being and happiness are based – Positive Emotion, Engagement, Relationships, Meaning and Accomplishments –, a methodology was created that aims to foster experiences that stimulate the psychological well-being and happiness of participants.

Research questions:

This study aims to evaluate the effects of qualified and accompanied volunteer work on anxiety and depression scores, in people who suffer from Anxiety and/or Depression disorder.

Method:

We are conducting a randomized clinical trial. Our sample was obtained from the portuguese platforms MIM@UF® and SClinico®. It includes patients from USF Valongo (Family Healthcare Unit of Valongo), 18-64 yo, classified with the ICPC-2 "P74 - Anxiety disorder/ anxiety state" and/or "P76 - Depressive Disorder" codes, and medicated with anxiolytics and/or antidepressants. From this population, two groups of 30 participants were randomized, one being the target of the intervention and the other the control group. The intervention, carried out by "Pista Mágica – Associação", a Portuguese Non-Governmental Organization for Development, consists of 4 phases and will last 1 year: volunteers' training on self-development, empathy, volunteering and psychoeducation; group volunteering activities accompanied by a volunteering professional; definition of individual happiness projects; and individual volunteering activities aligned with each volunteer's needs, dreams and objectives. Confidentiality of the data was ensured during all the research.

Points for discussion:

The impact of the individual social role on the improvement of mental health.

Volunteering as a complementary therapy for mental illness.

Primary health care and its articulation with the social sector as promoters of more health gains.

Poster / Ongoing study no results yet**A qualitative study of mental health impact among conflict-affected civilian population in Ukraine**

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Keywords: mental health, conflict, qualitative study

Background:

Among the consequences of war, the impact on the mental health of the civilian population is one of the most significant. Vulnerable groups, such as children, the elderly and the disabled are suffering the most severely. It is very important for the primary health care to reveal the problems and be ready to work with those categories of patients in future.

Research questions:

The research task was to describe and identify the different types of the participants' war experiences. To analyze how the war survivors perceived the impacts of war on their current lives. To assess the opinion of the patients about the impact of armed conflict on the access to the different levels of the healthcare.

Method:

To conduct the semi-structured interviews, and to collect the demographic data. Interviews then to be transcribed and coded thematically.

Results:

The analysis identified five main themes of war experiences: focusing on pain and humiliation, loss of close relationships, horrific scenes, threats to life, and fleeing for one's life. The results documented a variety of experiences including unique meanings, vivid memories of cruelty, and cultural, social, political, and psychological symbols. Common to the stories, and were highly emotional tones of sadness, rage, fear, despair, and longing. In the following, we present the main themes and their subthemes.

Conclusions:

These findings are important for professionals working with war-affected population. Our study may help to identify the problems and needs of the victims of the war conflict. However, the study also recognized the survivors' lack of opportunities, limited or no access to healthcare, and extreme deprivation in the society of as helpless, passive victims without capabilities or inspiration for their lives.

Poster / Finished study**Burnout among Catalan family doctors. A three times cross-sectional study, during and after the SARS-CoV-2 pandemic**

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Keywords: Burnout, Primary health care, SARS-CoV-2

Background:

Several studies show a high impact on workers' mental health and burnout during the SARS-Cov-2 pandemic, but there's a dearth of studies assessing the current situation after the end of this pandemic.

Research questions:

To assess the levels of burnout in Family doctors in Catalonia, in three different times: two during the COVID-19 pandemic, and the last one after the WHO declared the end of COVID-19 as a health emergency.

Method:

Cross-sectional study involving members of a general practitioners' Catalan Society. A self-administered survey was sent via institutional e-mail. 499 doctors answered the survey between June-July 2021 (S1), 454 answered in March-April 2022 (S2) and 386 answered May-June 2023 (S3). Probable burnout was assessed through Maslach Burnout Inventory (MBI) test, which has three independent dimensions: emotional exhaustion (EE), depersonalization (DP) and personal achievement (PA). Demographic variables were also assessed. A descriptive analysis was performed, as well as a comparison between S1, S2 and S3 results with statistical tests and 95% confidence intervals.

Results:

Samples are similar in regards of gender (79% female), age (47 years old) and years in the same workplace (12 years). Regarding MBI dimensions, high level of EE was 67,5% in S1, with a statistically significant decrease in S2 and S3 (56,4% and 58,1% respectively); high levels of DP were 42,7% (S1), 37,0% (S2) and 36,7% (S3); low levels of PA were 29,9% (S1), 30,4% (S2) and 24,2% (S3). Gender (female) and age (younger) was significantly related to higher levels of EE. Working in rural areas was related to lower levels of DP.

Conclusions:

High prevalence of burnout is consistent during the three periods, with a slight decrease in S2 and S3. Half of our participants have been suffering from high levels of emotional exhaustion for more than a year.

Points for discussion:

Healthcare workers' mental health status

Effects of COVID-19 pandemic on primary care practice

Which interventions can be performed to decrease burnout in healthcare workers?

Poster / Finished study**Exploring the association between type of pain and mental health with 4DSQ**

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Keywords: Headache, bodily pain, 4DSQ, mental health

Background:

A biopsychosocial approach is needed to assess the background of headache and pain disorders and for their effective treatment

Research questions:

What is the most prevalent mental health symptom that accompany headache and other types of pain?
Which social and demographic factors effect the relation between pain and mental symptoms?

Method:

Four dimensional symptom questionnaire (4DSQ) was selected to determine the mental health status of a total of 158 participants. The participants were seperated as groups with headache, with headache and body pain, with body pain without headache and control. A pain questionnaire searching the type, severity, duration of pain and other pain related actions along with another questionnaire on demographic data were applied to the participants.

The data were evaluated with SPSS 21, using Fischer's exact test, Kruskal Wallis, Chi2 and One way Anova.

Results:

Having multiple pain localizations besides headache increased distress and somatization scores with regard to all other three groups.

Having multiple pain localizations besides headache increased anxiety scores with regard to control group and the group with headache only. The depression scores of participants having multiple pain localizations besides headache were higher than the control group and the group with headache only. Being female and under age 46 increased the scores of 4DSQ significantly except depression which was related with older age. Having a low, irregular income and being a student or being a housewife were significantly related with depression and distress whereas being a student and housewife were significantly related with somatization and anxiety.

Conclusions:

Patients with headache are likely to have a multifaceted etiology as well as comorbidities. Psychological symptoms with varying severity might be associated with headache.

Thus, it is of paramount importance for primary health service providers not to overlook psychiatric symptoms and to interrogate pain in other regions to improve patient compliance and satisfaction.

Points for discussion:

When assessing mental health symptoms in headache, other pain localizations should also be considered which may aggravate the patients condition.

Age, gender, income and other comorbidities have an effect on the relationship of mental health symptoms with pain disorders

Theme Paper / Almost finished study**Feasibility study of a home-based artificial intelligence system to empower patients with type 2 diabetes**

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Keywords: artificial intelligence; diabetes mellitus; e-health; self-care

Background:

The key to managing type 2 diabetes (T2DM) is a healthy lifestyle: to reach this goal patient involvement is essential. Artificial intelligence (AI) systems could help achieve this goal, if acceptable.

Research questions:

To evaluate the feasibility of an AI system (AI2EPD) in the monitoring of healthy behaviors in patients with T2DM.

Method:

A feasibility study was conducted in 10 patients with T2DM attending a primary care center. AI2EPD is an activity monitoring solution that reports the daily activities. Both monitoring and activity recognition are performed transparently and frees the user from direct interaction with the devices, using sensors installed at home (motion, opening/closing and environment), and an activity wristband. Its main objective is to provide feedback on compliance with the agreement signed prior to the study on treatment, meals, exercise, and other lifestyle recommendations. Data on satisfaction with the tool (System Usability Scale: 10 items with five response options, from 'Strongly agree' to 'Strongly disagree') were collected after 6 months of use.

Results:

Age ranged from 45 to 75 years (mean 64, SD 9), most were male (6/4), mean BMI 34.14 kg/m² (SD 5.54), mean HbA1c 7.93% (SD 1.12). Users found the system easy to use (mean 4.2, CI95% 3.46 to 4.94), thought they would like to use it frequently (mean 3.9; CI95% 2.98 to 4.82), imagined that most people would learn to use it very quickly (mean 4.3; CI95% 3.71 to 4.89), and felt very confident using the system (mean 4.2; CI95% 3.75 to 4.65). The main problems reported were central node disconnected, sensor fixation failure, and Wi-Fi and/or electrical network failure.

Conclusions:

The AI2EPD connected health system, minimally invasive and without the need for patient intervention, was very well accepted by the participants despite some technical issues that need to be improved.

Points for discussion:

Is it feasible to use artificial intelligence to personalize lifestyle recommendations and adherence to therapeutic targets in individuals with T2DM?

Do patients accept the use of minimally invasive technology in their homes for medical supervision and self-monitoring?

Theme Paper / Almost finished study**Recommendations on digital care in Dutch diabetes guidelines**

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Keywords: digital care, clinical practice guidelines, diabetes

Background:

Facilities to provide digital care have increased in general practice during the COVID-19 pandemic. Digital care seems especially attractive for patients with diabetes, because their care and self-management with glycaemic control at home can largely be planned. However, most existing guidelines do not contain any recommendations on digital care.

Research questions:

- Which specific recommendations on effective digital care can be included in existing Dutch guidelines on diabetes mellitus type 1 and type 2?
- What lessons can be learned from this project for other conditions and guidelines?

Method:

In the Digital care for Diabetes (DiDia) study, we conducted an exploratory literature study selecting reviews and studies of digital care interventions for adults with diabetes from PubMed. In addition, experiences with digital care were reported through focus groups with care providers (n=3) and patients (n=2). Both the evidence from literature, and professional and patient experiences were discussed in the working groups responsible for diabetes type 1 and 2 guidelines. The GRADE Evidence to Decision framework was used to formulate recommendations. Process evaluation using the Plan Do Check Act gained insight into how to include digital care in guidelines on other topics.

Results:

Evidence from literature showed that digital care can be considered for patients with diabetes and can lead to a significant decrease in HbA1c. This finding was confirmed in the focus groups, provided that one face to face contact should be planned at least annually. It is important to discuss the patient's needs and preferences for digital care. In general, it is recommended to consider digital care in different phases of the care pathway (e.g., diagnosis, treatment and monitoring) to optimise its use.

Conclusions:

We introduced recommendations on digital care in diabetes guidelines. Different scenarios have been proposed for including digital care in other conditions and guidelines.

Points for discussion:

Method for selecting and prioritizing recommendations for inclusion of digital care in guidelines

Inclusion of digital care in guidelines in other countries

Theme Paper / Ongoing study no results yet

The use of Business Intelligence for the early detection of patients with Chronic Kidney Disease

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Keywords: Artificial intelligence; chronic renal insufficiency; albuminuria; glomerular filtration rate

Background:

Chronic kidney disease (CKD) is the condition with the highest increase in prevalence over the last decades (estimated up to 15%). However, underdiagnosis is still a challenge (estimated between 60% and 90%). The main benefits of early detection and appropriate management are to reduce the progression of CKD to later stages requiring dialysis, an improved quality of life of the patients, and a decrease in the health expenditure related to hospitalization and substitute treatment. The early stages of CKD should be managed in primary health care (PHC), being the family doctors responsible for the use of the new treatments recommended in the most recent guidelines.

Business Intelligence (BI) can use the repository content of Electronic Health Records (HER) to improving the quality of healthcare delivery.

Research questions:

¿Can the use of BI improve the detection of patients with early (asymptomatic) stages of CKD?

Method:

Our two practices hold the primary care EHR of roughly 38.000 patients. We will create an automated algorithm to identify all patients with either glomerular filtration rate under 60 ml / minute or albuminuria over 30 mg / g (or both) in two measurements separated at least 3 months. Those patients will automatically be diagnosed as CKD patients.

The list of patients with new diagnoses of CKD will be sent to the respective family doctors, who will undertake the actions needed in order to appropriately classify and treat those patients according to their stage of CKD. The family doctors will also label the new diagnosis in the computerized clinical records in order to identify those patients in future consultations.

Results:

This project is still ongoing. We predict an increase of at least 5% in the new diagnoses of CKD.

Conclusions:

The use of BI may improve the early detection and treatment of CKD

Points for discussion:

We expect to have some preliminary results by the Prague conference

Is Business Intelligence widely used in Europe to support Primary Health Care?

Is Business Intelligence useful for the early detection of asymptomatic Chronic Kidney Disease?

Theme Paper / Finished study**Which patients participate in DSME, what are the reasons for nonparticipation, and how do participants rate DSME training? - data from a nationwide survey**

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Keywords: diabetes self-management education; population-based study; cross-sectional study; reasons to decline patient education

Background:

Population-based studies on reasons for non-participation in diabetes self-management education (DSME) are scarce in the literature.

Research questions:

1) What socio-demographic and disease-related factors are associated with participation in DSME? 2) What are the reasons contributing to the decision to decline participation in DSME?

Method:

We conducted an analysis using data from the "Disease knowledge and information needs – Diabetes mellitus 2017" survey, a nationwide population-based survey. 1396 participants reported having diabetes mellitus (DM) in the last 12 months. Of these, 394 had never attended DSME, while 1002 had participated in a DSME at some point. To address the research questions, we performed weighted logistic or multinomial regression analyses, using both bivariate and multivariable approaches. Furthermore, we considered beliefs and information about diabetes of participants as well as socioeconomic variables as confounding variables, using subscales from the Risk Perception Survey-Diabetes Mellitus, the IPQ-R, and the DAWN-2 questionnaire.

Results:

Study participants were significantly more likely to attend DSME if they had a medium to high level of education versus low educational level (OR 1.82 [95% 1.21-2.73], OR 2.04 [95%CI 1.30-3.21], respectively), had type 1 DM versus type 2 DM (OR 2.46 [95% 1.24-4.90]), and insulin treatment compared with non-insulin treatment (OR 1.96 [95%CI 1.33-2.90]). Study participants were significantly less likely to attend DSME if they lived in eastern Germany (OR 0.57 [95% CI 0.39-0.83]), did not agree that DM was a lifelong disease (OR 0.30 [95% CI 0.15 -0.62]), had never been encouraged by their physician to attend a DSME (OR 0.19 [95% CI 0.13 -0.27]). The main reasons for not attending DSME was a lack of information or advice (48.6%), followed by personal perception that DSME was not necessary (26.6%).

Conclusions:

General practitioners (GPs) should be aware of their important role in informing, encouraging and referring patients to DSME.

Points for discussion:

How can the uptake of DSME be improved?

How would you design a "marketing campaign" for DSME as a preventive and potentially disease-modifying intervention?

Web Based Research Course Presentation / Finished study**Changes of burnout during family and community residency in doctors and nurses**

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Keywords: Burnout, Primary Health Care, Intervention, residents, medicine, nurses

Background:

Healthcare professionals are most vulnerable to burnout than other occupations. Residency training is a time that causes an increase in stress. The development of personal skills from residence can improve not having burnout in the future.

Research questions:

Is effective an intervention to promote the development of personal skills and prevent burnout in residents of family and community medicine and nursing?

Method:

Pre-post with control group study, comparing two educational interventions. Family and Community medicine and nursing residents on Primary Health Care in three Spanish Health Regions of the 2018, 2019, 2020 and 2021 promotions.

Variables: Burnout syndrome (Copenhagen Burnout Inventory). Sociodemographic (age, sex, nationality, profession, promotion, Autonomous Community) Labor (average hours worked per week, average monthly on-calls, number of patients per day in the consultation), Psychological (empathy (Reactivity Index), resilience (10-item CD- RISC), social support (OSLO-3), sense of coherence (OLQ-13), anxiety and depression (HADS), personality traits (TIPI)).

Approved by the Ethics and Clinical Research Committee of Vigo.

Results:

177 residents completed the pre-intervention questionnaire. 82% women. 69.9% doctors. 40.3% from Aragon, 42.6% from Galicia and 17.1% from the Balearic Islands. They work an average of 49.16(10.21) hours/week and see 30.46(14.05) patients/ day. They presented personal Burnout 45.75(17.97), work 47.34(16.83) and work with patients 37.90(15.91). Of empathy they obtained in Fantasy 22.45(5.59), Perspective 26.02(4.09), Empathic concern 25.71(3.17) and personal anguish 14.09(4.21). Resilience 26.58(5.55). Anxiety 7.36(3.51) and depression 4.65(2.76). Social support 10.60(1.60). Sense of Coherence 63.07(11.49). Personality traits: Extraversion 4.56(1.18), Affability 4.51(1.15), Responsibility 4.07(0.95), Emotional Stability 4.22(4.22) and Openness 6.11(0.74). Imputation and multivariate analysis will be presented.

Conclusions:

After the intervention, higher levels of burnout were found. Given the results, working on personal skills is important, but it is also necessary to add improvements in the quality of work organization.

Points for discussion:

How can we really prevent burnout in residents?

What organizations give more importance to prevent burnout?

Conflict management among healthcare professionals in primary care

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Keywords: conflict management in healthcare teams, primary care, impact on relationships and collaboration

Background:

Collaboration among healthcare professionals in primary care is vital, but conflicts can disrupt relationships and teamwork. Understanding how diverse conflict management strategies impact these aspects is crucial for effective healthcare delivery. Despite existing research on conflict management in healthcare, there's a need to explore how specific strategies influence collaboration in primary care settings. This investigation can lead to insights that enhance patient care, professional satisfaction, and overall healthcare system effectiveness.

Research questions:

How do different conflict management strategies impact the relationships and collaboration among healthcare professionals in primary care?

Secondary research question: what are the primary sources and causes of conflicts among healthcare professionals in primary care settings?

Method:

I want to conduct a qualitative study using individual semi-structured interviews to delve into conflict management strategies and their impacts within primary care healthcare teams. Participants will be purposefully sampled from both single-handed and group practices and including various roles. Through thematic analysis, participants' experiences, preferred strategies, and perceptions of the influence of these strategies on teamwork, will be explored.

Results:

This research aims to provide insightful perspectives on the interplay between conflict management strategies and collaborative dynamics in primary care settings. As a secondary objective is to answer what are the primary sources and causes of conflicts among healthcare professionals in primary care settings.

Conclusions:

This study hopes to emphasize the intricate relationship between conflict management strategies and collaboration among primary care healthcare professionals. Findings should underscore the need for carefully selected conflict resolution approaches to enhance teamwork, relationships, and patient-centered care. The implications should extend to training, practice, and policy, highlighting the potential for improved healthcare delivery through effective conflict management. This research serves as a foundation for further exploration of conflict interventions and their impact on primary care teamwork.

Points for discussion:

If this method is best to find out answers for the research question.

Sample size - how many practices should be approached.

The best way to analyse data from interviews.

Web Based Research Course Presentation / Ongoing study no results yet**Digital skills and tools in cancer care: needs and gaps of clinical professionals, non-clinical professionals and patients/caregivers**

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Keywords: Cancer care, digital skills, digital literacy and the delphi method

Background:

The European institutions have identified the need to develop an advanced training programme for clinical and non-clinical professionals, equipping them with the digital skills needed to exchange information more efficiently and effectively with cancer patients and other professionals. As a result, projects such as TRANSITION (id:101101261) have been promoted.

Research questions:

1) to address the needs and gaps of end-users involved in cancer care (i.e., clinical professionals, non-clinical professionals, and patients/caregivers) in terms of digital skills and tools. 2) to understand in detail the use and attributes of digital solutions

Method:

Prospective cross-sectional observational study. For the first question, a survey with the use of a modified RAND methodology will be conducted. An ad hoc questionnaire consisting of self-developed questions will be carried out, comprising five thematic blocks: 1) 10 socio-demographic variables (sex, age, etc.); 2) 43 items to analyse perceived digital skills; 3) 10 items to assess digital skills training; 4) 36 items to assess available digital resources and tools. For the second question, 9 scenarios will be identified with a discrete choice experiment methodology and selected by RAND survey. In the first round, scoring will be done individually; in the second round, participants will be informed of the results of the first round and online discussion and a new assessment will be possible. Finally, the degree of agreement (median) and disagreement (percentages of extreme values) will be analysed, as well as an Importance-Performance Analysis (IPA) will be used.

Results:

A final sample of 73 clinical professionals, 37 non-clinical professionals and 32 patients/caregivers from at least 15 different EU countries was recruited by convenience sampling. The first round of the survey has been launched. The data will be analysed in September.

Points for discussion:

What methods of consensus are of interest in international research?

What difficulties in recruiting participants have arisen?

Web Based Research Course Presentation / Study Proposal / Idea**How to organize Telemedicine Services in Primary Care: consensus from a Delphi study**

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Keywords: Delphi study, Telemedicine, Primary Care**Background:**

Telemedicine can potentially help the day-to-day work in a Primary Care Health Unit.

This is still a subject in progress in the Portuguese National Health Service. Considering that the first step in creating a balanced organization is obtaining a consensus between all parties, we aim to start with implementing an e-Delphi questionnaire, like in previous experiences.

Research questions:

How to implement Telemedicine in a Primary Care Unit?

Method:

We will use the e-Delphi technique to create a consensus.

The expert panel will be integrated by doctors and nurses with special qualifications, from all over the country, that work in the clinical management of Primary Care Units and with at least 10 years of work experience.

The minimal number of experts in the panel is 6, ideally more than 12. We will invite at least 30 potential experts, and use snowball sampling, to overcome bad inclusion.

In time to make changes, there will be a pilot test to assess the executability and adequacy of the questions.

We expect at least two rounds of questionnaires, within 6 months.

In the first round, there will be an open question. The second round will be a questionnaire constructed in a close format depending on those experts' analyses.

We will use the Lickert Social Scale with 5 points, with the possibility of an open answer.

The positive answers from at least 70% of experts will be translated into a consensus.

Feedback will be given to the experts, and the reports should be done after each round, including the questions that remain in discussion and new ones that can be considered necessary.

Results:

Create a consensual protocol to implement a Telemedicine service in Primary Care Units that can be applied nationwide.

Conclusions:

Not yet found

Points for discussion:

Establish how to create an effective Telemedicine service, including the timetable, and the optimal duration to permit maintaining the patients' and the doctors' satisfaction, in a way that integrates the time to prepare to conclude the contacts.

Web Based Research Course Presentation / Ongoing study with preliminary results**Prevalence of falls and associated risk factors among community dwelling older people in Bulgaria**

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Keywords: falls, fall prevention, falls screening, elderly care, primary care

Background:

Worldwide, falls are one of the major public health issues related to the aging population. Although 21.5% of the Bulgarian population is age 65 and above, the incidence of falling and associated risk factors haven't been investigated.

Research questions:

To identify the prevalence of falls and associated risk factors among older people in Bulgaria

Method:

A preliminary cross-sectional study was conducted on 110 consecutive patients aged 65 or older in primary care settings from 10th to 14th July 2023. Each participant completed a structured questionnaire based on the face-to-face interview. Data on comorbidities and currently prescribed medications were obtained from medical records. TUG test was applied as a mobility assessment test. The cognitive screening was performed by utilizing Isaac's Set Test. SPSS version 21 was used for statistical analysis

Results:

35.0% of the participants in the study had fallen within the previous 12 months as 6.2% of them reported experiencing multiple falls. However, less than 2% of the falls were documented in the medical records. None of the falls was coded. 56.4% of respondents were identified as having instability and approximately two third reported being afraid of falling. 72% had documented visual problems in medical records. TUG and Isaac's Set Test results were significantly worse for fallers ($p < 0.05$). Low educational levels and poor economic status were also associated with an increased risk of falls.

Conclusions:

This is the first study in Bulgaria, that looks at the prevalence of falls and associated risk factors among community-dwelling older adults. It shows that falls are common, but they are rarely recorded in patients' medical records and their importance is underestimated. The limitations of the study are the small sample size and the limited number of risk factors analysed. Further studies on the frequency of falls and fall-related risk factors are needed.

Points for discussion:

Falls risk assessment for older patients in primary care

Falls prevention in primary care

Using research findings to change local and national health policies and improve patient care

Web Based Research Course Presentation / Almost finished study**RECORD-CV study: recording practices of cardiovascular risk factors between psychiatry service and primary health care in individuals with severe mental illness on long-acting injectable antipsychotic treatment**

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Keywords: Psychiatry, Primary Health Care, Mental Disorders, Cardiovascular risk factors, Comorbidity

Background:

Severe mental illnesses (SMI) are associated with decreased life expectancy due to an increased risk of developing cardiovascular risk factors (CVRFs).

Research questions:

This study aimed to compare CVRFs recorded at Psychiatry department (PD) and Primary Health Care (PHC) in a population of individuals with SMI, and its association with the use of PHC services.

Method:

Our sample comprised 307 patients. Clinical, sociodemographic, blood pressure (BP) and body mass index data were collected in PD during 2020 and PHC data between 2018 and 2019. Statistical analysis included bivariate and multivariate analysis, using $p < 0.05$ as a cut-off for statistical significance.

Results:

42.7% had high BP and 66.8% overweight recorded in PD, whereas in PHC 13.4% had known hypertension and 45.9% overweight. Fewer contacts in PHC ($p < 0.001$) were associated with new identification of high BP and overweight. Being older and having more contact with PHC was associated with known hypertension. The latter was also associated with known overweight in PHC.

Conclusions:

There is a vulnerable population of younger individuals with SMI and fewer contacts with PHC with an increased risk of having their physical health unchecked. Better coordination between levels of care could improve health outcomes in this population.

Points for discussion:

Methods applied

Presentation of results

How to apply these data to our day-to-day setting

Theme Paper / Finished study**Identifying available addictive disorder screening tests feasible in primary care: A systematic review**

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Keywords: Feasibility / Substance use disorders / Screening / Primary care**Background:**

Addictive disorders substantially contribute to the global burden of disease. Early detection in primary care is recommended, and numerous screening tests are available. However, barriers to addictive disorder screening exist and the feasibility of using these tests in primary care is unclear.

Research questions:

This study aims to identify available addictive disorder screening tests whose feasibility has been evaluated in primary care

Method:

This systematic literature review was performed using Pubmed, PsycINFO, and the Cochrane Library databases. The search strategy included four research topics: addictive disorders, screening, primary care, and feasibility. Selection criteria included published studies evaluating the feasibility of an addictive disorder screening test in primary care. Data were extracted for each included article, and each analyzed screening test.

Results:

Of the 4911 articles selected, 20 were included and 16 screening tests were studied. Physician feasibility was evaluated with satisfaction questionnaires or qualitative studies, mainly measuring test administration time. Patient feasibility was measured using criteria including "ease of use", comprehension, or format preference. Self-administered formats were preferred, especially electronic versions. Overall, the TAPS (Tobacco, Alcohol, Prescription medication, and other Substance use) tool provides a good balance between ease of use, brevity of administration and more extensive screening for substance use disorders.

Conclusions:

Feasibility appears to be a set of heterogeneous criteria relating to users, including comprehension or satisfaction, and practical aspects, including administration time or format preference. The criteria synthesized in this review could serve as a basis for screening test feasibility studies in primary care given the absence of feasibility study guidelines.

Points for discussion:

How can feasibility studies focusing on physicians be carried out in order to identify possible solutions for overcoming physician-related barriers?

Which innovative screening tests or formats which could improve feasibility and in turn improve screening rates? e-screening?

Who can carry out screening as part of workflow practice: nurse, primary care receptionist? Medical assistants? Other primary care models in Europe?

Theme Paper / Ongoing study no results yet**The role of digital tools for breast cancer risk factor assessment in general practice and their impact on screening**

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Keywords: breast cancer, digital medical tools, opportunistic screening, primary care**Background:**

Croatia has higher breast cancer (BC) mortality rate compared to developed countries. In 2021 BC is ranking ninth among the ten leading causes of female deaths. Croatian national program for early BC detection was implemented in 2006 inviting all women aged 50-69 to attend a mammography every two years. A new digital tool has been developed and tested in family medicine in order to contribute BC early diagnosis and better outcomes.

Research questions:

How the involvement of family doctors and use of digital tools influence early diagnosis of BC in female patients.

Method:

Pilot project started in October 2022 with expected duration of 18 months including 47 family medicine practices from various parts of the country. Digital tool is implemented in everyday family doctor practice and used for BC risk assessment of women who came for any reason and referral to screening according to Croatian clinical guidelines for BC radiological diagnosis. Based on the obtained data, the control group will be the same respondents in the five-year period before the introduction of the panel.

Results:

Preliminary results in one office in six months period based on 220 women assessed 18,2% as high risk, and 2 patients undergoing CNB with histopathological finding of high risk lesions.

Conclusions:

Based on the analysis of all pilot projects' results assessment of benefits of used digital tool implementation in all family medicine doctors' offices in Croatia will be made with the aim of early diagnosis improvement and reducing mortality especially in high risk women and those not included in National program due to age. Greater involvement of family doctors in secondary prevention of BC that can be achieved with the implementation of our digital tool is consistent with National Strategic Framework Against Cancer until 2030 which gives family doctors a significant place in early diagnosis of cancer.

Points for discussion:

Women with high risk for breast cancer development

Can digital tools be helpful for better outcomes in chronic and malignant disease?

Strengthening the role of family medicine in early cancer diagnosis.

Theme Paper / Finished study**The variation of diagnostic accuracy across different healthcare settings**

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Keywords: Sensitivity, Specificity, Non-referred settings, Referred settings

Background:

Tests developed in specialist care may have different accuracy when applied to primary care. Sensitivity and specificity may vary due to selection that occurs before referral to specialist care, but extensive studies evaluating this claim are lacking. We reanalyzed meta-analyses that included studies of diagnostic test accuracy in primary and specialist care to investigate variation between settings.

Research questions:

What is the variation in diagnostic accuracy between non-referred and referred settings?

Method:

We systematically searched EBSCOhost MEDLINE for meta-analyses that included at least 10 original studies of the same diagnostic index test. Meta-analyses with at least three studies done in primary care and at least three studies done in specialist care were included in the re-analysis. We excluded studies without a clear setting definition. Firstly, we distinguished non-referred (primary care, community, other) and referred settings (specialist care, other), and secondly, we restricted to studies performed in countries in which primary care has a gatekeeping function. We constructed bivariate random-effects models with setting as a covariate.

Results:

We included nine meta-analyses evaluating 12 index tests; signs and symptoms (n=7), questionnaire (n=1), rapid tests (n=2), fecal test (n=1), and ultrasound (n=1). In 8 of 12 index tests sensitivity was higher in non-referred versus referred setting, with a range of 0.05 (abdominal pain for colorectal cancer) to 0.21 (rapid influenza diagnostic tests for Influenza infection), and in 10 of 12 index tests specificity was lower in non-referred setting, with a range of 0.01 (4 index tests) to 0.31 (paroxysmal cough in pertussis). Analyses limited to gatekeeping health care systems showed similar results.

Conclusions:

In a majority of the index tests there is a difference between health care settings, in which for most tests the sensitivity was higher and specificity was lower in a non-referred setting. More research is needed into explaining the variation in diagnostic accuracy between settings.

Points for discussion:

Did you expect that the sensitivity would be higher and the specificity would be lower in non-referred settings?

Which mechanisms can explain the variation?

How can we make these results applicable in general practice?

Freestanding Paper / Finished study**Unmet needs of family caregivers and primary healthcare practitioners of patients suffering from neurocognitive disorder**

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Keywords: Caregivers - dementia - primary care - needs

Background:

Interventions to reduce caregiver burden of patients living with neurocognitive disorder are slightly effective because they do not fit caregiver's needs.

Research questions:

To describe caregiver's needs to reduce their burden, and to identify healthcare professionals' needs to increase the impact of a future tailored intervention on caregiver's identified unmet needs in primary care.

Method:

Two-phases convergent design. We used a sequential mixed method study composed by a cross-sectional study (phase 1) and a qualitative study (phase 2) to collect needs of caregivers and healthcare professionals from an urban and a rural territory of primary healthcare in France. Both qualitative and quantitative results were then reported theme-by-theme using a weaving approach to highlight the different parts of a tailored and complex intervention adapted to the identified needs.

Results:

199 general practitioners (GPs) and 67 caregivers participated in the phase 1 quantitative study. 10 caregivers from the urban territory of care and 12 caregivers from the rural territory of care participated in the interviews, when 9 healthcare professionals participated in the focus groups. Results using the weaving approach highlighted the main caregivers' needs, reported in both quantitative and qualitative data: early diagnosis; information and formation about the evolution of the Alzheimer's disease and what the caregiver has to expect; coordinated aids; and psychological support.

Conclusions:

A complex and tailored intervention can be developed based on these caregivers and health professionals' identified unmet needs.

Points for discussion:

What will be the next step of this study ?

How do cultural differences impact results?

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