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RESEARCH NETWORK

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Abstract Book

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"Changing doctors for a changing world: How to face the future of primary care?"

World is changing and general practice has to be adapting to accompany profound mutations.

The traditional European self-employed GP practicing in a solo clinic is not the model of practice that young GP expect to join. On the other hand, the running of public primary care clinics appears to be too expensive to national health authorities and patients complain about a lack of attention of the health professionals who work there: there is a trend to privatize these settlements. Young GPs mainly intend to work in group practices, if possible in large towns, as a team with midwifes, nurses, physiotherapists and other primary care health professionals. As they have been studying for a long time and start to earn money much later than those who did shorter studies, they consider deserving comfortable incomes, but they are not keen on managing primary care clinics or to have (very) long working days. For these reasons, though medical schools and vocational training schemes never trained as many GP registrars as nowadays, many countries in Europe are facing difficulties to replace the GPs from the baby-boom generation. How can research in primary care propose new practice models offering satisfactory quality in care, consideration of the patient, and a fulfilling vocational frame to primary care health professionals?

The population in Europe has considerably changed in the past decades. A mass-migration due to local wars, overpopulation and poverty in some developing countries, the attraction of wealth and shortening distances (physically by plane and intellectually by mass tourism and the internet), has led to a cultural miscegenation as Europe has never experienced since the fall of the Roman Empire. This cultural enrichment is also a source of incomprehension in part of the population who feels like stranger in its own country. It is also a culture shock for the GP, with patients sharing other health beliefs, other lifestyles, other medicines and who have difficulties in understanding the organization of our health services. How can research in primary care approach these social changings to adapt primary health care services to new expectations and beliefs?

The western civilization itself has known great upheavals: homosexual weddings, children living with parents of the same gender, surrogacy and insemination with donor sperm, transsexuality and transgender have reversed the codes of the family, needing adaptation of family doctors. How can primary health professionals adapt their medical records to these changes? How can research in primary care recommend new preventive approaches when sexual determinations are blurred?

Goole, Apple, Facebook and Amazon (GAFA) (and Microsoft) are promoting a new revolution, at least as important as the industrial revolution, and our habits are increasingly changed by the growing importance of online services. Today online shopping, ticketing, music and literature, hotel booking, etc. But also direct one-to-one services: Uber, B-Air-B, etc. Online consultation of medical literature, online conferences, online medical education, online advices from colleagues, online medical appointments for patients. Tomorrow probably online encounters between doctors and patients, or online control of the function of diverse medical devices. This possibly leads to the collection of an immense amount of data for research and healthcare service quality enhancement. This could also lead to a scary big brother brave new world. How can research in primary care make use of big data and simultaneously prevent the risks regarding intimacy and individual freedoms?

The development of computing technologies and nanotechnologies will also impact medicine and pharmacy: DNA directed drugs or nanosurgical interventions, stem-cells transplantations, electronic brain implants to enhance memory or correct dementia or addiction, or computer guided prothesis responding to brain control. Here again, extraordinary innovations through research could turn into the worse brain contention system. How can research in primary health care anticipate these medical progresses and find a place for the counselling and follow-up of the affected patients?

What changes does all this mean for general practice/family medicine and primary health care?

At the same time, there will be a growing gap between those who will adapt to this ongoing revolution and those who will get stuck. Adaptation means behaviour changes as entire lifestyle changes in patients and profound changes of beliefs in health professionals are needed. Development of alternative screening processes for cancer prevention, implementation and efficacy of new immunization programmes, promotion of physical training in obese patients, will remain necessary goals to keep patients healthy, whatever the technology and the cultural gap.

Prof. Christophe Berkhout
Lille University School of Medicine
Department of General Practice/ Family medicine

Pre-Conference Workshops

Online services and primary health care: research, development and assessment

Workshop tutor: Thibault PUSZKAREK
Workshop expert: Matthieu CALAFIORE (Lille, France)

Thursday, May 10th, 14:00 - 16:30

There is a fast growing development of online services in the field of primary health care. It affects many different domains regarding the activity of primary care professionals (online medical records, data exchanges between primary and secondary care professionals and other health service providers…), continuing medical education (online courses and workshops, online conferences…), patient education (lifestyle changes in diabetes, obesity, cardiovascular diseases, addictions…) or online medical consultations. Other online services bypass primary care professionals: patients forums, patients medical information sites (regulated or not), online consultations with complementary and alternative medicine providers. All these exchanges and services travel on Internet or on secured intranets. What is confidentiality and privacy on the internet? What is the risk of hacking for so-called secured exchanges? What is the benefit/risk ratio of online consultations and patient education? What is positive in deregulated “medical” sites, and what are their risks?

The objectives of the workshop will be to:

- Frame the different new research fields in this domain
- Define research questions in developing new computer applications and assessing their goals and their assessment
- Assess existing applications on clinical or surrogate endpoints
- Understand power struggles to own primary care health data and define rules to keep safely these data in the ethically controlled surrounding of medical research.

Adapting primary care to a changing word: how can research help GPs to face the future?

Workshop tutor: Christophe Berkhout (Lille, France)
Workshop expert: Lieve Peremans (Antwerp) or Marc Vanmeerbeek (Liège) (Belgium)

Thursday, May 10th, 14:00 - 16:30

Primary care has to face fast mutations of ethics with great shifts between different European countries (euthanasia, abortion, gender theory, addiction care, women’s rights…). It also has to face profound differences in social beliefs and attitudes (worships, cultures, educational level, group identification…). All these changes do not fill in the gap of deprivation and its outcome on life expectancies.

The objectives of the workshop will be to develop the research projects of attendees regarding:

- Observational or ethnological studies describing the discrepancies in primary healthcare related to differences in social beliefs and attitudes
- Intervention studies aiming at reducing social disparities in primary health care
- European observational/phenomenological/intervention studies describing or managing physicians behaviours related to shifts in ethics

Keynotes

How to face the future of Primary Care in a changing world?

Professor Thomas Frese

Friday, 11th May 2018, 09:00 - Faculty of Medicine, 1st Floor Amphi 7.

After a period of perceived stability our world and especially Europe is facing significant and fundamental problems: A rising number of (armed) conflicts, climate changes, political changes, digitalisation and a rapid technical development. The resulting changes do enhance the health-related inequality among and within countries and thereby cause relevant implications for societies and health care systems.

Morbidity and the need for health care and in many western societies grows. Despite this general trend there will be a reduced need for health care in some non-urban regions. This is a result of aging and thereby shrinking populations and accelerated by the trend of increasing urbanisation. Urbanisation and the opening of new medical opportunities lead to a further centralisation of health care. The expectations of younger physicians towards primary care changed through the last years: There is the demand for family compatibility and flexible working times. Future physicians prefer interprofessional team-based working in group practices. They need to be mobile and wish to be at least technically connected to other health care providers and health related knowledge. The health care planning seems often not to meet these expectations and is lacking flexibility to react on quickly occurring changes.

Technical solutions ranging as online services or video consultations to robot assistance in nursing and medical care will change primary care. It may facilitate doctor’s work and could help to guarantee access to a proper health care service if necessary. However, the knowledge on potential benefits of innovative technical approaches in a primary care setting is quite limited, the already implemented systems are often particular solutions for a small range of problems and a small part of the population. The substitution of physicians works by non-physicians, e.g. physician assistants, is already a trend in some countries. It will change the working style and spectrum of primary care physicians and could help to cover up with limited physician work capacity.

Forecasting of coming changes and its consequences is a challenge not only for health care planners, also the identification of hot topics by researchers in the fields related to primary health care and the recognition and profound analysis of possible developments with its risks and benefits will enable to meet the needs of our primary care patients during the future years.

Changing doctors for a changing world: How to face the future of primary Care?

Dr. Olivier Saint Lary

Saturday, 12th May 2018, 08:30 - Faculty of Medicine, 1st Floor Amphi 7

Forty years ago, in 1978, WHO Member States agreed on a set of principles at Alma-Ata to protect and promote the health of all people by articulating primary health care as the guiding principle of a comprehensive health system.

Despite many challenges to remain, most of European countries have witnessed improvements to their health systems. Moreover, general practice became an academic discipline quite recently in many western countries.

Several studies have acknowledged the mutual contribution between clinical practice and research in primary care. This link is key to the adaptation of clinical guidelines and better disease management.

The context of primary care has evolved significantly over the last 40 years. For instance, physicians can now use the Internet to solve clinical problems, to support decision-making and to overcome memory limits. This evolution is likely to accelerate with the development of e-health and the “changing doctors in a changing world” will be able to rely on more and more developed computer tools. However, at a time when artificial intelligence is more relevant than ever, a new challenge is rising: how to succeed in relying on digital tools while maintaining a constant need for judgment when applying population-based evidence to particular individuals?

Theme Paper / Finished study

Evaluation of the intervention of the patient teachers in the general medicine residency curriculum.

Cam-Anh Khau, Sophie Haghighi, Maria José Aires, Claire Marchand, Olivia Gross, Yannick Ruelle, Alain Mercier, Jean-Charles Verheye, Remi Gagnayre

University Paris 13, 93000 Bobigny, France. E-mail: khau@univ-paris13.fr

Background:

In connection with the development of healthcare democracy, the Department of general practice of Paris 13 University has integrated patients as teachers (PTs) for the training of general medicine residents in 2014. They intervene teach in pairs with GPs.

Research questions:

What is the evolution of the residents' representations during their training concerning the characteristics and capacities of PTs? What are the residents' opinion concerning the usefulness of the intervention of the PTs and its contribution to integrate the patient's perspective in their practice?

Method:

A survey was constructed based on a preliminary qualitative study. The questionnaire was divided in 3 parts. A first part solicited the opinion of the residents concerning the characteristics (23 questions) and the capabilities (11 questions) of the PTs (before and after meeting them). A second part explored the perception of utility of PTs. A last part evaluated the contribution of the PTs in the acquisition of skills related to the patient's perspective (14 questions). The survey was sent to 124 students in 2nd and 3rd year of general medicine residency.

Results:

89.5% of students answered the survey. More than 50% of the students agreed with 17/23 of the expected characteristics and 17/20 of the capabilities before the training. For some proposals, there was an increase of between 1% and 18% after the training. PTs' intervention was considered useful for 9 of the 11 fields suggested. They considered that it enabled them to develop the skills needed to integrate the "patient's perspective" into their practice (62 to 91%) and the contribution of the PTs was considered high for all these skills, except for one (taking into account relatives' point of view).

Conclusions:

Residents recognized the intervention of PTs as useful to integrate the "patient's perspective" to strength their person-centered medicine.

Points for discussion:

How to evaluate usefulness of PTs intervention in real practice?

Presentation on 11/05/2018 09:40 in "Plenary Session - Theme Papers "Training and Curriculum"" by Cam-Anh Khau.

Theme Paper / Finished study

What Do The Experts Think About The Skills Content of Family Medicine Curriculum: A Delphi Study

Selahattin Koroglu, Serap Cifcili, Pemra Cobek Unalan

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Background:

Family Medicine post-graduate curriculum was revised in 2013 with the changing health-care system. By numerous workshops and meetings a new curriculum including a list of competencies was realized. However, a study has not yet been conducted about how much this new curriculum meets the real needs of primary care.

Research questions:

What do the experts of family medicine think about the revised family medicine postgraduate curriculum?

Method:

A modified Delphi study with two rounds was conducted. We asked the participants to rate the competency list of the new curriculum in terms of necessity and attainability. In order to include at least 30 participants, 240 purposively sampled physicians were invited via e-mail. Descriptive statistical analysis was made after the round. On the second round, the participants were asked to rate competencies with same scale after examining first round analysis results.

Results:

At the end of first round, 119 participants (50.4%) replied. Following skills were defined as difficult to attain by approximately %34 of the participants in the first round: “ to recognize victim of violence; to take preventive measures; health needs of disabled people. In addition; some of the participants did not agree with the necessity of certain competencies like “on the point diagnostic skills (%42,4)” and “episiotomy (%30,6)”. The second round was completed with 30(44.7%) respondents and full consensus was achieved. The skills listed under "Evidence Based Medicine", "Professional Values/Ethics" and "Communication" topics were defined as "attainable" and "necessary" by all of the participants.

Conclusions:

Although full harmonization on competencies was achieved, certain skills clearly needed to be discussed among practitioners. Many think that “some skills like episiotomy are not needed any more” and evidence seem to support this finding. Existing system does not support on the point diagnostic skills however there is some evidence that on the point diagnostics improve accuracy of the physician.

Points for discussion:

Do you have any suggestions for to better present the results?

Presentation on 11/05/2018 09:40 in "Plenary Session - Theme Papers "Training and Curriculum"" by Serap Cifcili.

Theme Paper / Finished study

‘The ABC of family medicine research’ – evaluation of a trans-national training course for early career family doctors.

Pavlo Kolesnyk, Michael Harris

The study performed on behalf of EGPRN Fellowship program.

Uzhgorod National University, Postgraduate Faculty, Family an Internal Medicine Department, Educational and Scientific Training Center of Family Medicine, 388000 Uzhgorod, Ukraine. E-mail: dr.kolesnyk@gmail.com

Background:

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

Research questions:

How effective is a transnational family medicine research course for early career FDs? Should EGPRN support similar courses for other individual countries or institutions?

Method:

“Approaches to family medicine research”, the first in a series of three transnational two-day courses in family medicine research (the “ABC” courses), was piloted in 2017 in Ukraine, a country with little experience of primary care-based research. This introductory course was led by experienced EGPRN members: PK (Ukraine) ensured that the course was relevant for local FDs, and MH (UK) provided an international primary care research perspective.

Evaluation was by pre- and post-course administration of two previously validated questionnaires: the ‘Research Self-Efficacy Scale’, and the ‘Stages of change questionnaire’.

Results:

Fifteen early career FDs took part in the course. All 11 items of the ‘Research Self-Efficacy Scale’ demonstrated an increase in mean scores, with particular increases in: ability to design and implement a strategy for collecting data; choosing a research design that will answer a research question; designing the best data analysis strategy. Results from the ‘Stages of change questionnaire’ are awaited.

The primary care-centred, transnational course methodology was popular with participants: “Doing research on the primary care level is new for our country”; “The international approach is an example of research planning in family medicine”.

Conclusions:

This evaluation demonstrates that a transnational model of research courses for FDs is effective and feasible. As well as giving early career FDs the opportunity to learn about family medicine research, it has strengthened closer working relationships between two EGPRN countries.

EGPRN should support roll-out of the model to other countries that do not provide family medicine research courses. Support should be through input from experienced EGPRN members and financial assistance.

Points for discussion:

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

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

What “terms and conditions” should EGPRN consider if it supports the course?

Presentation on 11/05/2018 09:40 in "Plenary Session - Theme Papers "Training and Curriculum"" by Michael Harris.

Theme Paper / Finished study

Integration of nurses in general practice: a qualitative, exploratory study from the perspective of general practitioners, practice nurses and patients with chronic disease

Naomi Aerts, Peter Van Bogaert, Hilde Bastiaens, Lieve Peremans

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Background:
Demographic, social and policy evolutions place overwhelming demands on general practitioners (GP). Task shifting from GPs to other health care providers, could be a way to address these challenges. Interdisciplinary collaboration by integrating nursing skills and competences in primary care is a current transition in Belgium. With a tradition of single-handed practices, this evolution requires careful consideration of all key stakeholders.

Research questions:
The aim of this study was: 1) to explore the views of GPs, practice nurses (PN) and chronically ill patients on shifting to an interdisciplinary approach in general practice; and 2) to understand to which extent this PN-GP partnership could meet key stakeholders' individual and joint needs and expectations.

Method:
Using a qualitative, exploratory methodology, data were collected through individual, semi-structured interviews with 7 GPs, 19 PNs, 2 practice assistants and 21 chronically ill patients in 26 primary care centers with different PN integration levels. Data were analyzed using a descriptive, thematic analysis in an iterative, reflexive process of coding and recoding.

Results:
Four overarching themes were derived from the interview data. First, both health care providers (HCP) and patients need to share the same vision and mission based on patient-centered care, interdisciplinary team-based care and professionalism. Second, respondents emphasized the importance of trust-based doctor-patient, as well as PN-patient, relationships. Third, the PN role is evolving from being instrumental to a thorough integration at different speeds and levels; a transition to be further oriented towards HCP's competences and patients' needs. Fourth, interdisciplinary collaboration should be organized in a way that GP and PN competences and responsibilities are complementary and transparent to patients.

Conclusions:
Clear vision and mission in practices encompass the different tasks of the PN. Interprofessional collaboration and accurate integration of clinical and organizational nursing skills and competences are needed in a patient-centered model in general practice.

Points for discussion:
Used methodology: Critical reflection on overall quality of this study and recommendations regarding the challenge of combining data from different sources

Findings: Exchange of experiences related to partnership between practice nurse and general practitioner in different contexts + What are barriers and facilitators to implementation?

Presentation on 11/05/2018 11:40 in "Parallel Session A - Theme Papers "Coding, Research and Staffing"" by Naomi Aerts.

Theme Paper / Ongoing study with preliminary results

Knowledge management in general practice / family medicine through the Core Content Classification (3CGP), a new indexation tool.

Marc Jamoulle, Daniel Knupp Augusto, Miguel Pizzanelli

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Background:

The lack of a General Practice / Family Medicine (GP/FM) bibliographic system hinders the Knowledge Management of the profession. We propose a multilingual indexing system for grey literature in GP/FM, composed by the International Classification of Primary Care (ICPC) and a new taxonomy related to contextual aspects (called Q-Codes). The set is proposed under the name Core Content Classification in General Practice (3CGP). The system, freely accessible, is ready for the Linked data universe and the future of information management in GP/FM;

Keywords: General Practice, Terminology, Abstracting and Indexing as Topic, Congresses as Topic

Research questions:

Is there any methods to facilitate indexing and to improve performance in information storage and retrieval of unpublished GP/FM scientific work?

Method:

Using qualitative analysis, a corpus of 1,702 abstracts from six GP/FM European congresses, main themes discussed by GPs have been identified, handled in a domain-specific taxonomy called Q-Codes and translated in 10 languages. A methodology for building a lightweight ontology (in OWL-2), fit for semantic web, was applied to Q-Codes. The research domain of the Q-Codes is compared to the results of the 2010 EGPRN study about the themes addressed during EGPRN conferences. (Family Practice 27 (4): 459–67. doi:10.1093/fampra/cmq023.)

Results:

- ICPC-2 (21 languages): http://www.hetop.org/hetop/?la=en&rr=CIP_C_ARBO&tab=1
- ICPC-2 Process (4 languages): http://www.hetop.org/hetop/?la=en&rr=CIP_C_ARBOPROC&tab=1
- Q-Codes: (10 languages): http://www.hetop.eu/hetop/Q?la=en&rr=CGP_CO_Q&tab=1
- The comparison of the EGPRN 2010 study and the Q-Codes: http://3cgp.docpatient.net/wp-content/uploads/2017/07/EGPRN_study_2010.pdf
- Experiments are ongoing and presented on http://3cgp.docpatient.net/
- Use of 3CGP as keywords for indexing congress (Brazil) and for indexing main issues discussed in mailing lists (Uruguay)

Conclusions:

Indexing of the GP/FM literature (congress abstracts, master's and doctoral thesis, group discussions) enhance the accessibility of research results and promote the emergence of networks of researchers. The work is ongoing and will be maintained by the Q-Code working group.

source : http://www.tandfonline.com/doi/full/10.1080/13814788.2017.1404986

Points for discussion:

Reproductibility and Interdoctorvariation have not been tested

Q-Codes need update for missed and emergent themes

Integration with other tools (like PeRI)

Presentation on 11/05/2018 11:40 in "Parallel Session A - Theme Papers "Coding, Research and Staffing"" by Marc Jamoulle.

Research in primary care: Who publish what?

Maxime Pautrat

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Background:

Despite significant advances in research activities in the french general-practitioners community, there is still a long way to reach the achievements in other specialties. To do so, in 2008 in France, the university course of primary care grew up with the first clinics heads and assistants positions. Theirs roles were to develop pedagogy and research activities. Several works were presented during nationals and europeans congresses however research works require publication in peer reviewed journals to fully demonstrate the research ability.

Research questions:

First: Determine the percentage of oral communications in the three major congresses in France (CMGF, CNGE, EGPRN) in 2010 and 2015 that were finaly published.
Second: Evaluate the type of study or methodology of published works, the author's functions, and the journals that publish research in primary care.

Method:

Descriptive analysis about orals communications during CNGE, CMGF and EGPRN in 2010 and 2015. Data were retrospectively collected in Pubmed, in the archives of the journal Exercer (CNGE's official journal) and EJPRN (EGPRN's official journal) and by contacting authors.

Results:

707 orals communications were presented during CMGF, CNGE and EGPRN in 2010 (349) and 2015 (358). Among them, 137 (27%) were finally published. Only 53 studies were available in Pubmed (29 from 2010, 24 from 2015) and 41 others were published in Exercer. Most of the studies focused on clinical reasearch. 80% authors worked in university. BMC family practice was the principal international review to publish research in primary care.

Conclusions:

Only one third of orals communications in nationals and europeans primary care congresses were published, and there was no differences between 2010 and 2015. The main journal that publishes primary care studies is not indexed. Many efforts need to be done to increase the percentage of published studies in peer reviewed international journals.

Presentation on 11/05/2018 11:40 in "Parallel Session A - Theme Papers "Coding, Research and Staffing"" by Maxime Pautrat.

Freestanding Paper / Ongoing study no results yet

Eprescription: Experiences of General Practitioners and Pharmacists in Flanders

Marieke Robbrecht, Simon De Belder, Mk Tilney, J Stage, Paul Van Royen, Hilde Bastiaens

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Background:

"This work was supported by TD COST Action TD1405 - European Network for the Joint Evaluation of Connected Health Technologies” (ENJECT)"

Electronic prescriptions (e-prescriptions) are expected to prevent multiple problems regarding medication admission. It aims to facilitate and prevent errors with dispensing; and improve patient’s safety through medication monitoring and alert for interactions or adverse drug reactions; etc. In 2018, e-prescription will be mandatory in Belgium for GP’s.

Research questions:

How does this e-prescription system affect the daily operability of both general practitioners and pharmacists? What are the main issues of this new system and how can they be improved?

Method:

An initial internet-based survey was executed. This questionnaire was distributed by the main software providers for both GP’s and pharmacists. Both professions received a questionnaire with slight alterations, more specified to their occupation. These results will be gathered anonymously and processed. An identical study will be running in Malta at the same time, allowing both teams to analyze each other’s results. After the gathering of these results, interviews will be held with both GP’s and pharmacists to make an in-depth analysis of issues met with daily use of the e-prescription software.

Results:

Our results will be available in March 2018.
Strengths of our study include: results are based on a fully operational e-Prescription system that is in nationwide use. Perspectives of both GP’s and pharmacists will be taken into account as both beginning and end of the prescription chain. Experiences will be based on the daily use of the e-prescriptions. Quality control will be performed in cooperation with a team from Malta.
Weaknesses include: results will be based on self-reports and might be either over- or underestimations.
Our response rate might be either a strength or weakness.

Conclusions:

E-prescribing is present in both GP practices as in pharmacies. While the system aims to provide security and efficiency, both professions still experience problems in daily usage.

Points for discussion:

Advantages and disadvantages of government supported versus private supported e-presciption systems

Are we getting to dependent on computers for medical practice with all technology advancements provided?

Is e-prescription a concept to be expanded over different countries supporting the same/compatible system?

Presentation on 11/05/2018 11:40 in "Parallel Session B - Freestanding Papers "E-health & Pharma Reps"" by Marieke Robbrecht.

Freestanding Paper / Finished study

French GPs and pharmaceutical representatives: Why are we so ambivalent?

Adriaan Barbaroux, Tiphanie Bouchez, Isabelle Feroni, Isabelle Milhabet, Isabelle Pourrat

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Background:

French doctors tend to express an unfavorable opinion towards the pharmaceutical industry; they however adopt rather favorable behavior with pharmaceutical representatives. Yet no study has sought to understand the reasons for this discrepancy.

Research questions:

The aim of this study was exploratory: why do some general practitioners (GPs) receive pharmaceutical representatives when they express an unfavorable opinion regarding the pharmaceutical industry?

Method:

Qualitative descriptive study by semi-directed individual interviews with French GPs of the south-west of France. A cross-thematic analysis was carried out, and then vertical thematic analysis, one interview after another. The data were analyzed by different researchers to minimize interpretation bias.

Results:

Ten physicians were interviewed for an average time of 50 minutes, from March to December 2014. GPs verbalized many interests in meeting pharmaceutical representatives such as a substitute for continuing education or as a social link to pause in an often restrictive work. They asserted they had the skills to critically appraise commercial information (occasionally thanks to verifications on patients). They also talked about the daily difficulties that push them to choose the most accessible information. The French journal « Prescrire », a symbol of opposition to the pharmaceutical industry, was described as biased because almost systematically unfavorable to new drugs. To finish with, we found out some signs suggestive of a mechanism of cognitive dissonance. Cognitive dissonance is a well-supported social-psychology theory explaining how it is possible to maintain a behavior contradictory to our opinion.

Conclusions:

The doctor-representative relationship is initiated from the university. We identified three forces contributing to its maintenance despite an unfavorable opinion:
Practical reasons (substitute for continuing education, ready-to-consume information...)
Socio-cultural reasons (politeness toward the representatives, preference for information from experience...)
Psychological mechanisms (self-efficacy, taboo, cognitive dissonance).
Knowing those results should allow us to make more coherent choices both on the individual and societal/educational level.

Points for discussion:

Cognitive dissonance

Responsibility of the social system versus individual responsibility

Presentation on 11/05/2018 11:40 in "Parallel Session B - Freestanding Papers "E-health & Pharma Reps"" by Adriaan Barbaroux.

Freestanding Paper / Ongoing study no results yet

Implementing digital translation application into healthcare system: Facing miscommunication and language barriers with refugee patients at a primary care level

Ghefar Furaijat

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Background:

One of the challenges facing healthcare professionals in Europe, especially GPs, is communicating with foreign patients (e.g. refugees and asylum seekers). The quality of medical services provided under miscommunication is rarely achieved. Frequently, at medical consultations, sufficient translators or appropriate assisting devices are missing. The results of misunderstandings include frequent readmissions, unnecessary investigations and failure to collect sufficient medical history to make an accurate diagnosis and an effective treatment plan.

Research questions:

- How efficient and effective are digital translation applications at a primary healthcare level?
- What are the effects of utilizing digital translation applications on healthcare outcomes (e.g. Diagnoses) and healthcare costs?

Method:

In our mixed methods study DICTUM, we are piloting a generic digital communication assistance tool for collecting medical history from patients in their native language in the primary health care center (PHC) at a refugee camp in Germany. The primary outcome is the re-consultation rates in PHC. Patients and GPs will complete a short survey rating the effectiveness of the intervention. Via a collection of causes of consultation (ICPC-2 codes), diagnosis (ICD-10 codes), age, gender, nationality, and spoken language we analyze different patient subgroups (secondary outcomes). Qualitative interviews with staff members and GPs will follow. All data are collected in a pseudonymized form.

Results:

No results yet. The study will show in details the effects of the intervention on the primary and secondary outcomes. These results will demonstrate whether there is a difference between the intervention group and control group.

Conclusions:

The study will test the reliability and effectiveness of digital translation application in clinical settings at primary healthcare level. It will highlight the needs and expectations of both Healthcare providers as well patients from such tools.

Points for discussion:

Do digital translation applications improve the communication between healthcare professionals and foreign patients (e.g. refugees).

What are the consequences of implementing digital translation tools into primary healthcare.

What is the impact of using such tools on the clinical outcomes (causes of consultations ICPC-2, Diagnosis ICD-10).

Presentation on 11/05/2018 11:40 in "Parallel Session B - Freestanding Papers "E-health & Pharma Reps"" by Ghefar Furaijat.

Theme Paper / Finished study

"Heartsink" patient, behaviour's impact on patient's management by general practice residents: A controlled randomized trial

Laurine Lebas

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Background:

In his practice, each physician is challenged to manage difficult patients. These patients are named "heartsink" in the literature. Feelings in terms of lack of skills' recognition, lack of respect, misunderstanding lead to unsatisfaction that can disturb the physician.

Research questions:

Do patient's disruptive behaviours influence the diagnostic accuracy of French residents, their prescriptions and feelings?

Method:

A questionnaire was sent online to French residents in general practice. According to the randomization, they watched a video of a consultation of a "neutral" or "difficult" patient. The analysis was made on the diagnostic probability, management and prescription of additional tests or therapeutics. Analysis of the feelings facing such a consultation was also conducted.

Results:

628 students answered the questionnaire, 331 in the neutral group and 297 in the heartsink group. There was no difference in the main diagnosis between the two groups (46.2% versus 45.8%, $p = 0.914$). For the secondary diagnosis, there was a statistically significant difference (36.6% vs 48.5%, $p = 0.041$). There was no difference in patient's management except for the prescription of complementary test. Resident's feelings were considered more unpleasant and they exhibited less empathy toward the heartsink patient. Patient's management was less satisfactory and more exhausting ($p < 0.001$) in the heartsink group.

Conclusions:

This study exhibited a large number of answers, which ensures a strong statistical power. Resident's feelings do not impact the diagnosis nor the patient's management except when the primary diagnosis is doubtful.

Points for discussion:

An innovative method, closer to clinical reality for cases analysis

French residents are experts in clinical cases analysis after the french pre-residency examination (ECN)

The main result is not in accordance with only other study on the same topic. Nevertheless, secondary results are consistent with the literature.

Presentation on 11/05/2018 14:10 in "Parallel Session C - Theme Papers "GP role and relevance"" by Laurine Lebas.

Theme Paper / Finished study

Description and evolution of gatekeeping systems in OECD countries since 2000

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Background:

The gatekeeping healthcare system was introduced in France in 2006 by the "coordinated healthcare path system”. This system requires patients to be referred by their general practitioner to consult a specialist. In several industrialized countries, gatekeeping by primary care physicians has already been implemented several decades ago. Most data available concerns evaluation of health care utilization and effects on expenditures.

Research questions:

What is the evolution of "gatekeeping" systems in OECD countries since 2000. The secondary objectives were to identify the countries that introduced or abandoned the system, to characterize the current system of each country and to classify countries according to their evolution.

Method:

Systematic research in Medline, Embase, the Cochrane Library, French Public Health Database and Bielefeld Academic Search Engine (Base). Gray literature was also analyzed to complete missing data (e.g. Ministry of health websites). Two reviewers selected the references on the basis of titles, abstracts and then full texts, according to the PRISMA checklist, from January 2000 to January 2017. Eleven countries we included.

Results:

The initial search yielded 1035 articles. The selection process left a final pool of 79 articles. Eleven countries were analyzed. These countries were classified into 3 categories: strict gatekeeping (Spain, United-Kingdom), gatekeeping on financial incentives (Australia, Canada, Denmark, France, Italy, Netherlands and Norway) and partial gatekeeping (Germany and the United-States). Three countries have introduced the gatekeeping system since 2000. Six countries have experienced an evolution since 2000. Six countries have a list system.

Conclusions:

Many disparities can be highlighted the 11 countries included. The gatekeeping system has evolved in some countries. Some countries have created multidisciplinary health centers (walk-in centers (UK) and patient centered medical homes (USA)).

Points for discussion:

What works and what doesn't work?

Are multidisciplinary health centers a good solution?

Presentation on 11/05/2018 14:10 in "Parallel Session C - Theme Papers "GP role and relevance"" by Sophie Haghighi.

Theme Paper / Published

From practice employee to (co-)owner: Young Swiss general practitioners predict their future careers. A cross-sectional survey

Luzia Gisler, Marius Bachofner, Cora Nina Moser-Bucher, Nathalie Scherz, Sven Streit

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Background:

In Switzerland, the mean age of GPs in 1993 was 46. In 2015, it had increased to 55, and GPs over 65 made up 15% of the workforce. As more and more older, self-employed GPs retire, young doctors will be needed to fill their positions and eventually take over their practices.

Research questions:

We set out to determine what employment status young GPs wanted, if their preference would change over time, and which working conditions and factors were most important in their choice of practice.

Method:

We administered a cross-sectional online survey to members of the Swiss Young General Practitioners Association (n=443). Our survey captured participants' characteristics, and their preferred type of practice and working conditions by closed questions, ratings of attractiveness of fictional job ads, and an open question. To compare the attractiveness of job adds we calculated means and 95% confidence intervals (CI) for their ratings. To identify factors most important with their choice, we used logistic regression models adjusting for age, sex, language, civil status, desired workload and other covariates after a hierarchical stepwise elimination and calculated odds ratios (OR) and 95% CI.

Results:

We received 270 (61%) replies. Most were female (71%) and wanted to work in the suburbs or countryside in small GP-owned group practices, with up to five colleagues. Most intended to work part-time: mean desired workload was 78% for men and 66% for women. Positive working climate was a major factor in choosing a GP practice. Most participants projected a career arc from employment to ownership or co-ownership of a practice within five years; only 7-9% preferred to remain employees.

Conclusions:

Working part-time in small, GP-owned group practices are the desires of young and future GPs in Switzerland. Future practices should offer them opportunities to start working as employees and to become (co-)owners.

Points for discussion:

Identify differences and similarities across countries

Discuss the need and wishes of the next generation of GPs

Share how the needs could be implemented into action

Presentation on 11/05/2018 14:10 in "Parallel Session C - Theme Papers "GP role and relevance"" by Sven Streit.

Theme Paper / Ongoing study with preliminary results

Which aspects of primary care are relevant for patient and his caregiver?

Jérémy Derriennic

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Background:

The management of multimorbid patients requires a global approach combining the interventions of several health professionals in a coordinated care pathway, favoring patient involvement. Multiprofessional structures are the privileged place of this care model. The quality approach is part of the specifications of these structures. the patient's place in the evaluation seems relevant.

Research questions:

In the absence of validated tool, the study’s objective was to highlight the aspects of care relevant for the patient and his caregiver, in complex care situations, in the context of multiprofessional structures and french healthcare system.

Method:

A qualitative study was conducted in semi-structured interviews of patient-caregiver couples requiring coordinated multiprofessional care and experienced as complex by the professionals concerned, recruited by purposeful sampling. A grounded theory based thematic analysis has been carried out in double blind.

Results:

Six interviews were conducted including four patient-caregivers couples. The analysis identified ninety-nine specific aspects of care experience. Their categorization highlighted eight dimensions of care that are accessibility, availability, medico-technical care, professional-patient relationship, information and support, care organization in the structure, care organization on the territory, and the fitting-out of the premises.

Conclusions:

The analysis rediscovers and explores all the dimensions of the existing patient’s quality assessment tools for primary care. New aspects of care are emerging, especially with regard to healthcare accessibility and the specific organization of the french healthcare system. The medico-technical aspect of care seems insufficiently explored and would require an enrichment of the interview guide. These data will need to be compiled and compared with those of other sites studied to ensure their transferability.

Points for discussion:

First results consistent with the literature.

First step of the qualitative study: further enrichment with data from the other 4 sites.

Results to corroborate also with the vision of professionnals.

Presentation on 11/05/2018 14:10 in "Parallel Session C - Theme Papers "GP role and relevance"" by Jérémy Derriennic.

Freestanding Paper / Finished study

Contribution of Acceptance and Commitment Group Therapy in Glycemic Control of Diabetic Patients

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Background:
Emotions unbalance glycemic control, with the glucidic response to cortisol. Acceptance and Commitment Therapy (ACT), a third-wave cognitive behavioral therapy, already demonstrated its effectiveness in several chronical diseases, however without high-level evidence of its efficacy in diabetes.

Research questions:
We wished to determine if the practice of group ACT improves glycemic control in diabetic patients, and if such effectiveness would rest on the improvement of emotion management and quality of life.

Method:
Observational prospective monocentric study. Inclusion Criterion: Adult with type 1 or 2 diabetes having participated to at least one therapeutic educational workshop at the Hôpital Privé de l'Ouest Parisien, from November the 2nd 2015 to November the 30th 2016. Intervention: participation to at least one ACT workshop. Primary endpoint: evolution of HbA1C before and after intervention. Secondary endpoints: AAQ2 score evaluating emotion management and EQ5D score evaluating quality of life.

Results:
88 patients were included in the study, 38 patients in the ACT group and 50 patients in the control group. Patients in the ACT group presented a decrease of HbA1C ($p < 0.05$) and an improved emotion management with poorer initial results compared to control group ($p < 0.01$) becoming similar in the end of the study ($p=0.79$). The influence on HbA1C decrease was favorable for retirement and existing complications, and negative for insulin injections and BMI.

Conclusions:
This pilot study strongly suggests that group ACT in emotion management improves glycemic control in diabetic patients. Our results advocate for the conduct of multicentric randomized studies to confirm them.

Points for discussion:
Could we use a better method?

Is it possible to evaluate this intervention with a robust method?

Presentation on 11/05/2018 14:10 in "Parallel Session D - Freestanding Papers "Screening & Tests"" by Emmanuelle Leroy.

Freestanding Paper / Ongoing study with preliminary results

Factors associated with morbimortality in polymedicated elderly subjects followed in general practice: FOPAS, a cohort study

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Background:

Elderly people over 75 years represent 30% of the admissions to emergency services and nearly a million unplanned hospitalizations a year. Polypharmacy and frailty increase the risk of unplanned hospitalizations and serious events.

Research questions:

Our goal was to identify the associated factors to morbidity and mortality in polymedicated elderly subjects followed in general practice.

Method:

A French national cohort study was conducted by general practitioners. Each of them included consecutively 10 patients over 75 years, with at least 5 actives molecules as usual therapy. The collected data were: Long-term illness, universal health cover, personal allowances, environment and lifestyle, history of unplanned hospitalization and falls, chronic diseases, frailty according to the French SEGAm grid. Morbimortality at 6 months was assessed by deaths, institutionalizations, unplanned hospitalizations, admissions to emergency services and multiple or severe falls. Logistic regression models were used to identify the factors associated to these serious events.

Results:

Among the 1,626 patients followed during 6 months, there were 223 unplanned hospitalizations (19.8%), 153 admissions to emergency services (13.6%), 103 multiple or severe falls (6.3%), 41 admissions to long-term care sectors (2.5%) and 40 deaths (2.4%). Factors associated with unplanned hospitalizations were frailty (OR = 2.41 [95% CI 1.62-3.57]), hospitalizations history (OR= 2.40 [95% CI 1.63-3.54]) and have professional help (OR = 2.03 [95% CI: 1.42-2.91]). Factors associated with emergencies were frailty (OR = 1.66 [95% CI: 1.04-2.64]), history of hospitalization (OR = 1.74 [95% CI: 1.09-2.77]) and professional assistance (OR = 1.87 [95% CI: 1.24-2.83]). Factors associated with admissions to long-term sectors were frailty and age. Factors associated with falls were frailty and history of hospitalization.

Conclusions:

The main factors associated to morbidity and mortality in polymedicated elderly subjects followed in general practice are frailty and unplanned hospitalization. The identification of frailty by the general practitioner is important to predict these serious events.

Presentation on 11/05/2018 14:10 in "Parallel Session D - Freestanding Papers "Screening & Tests"" by Thibault Puszkarek.

Freestanding Paper / Almost finished study

Statins for Primary Prevention. To Treat Or Not To Treat? Predictive Performance of the 2016 European Society of Cardiology / European Atherosclerosis Society (ESC/EAS) Recommendations in Adults and in The Elderly

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Background:

The 2016 the ESC/EAS guidelines for dyslipidaemias included an intervention strategy for statin treatment. Its accuracy in targeting at-risk individuals for primary prevention is still unclear, especially among those aged ≥65.

Research questions:

How well do the ESC/EAS statin-eligibility criteria predict future cardiovascular events in adults and in the elderly, and how do they compare to other international recommendations?

Method:

A historical cohort using electronic records from Israel’s largest health provider. All members in the Tel Aviv district eligible for primary cardiovascular prevention were followed between 1/2006-12/2015 (n=12,531). Statin-eligibility was ascertained, and predicted risk was compared to clinical outcomes (Kaplan-Meier adjusted). Measures of calibration and discrimination were evaluated.

Results:

Mean age was 61.9±10.4 years (range 40-80); 41.8% were aged ≥65 and 61% were statin-naïve. Outcome events were recorded for 1,644 patients (13.1%). Following the ESC/EAS recommendations, 26% of statin-naïve participant were eligible for treatment (6% of adults aged <65 and 66% of the elderly). Sensitivity and specificity for detecting at-risk individuals were 63% and 66% respectively; PPV was 22% and NPV was 91%, with an overall modest C-statistic [0.62 (0.61-0.64)]. Among adults aged<65 sensitivity was 30% and specificity was 87%, while among the elderly the sensitivity was 91% and specificity was 20%. PPV and NPV remained similar across ages.

Conclusions:

The ESC/EAS 2016 cholesterol treatment eligibility criteria showed a modest ability to target individuals at-risk in our cohort, failing to identify most future events in their intended target-population of individuals aged<65, and showing high age-dependent variation.

Knowledge of such limitations is valuable for informed shared decision making, emphasizing the role of the wider clinical perspective needed to augment published intervention strategies in practice.

Points for discussion:

What outcome measures should be used when evaluating statin eligibility guidelines?

What is the best/most useful/most informative way to compare and assess the validity of treatment guidelines?

Presentation on 11/05/2018 14:10 in "Parallel Session D - Freestanding Papers "Screening & Tests"" by Yochai Schonmann.

Freestanding Paper / Finished study

Which specific language disorder screening tests can be used in primary care setting? A systematic review of the literature.

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Background:

About 5 to 10% of all children are affected by specific language impairment. An early support could avoid the consequences of specific language impairment on children and adults' daily routine, on their social and professionnal future. A valid and feasible tool to improve the wide screening in primary health is needed.

Research questions:

Which specific language impairment screening test can be used in primary care setting? What is the faisability of those tests for GPs?

Method:

A systematic review of the literature was performed through the following sources: Pubmed, Lilacs, PsycInfo, SUDOC and The Cochrane Library. We used standardized database subject headings to find two relevant items: Screening, and language impairment. Selection criteria were: Studies that examined the validity or the feasibility of specific language impairment screening tests in primary care settings. 2 researchers reviewed and removed irrelevant publications regarded to the title, then the abstract. The final selection was made reviewing full articles.

Results:

2941 papers were selected. 29 studies were included. 30 tests were listed: 12 direct tests and 18 parental questionnaires. ERTL4 and IDFC were the only two french tools found.
ERTL4 assessed children at age 4. IDFC assessed children at 12-18-24 months. They tooked less than 10 minutes to administer and they were largely unkown by the general practioners interviewed.

Conclusions:

Amongst those tests, ERTL4 and IDFC short version seem apropriate to quickly assess child's speech and language in french primary care settings. Some obstacles have been identified that prevent these tests to be integrated in an unplanned consultation.
It seems now necessary to evaluate the acceptability of these test on larger samples of general practioners.

Points for discussion:

Quality and comparability of the studies were limited by different validity criteria, heterogeneous samples and heterogeneous languages.

No test assessed written language.

Most available tests were too long to be used in GP's daily practice. Few were short but unknown by GPs.

Presentation on 11/05/2018 14:10 in "Parallel Session D - Freestanding Papers "Screening & Tests"" by Isabelle Ettori-Ajasse.

Theme Paper / Finished study

Adherence to oral medications, complex and challenging interactions

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Research questions:

To assess adherence of hypertensive patients to oral medications.

Method:

The study included all hypertensive patients age 40-75 years, members of one District of Clalit Health Services Israel, who were diagnosed with hypertension before 2012 and who filled prescriptions for the following medications: amlodipine, nifedipine, lecarnidipine, carvedilol, atenolol, angiotensin converting enzyme inhibitors (ACEI) and angiotensin II receptor antagonists (ARBs) statins and glucose lowering medications. A medication had been included in the study only if at least one prescription per year during 2012-2014 had been purchased; Purchase of at least 9 monthly prescriptions during 2013 was considered "good medication adherence". We compared blood pressure and LDL levels, according to medication adherence, for each medication; and cross adherence rates between medications.

Results:

31,530 patients were included. Average age was 62.4±7.8 years, 49.0% were men, and 28.6% were from low SES. Good medication adherence rates range from 72% for amlodipine to 53% for disothiazide and statins. Good adherence to any of the medications tested was associated with a higher rate of good adherence to other medications (p-value<0.0001 for all medication combinations). Older age and patients who took more medications had better adherence rates. BP and LDL levels were lower for patients with higher adherence rate (p-value<0.0001 for all medications.)

Conclusions:

Different oral medications have different adherence rates. Good adherence for any one medication is an indicator of good adherence to other medications. Investment in enhancing one medication adherence may improve adherence to other medications, as well as improve clinical outcomes.

Points for discussion:

Different oral medications have different adherence rates.

Good adherence for any one medication is an indicator of good adherence to other medications.

Good adherence is related to improved clinical outcomes.

Presentation on 11/05/2018 16:30 in "Parallel Session E - Theme Papers "Management & Adherence"" by Michal Shani.

Theme Paper / Finished study

General practitioner trainers prescribe fewer antibiotics in primary care: Evidence from France

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Background:

Antibiotic prescription is a central public health issue. Overall, 90% of antibiotic prescriptions are delivered to patients in ambulatory care, and a substantial proportion of these prescriptions could be avoided. General Practitioner (GP) trainers are similar to other GPs in terms of sociodemographic and medical activities, but they may have different prescription patterns.

Research questions:

Our aim was to compare the antibiotic prescribing rates between GP trainers and non-trainers.

Method:

This observational cross-sectional study was conducted on administrative data claims from the French National Health Insurance. The antibiotic prescribing rate was calculated. The main independent variable was the training status of the GPs. Prescribing rates were adjusted for the various GPs’ characteristics (gender, age, location of the practice, number of visits per GP and the case-mix) in a multiple linear regression analysis.

Results:

Between June 2014 and July 2015 the prescribing patterns of 860 GPs were analysed, among which 102 were GP trainers (12%). Over the year 363,580 patients were prescribed an antibiotic out of 3,499,248 visits for 1,299,308 patients seen over the year thus representing around 27.5% of patients. In the multivariate analyses, being a trainer resulted in a significant difference of 6.62 percentage points (IC 95%: [-8.55; -4.69]; p<0.001) in antibiotic prescriptions comparing to being a non-trainer, corresponding to a relative reduction of 23.4%.

Conclusions:

These findings highlight the role of GP trainers in antibiotic prescriptions in primary care. By prescribing fewer antibiotics and influencing the next generations of GPs, the human and economic burden of antibiotics could be reduced. Trainers inducting appropriate behavior for students and for patients could be one answer to the problem of antibiotic prescription and consumption in the future.

Presentation on 11/05/2018 16:30 in "Parallel Session E - Theme Papers "Management & Adherence"" by Louise Devillers.

Theme Paper / Finished study

Management of common cold: Elaboration of a prescription aid tool

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Background:

Common cold is a frequent, benin, viral affection in primary care. Today in France, healthcare professionals do not have any official guidelines to manage common cold in a consensual way. The aim of this study was to elaborate a decision aid tool for cold management based on recent scientifics data (meta-analysis) to harmonize healthcare provider’s practice.

Research questions:

What are the recent international data for management of common cold to be used for a new decision aid tool to harmonize practices?

Method:

A systematic international litterature revue of common cold management was conducted between october and december 2016 by a group of universitary family physicians researchers by Pubmed, Cismef, Minerva, Cochrane, Google scholar, PlosOne, CAIRN and Lissa with French and English key-words. Four working groups did a specific part: bibliography research, scientific analysis, article appreciation, coordination of all groups and article writing. All groups worked first independently and than put together their results to list, discuss, appreciate and evaluate them.

Results:

In total: 91 articles, 84 were chosen to be analyzed and 29 were selected to create a decision aid tool. Studies were from 2010 à 2016: Cochrane meta-analyse (n=12), Cochrane revues (n =6), RCT (n= 3), guidelines (n=5) and non Cochrane revues (n=1). Treatments with single preventiv-, single curativ- or a simultaneous preventiv and curative efficiency were identified. The decision aid tool suggests: zinc as a preventive strategy to reduce by one day the duration of symptoms, honey against dry cough, nasal washes with saline solutions against rhinorrhea and nasal congestion and sedative antihistamines to reduce intensity of rhinorrhea and sneezes.

Conclusions:

A nation-wide study in primary care, implementing the tool for management of common cold, might be interesting to mesure improvement of common cold management in France. To limit iatrogenic and spending, non-drug and preventive strategies with proven efficiency, should be prefered.

Points for discussion:

Does the over the counter pratice, promote an overmedicalization of common cold?

Does socio-cultural behaviour impact common cold management?

Presentation on 11/05/2018 16:30 in "Parallel Session E - Theme Papers "Management & Adherence"" by Sabine Bayen.

Freestanding Paper / Ongoing study no results yet

General Practice/Family Medicine training across Europe: Exploring differences and similarities to inform the development of standardised curricula

Ana Luisa Neves, Radost Assenova, Raluca Zoitanu, Vanja Lazic, Sophia Eilat-Tsanani, Gaetano Lops, Veronika Rasic, Claire Marie Thomas, Mehmet Ungan

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Background:

Training in GP/FM varies greatly across Europe, mirroring the significant differences in the way family medicine is practiced and health care systems are organized throughout Europe. Although efforts have been made to reach consensus and standardize medical training and family medicine training in particular, much is still needed to be done. Taking into account the migration of doctors, the importance of educating family doctors on all aspects of diversity ia critical in this changing world. As stated in the WONCA Europe Prague Conference 2017 Statement, Member Organizations should step up the development of appropriate and contextualized undergraduate, postgraduate and continuing education for family doctors, taking in consideration the rapidly evolving patient needs and healthcare governance circumstances across Europe.

Research questions:

To identify differences and similarities in GP/FM training curricula across Europe, to inform the development of standardised training modules.

Method:

A comprehensive review of the GP/FM training curricula across Europe will be performed, based on the direct contact of an expert per country. The compiled database of curricula will be used to identify emerging themes used to characterize the differences and similarities between GP/FM schemes (i.e. duration, number of rotations, type of rotations, duration of rotations, exposure to rural practice, spectrum of practice, others). These findings will be used to inform the development of a focus group guide, to access the perceived strengths, weaknesses, opportunities and threats associated with each one of these parameters, as perceived by recently trained Family Doctors (<2 years after completion of training). Participants will be recruited through WONCA networks and qualitative data will be obtained using online focus groups.

Conclusions:

The identification of specific challenges in GP/FM training opens way to the development of customised solutions. The identification of commonalities may pave the way to deliver standard modules offline/online, based in the needs identified by all participating countries.

Points for discussion:

Which are the core modules in GP/FM training across Europe?

How can we deliver core skills training in different training settings?

Presentation on 11/05/2018 16:30 in "Parallel Session F - Freestanding Papers "Infrastructure"" by Vanja Lazic.

Freestanding Paper / Finished study

Medical Negligence Law Suits against Family Physicians in Israel

Hava Tabenkin

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Background:

The 21st century physicians cope with the fact that medical knowledge is no longer only the possession of physicians but it is easily accessible through the media, internet by the population. One of the consequences is less trust in physicians that leads to more law suits on medical negligence. In Israel the rate of law suits against Family physicians (FP) is arrived at 50% of law suits against physicians who work in the community.

Research questions:

What are the main reasons for negligence law suits against FP?

Method:

During the years 2016-2017 –184 law- suits were analyzed by main reasons. The patients medical history was reviewed in order to find out the reasons and what can be learned from it.

Results:

The main reasons were:
1) Delay in diagnosing malignant and non- malignant tumors- colon cancer, lung cancer, breast cancer, lymphomas & meningioma- 35%.
2) Delay or not diagnosing of acute cardiovascular diseases such as Acute MI, aneurisms, congestive heart disease, CVA- 11%.
3) Not-sufficient or not according to guidelines management of cardiovascular risk factors including diabetes, hypertension, warfarin treatment etc-13.5%.
4) Delay in the diagnosis or treatment infectious diseases such as endocarditis, sepsis and other infections that led to major complications or death- 13%.
5) Not recommending folic acid before pregnancy for the prevention of NTD- 7.5%.
6) Delay in kidney disease/failure- 4%. The remaining 16%- were a delay in diagnosis of uncommon diseases.

Conclusions:

The principal reason for negligence law suits is delay in the diagnosis of malignancies and other tumors. It was shown that the FP either ignored signs and symptoms and results of lab tests or didn't send to the proper tests. Listen to the patients, taking a thorough medical history and family history are still the most important recommendations as well as not ignoring positive tests' result.

Points for discussion:

Are there guidelines as to what is the reasonable time to diagnose cancer or non- malignant tumors or treatment?

What are the reasons for the delay in diagnosis/treatment?

What can be done to reduce the law suit rate or prevent them?

Presentation on 11/05/2018 16:30 in "Parallel Session F - Freestanding Papers "Infrastructure"" by Hava Tabenkin.

Freestanding Paper / Published

Workplace learning through collaboration in primary healthcare: A BEME realist review of what works, for whom and in what circumstances: BEME Guide No 46.

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Background:

Changes in healthcare practice require healthcare professionals to collaborate. Collaborating healthcare professionals in the workplace learn during clinical practice (e.g. asking and receiving feedback). Workplace learning (WPL) has been studied extensively during undergraduate medical education, far less for primary healthcare professionals after graduation. To acquire clarity on what works, for whom and in what circumstances for WPL of collaborating healthcare professionals, realist review is an appropriate review methodology.

Research questions:

The objective of this realist review is to consolidate knowledge on the characteristics of WPL through collaboration in primary healthcare.

Method:

Following scoping searches, five electronic databases were searched from 1990 to 2015. Reviewers worked in pairs for article selection. A set of statements was used as a coding tree for analysis. Interpretation of the results was done in alternating pairs, discussed within the author group, and triangulated with stakeholders' views.

Results:

Out of 6930 references, 42 papers were included with both qualitative and quantitative design and focusing largely on WPL of general practitioners and nurses.

WPL is mostly an implicit interactional process. Professionals could both learn and facilitate others' learning. They were often unaware of the occurring learning. Although mostly unaware, informal learning, comparing to formal learning sessions, was perceived more prominent. WPL happened through informal patient case discussions, reflection on practice and other professionals' modelling. Diverse outcomes endorsed contextualised knowledge. Acknowledgement of others' expertise and awareness of others' specific contexts, especially when hierarchy is involved, reduced barriers to learning.

Conclusions:

Implicit WPL can be more efficient if it is made explicit. Unplanned learning activities provide more opportunities for 'just-in-time' learning than planned sessions. Curricula should emphasize the importance of informally asking questions and requesting feedback.

Knowing and valuing others' expertise is essential, yet more difficult in inter-professional settings. Inter-professional modules, focusing on collaboration, should be included in undergraduate education.

Points for discussion:

How to realize the results of the review in fluid, ever changing teams in primary care?

How to further explore workplace learning, which research methodologies fit best?

Presentation on 11/05/2018 16:30 in "Parallel Session F - Freestanding Papers "Infrastructure"" by Peter Pype.

Freestanding Paper / Ongoing study no results yet

A description of patients with enduring mental illness in Irish general practice: A database study

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

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Background:

People with an Enduring mental illness (EMI) - schizophrenia, bipolar disorder and/or (recurrent) depressive disorder - have a mortality rate two to three times higher than the general population. This translates into a reduced life-expectancy of between 13 and 30 years. General practice is central to the diagnosis and treatment of EMIs. In the literature there appears to be only estimates of depression and psychosis prevalence in Irish general practice. However, these estimates use a relatively small sample size. Several studies have noted that mental disorders in primary care have been poorly studied.

Research questions:

What is the prevalence of enduring mental illness amongst Irish general practice patients? What relevant medicines are they being prescribed? What are the consultation rates among these patients?

Method:

A data extraction tool was developed to identify patients with EMI using diagnostic coding. Participating GPs were also encouraged to code EMI patients appropriately using a coding tool developed by the researchers. Data will be extracted from the practice management software systems of a sample of Irish GPs over a 12 month period. Frequencies and descriptives will be used to outline demographic information, relevant prescriptions, prevalence and incidence of EMIs, consultation rates, and GMS status (public/private patient).

Results:

No results yet.

Conclusions:

The results of this study will provide much needed information on EMI patients in Irish general practice. This can inform future health policy in Ireland.

Points for discussion:

Are the prescription rates appropriate?

How does the prevalence of EMIs in Ireland compare to other countries?

Are the number of consultations disproportionately high?

Presentation on 12/05/2018 09:10 in "Parallel Session G - Freestanding Papers "Mental Health"" by James Larkin.

Freestanding Paper / Finished study

General practitioners’ knowledge, attitudes and experiences of managing behavioural and psychological symptoms of dementia: A mixed methods systematic review

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Background:
Behavioural and psychological symptoms of dementia (BPSD) has been identified by GPs as a particularly challenging aspect of dementia care. Psychotropic medication remains the mainstay of treatment despite serious adverse effects. Non-pharmacological interventions are recommended first line but uptake of these strategies is low. There is a need for interventions designed to support GPs in their management of BPSD.

Research questions:
To synthesise the existing published literature on GPs' knowledge, attitudes and experiences of managing BPSD with a view to informing future interventions.

Method:
We conducted a systematic review and synthesis of quantitative and qualitative studies that explored GPs’ experiences of managing BPSD (PROSPERO protocol registration CRD42017054916). 7 electronic databases were searched from inception to October 2017. Each stage of the review process involved at least two authors working independently. The meta-ethnographic approach was employed to synthesise the findings of the included studies while preserving the context of the primary data. The Confidence in the Evidence from Reviews of Qualitative research (CERQual) was used to assess the confidence in our individual review findings.

Results:
Of the 1,639 articles identified, 76 full texts were reviewed and 11 were included. Three main concepts specific to GPs’ experiences of managing BPSD emerged; unmet primary care resource needs, justification of antipsychotic prescribing and the pivotal role of families. A ‘line of argument’ was drawn which described how in the context of resource limitations a therapeutic void was created. This resulted in GPs being over reliant on antipsychotics and family caregivers. These factors appeared to culminate in a reactive response to BPSD whereby behaviours and symptoms could escalate until a crisis point was reached.

Conclusions:
This systematic review offers new insights into GPs’ perspectives on the management of BPSD and will help to inform the design and development of interventions to support GPs managing BPSD.

Points for discussion:
Approaches to conducting mixed methods systematic reviews.

Role of CERQual in a mixed methods systematic review.

Challenges of conducting a meta-ethnography when conducting a mixed methods review.

Presentation on 12/05/2018 09:10 in "Parallel Session G - Freestanding Papers "Mental Health"" by Aisling Jennings.

Freestanding Paper / Finished study

Paternal Postpartum Depression In Turkish Fathers

Cigdem Alkan, Vildan Mevsim, Neslisah Tan Gafuroglu

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Background:

Postpartum depression (PPD) is a depressive condition experiencing similar feelings to major depression symptoms that begin after birth. In many counties by diagnostic tests recent studies showed that PPD is seen in fathers as well as in mothers. The similarity between the scores of depressed mothers and depressed fathers highlights the importance of screening for depression in fathers as well as mothers in postnatal period. Paternal postpartum depression (PPPD) was not studied in Turkish fathers yet.

Research questions:

What is the prevalence and risk factors of paternal postpartum depression in Turkish fathers?

Method:

The study conducted in the descriptive research model was applied to 300 fathers who applied to the university polyclinic who had a 2 week - 12-month old babies by face to face interview method. As data collection tools, a demographic data form was used and then a structured psychiatric interview was conducted with each fathers' participant using the Mini International Neuropsychiatric Interview (M.I.N.I). Descriptive analyzes, chi square and t test were used as statistical analysis.

Results:

Paternal postpartum depression was detected in 4.1% of the fathers according to the structured interview results. In those who are over 36 years of age (11.6%), those with education at primary level (15.8%), those with poor economic status (18.2%), those with arranged marriage (11.7%), those with married for 10 years or more (13.8%), those who had 2 or more children (7.8%), those who had 4 or more households (7.6%), and those whose wife had postpartum depression (27.6%) had higher depression ($p < 0.05$).

Conclusions:

This was the first report of the prevalence and risk factors of PPPD in Turkey. In this study postpartum depression was found in fathers. Health providers should take care of PPPD.

Points for discussion:

What can be done to further improve this research?

How can a study be planned to determine the prevalence of paternal postpartum depression in Europe?

What other analyzes can be done?

Presentation on 12/05/2018 09:10 in "Parallel Session G - Freestanding Papers "Mental Health"" by Vildan Mevsim.

Freestanding Paper / Ongoing study with preliminary results

Dendrogram of the presentations and posters from the EGPRN Conferences.

Leonard Mada

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Background:
Dendrograms are a useful tool in bioinformatics to group related items together.

Research questions:
Creation of a dendrogram (phylogenetic tree) based on all oral presentations and posters extracted from the EGPRN conferences. The secondary objective focused on analysing the potential usefulness of this analysis method.

Method:
All 1469 oral presentations and posters spanning the years 1998-2013 (except for 2012 Ljubljana) were included in this analysis. The dendrogram was created using the words in the title and the R package ape. Common words were mostly excluded, while some were included with a low weight. The remaining words were stemmed. Certain derived terms were included for a subset of these words.

Results:
The main tree gave off 2 large branches: L1 and L2, which covered 336 and 335 articles. The L1 branch further split into a larger branch (B3, 97 articles) and 2 smaller branches (B4, B5).
The main keywords in the larger B3 branch comprised: diabetes and type 2.
The smaller B4 subtree included 59 articles centered around the keyword "study", but included a large mix of nonspecific terms.
The smaller B5 branch included 43 articles focused on "students" and "education".
The large L2 subtree focused on "general practice" and included also pediatric terms (childhood, children).

Conclusions:
It was possible to generate a dendrogram. However, many titles lacked specific terms. We used a lower weighting for some common words in order to increase the grouping into specialized topics, but did not fully explore this method. An extended weighting scheme might be useful. Most terms occured only rarely. We tried to improve the clustering by adding secondary terms linked to the original terms. Adding an ontology may greatly enhance the clustering of related topics. We plan to include also the missing EGPRN conferences.

Points for discussion:
How to improve analysis of the existing published work?

How to improve the classification of existing EGPRN abstracts?

Presentation on 12/05/2018 09:10 in "Parallel Session H - EGPRN Special Methodology Session." by Leonard Mada.

Freestanding Paper / Finished study

Do women experience one or more pregnancy related symptoms in the first trimester and which do women find worrisome?

Melissa C Lutterodt

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Background:

It is known that women wishes to discuss pregnancy discomforts with their General Practitioner (GP) at the antenatal consultations. Further a recent study has shown that the GPs and the pregnant women's understanding of these discomforts and how these should be handled are far from aligned. GPs might need more insight to frequencies of symptoms in early pregnancy and knowledge on which symptoms might give raise to concern among women.

Research questions:

We aimed to examine the clustering of pregnancy related symptoms in the first trimester and to analyze which symptoms are the most frequent and which the women found worrisome.

Method:

We performed a cross-sectional study in general practice in two of Denmarks five geographical regions. A total of 308 GP-practices were selected systematically and asked to include women at the first preventive pregnancy consultation in general practice (week six to ten).

Results:

We included 1455 pregnant women in the first trimester. Nausea, vomiting, pelvic cavity pain, pelvic girdle pain and back pain were the most common symptoms reported during the first trimester and 65% of the women reported to have two to four symptoms at the same time. Among the 1278 women reporting nausea only 21% worried (any degree), whereas 88% of the 252 women reporting vaginal bleeding were worried. The 819 women experiencing pelvic cavity pain 71% were worried but most often to a mild or moderate degree. Further pelvic girdle pain, back pain were symptoms in early pregnancy that gave rise to concern.

Conclusions:

GPs should be aware that most women experience several symptoms in combination in the first trimester of pregnancy and symptoms may give rise to concern that is worth paying attention to.
Very few non-responders and complete data sets strengthen the external validity of the study.

Points for discussion:

How can we as GPs in our daily contact with our pregnant patients use this knowledge of women having several symptoms that early in pregnancy and that many women are concern because of these symptoms?

Presentation on 12/05/2018 09:10 in "Parallel Session H - EGPRN Special Methodology Session." by Melissa C Lutterodt.

Freestanding Paper / Finished study

Transferrin saturation and early diagnosis of Hemochromatosis in a database of 486 Italian General Practitioners (GPs)

Annalisa Bianchi, Gianstefano Blengio, Alberto Bruno, Marco Visconti, Flavio Aganetto, Sandro Girotto, Giulio Rigon, Domenico Girelli, Oliviero Olivieri, Francesco Del Zotti

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Background:

Early Diagnosis of hemochromatosis is one of the tasks of general practice. Finding an high Transferrin saturation is the “first level” test: it depends on both iron and transferrin requests. High ferritin is also important, but it can be normal in early stages and can be affected by false positive. General practitioners Database can be important to study diagnostic process in hemochromatosis

Research questions:

Are the right Lab Test requested in early diagnosis of Hemochromatosis among Italian GPs?

Method:

A retrospective analysis was conducted of the whole “Cos-Azaleanet” Database of 717969 patients of 486 Italian GPs with an average mean number of patients of 1477; most of the Gps ,372 (76%), are from northern Italy.

We analyzed the prevalence of Hemochromatosis and the frequency of the requests of at least one test for patient of: a) ferritin; b) iron, transferrin (both are necessary for transferrin saturation calculation).

Results:

377/ 717969 (0.05%) patients have a ICD9 code of “hemochromatosis”.

Lab requested at least once: ferritin 93542 patients (13%); iron 103992 (14,5%); transferrin 12843 (1,8%)

Among Patients with high ferritin (6685; 0,9%) there is at least one request of iron in 4165 patients (62%); of transferrin in 1197 (18%)

Conclusions:

The prevalence with hemochromatosis in our database is lower than expected prevalence in northern Italy. There is a significant difference among the three test: notably we found an under-use of transferrin test in comparison to iron and ferritin test in all patients and among patients with high ferritin

Points for discussion:

How to give education and feedback to GPs on the right hemochromatosis test

Transferrin saturation can be also important in research of iron deficiency anemia

Presentation on 12/05/2018 09:10 in "Parallel Session H - EGPRN Special Methodology Session." by Annalisa Bianchi.

Theme Paper / Almost finished study

Interventions to promote physical activity for primary prevention of cardiovascular disease in primary health care and/or at community level: A review of international guidelines using a systematic approach

Naomi Aerts, Michele Odorico, Delphine Le Goff, Jean Yves Le Reste, Paul Van Royen, Hilde Bastiaens

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Background:

Cardiovascular diseases (CVD) are the world's leading cause of mortality. Horizon 2020 project 'SPICES' aims to implement a comprehensive set of evidence based interventions for the primary prevention of CVDs in selected sites in Europe and Sub-Saharan Africa. An initial step is to identify interventions with scaling-up potential.

Research questions:

1) Which primary health care or community-based lifestyle interventions related to physical activity (PA) are proven effective in reducing cardiovascular risk; and 2) which strategies of delivery are effective for behavior change in the (vulnerable) population?

Method:

The ADAPTE procedure was used to lead a comprehensive guideline search. Trip Medical Database and Guidelines International Network were systematically searched up to January 2012 using 'CVDs', 'prevention' and specific risk factors as key words. Additionally, a purposive search for national guidelines from participating countries in the SPICES consortium was conducted. A three-stage screening strategy was used: initial screening on title, as well as subsequent screening of full text, were achieved following pre-defined criteria. Finally, guidelines were methodologically assessed using the AGREE II tool. Basic characteristics and intervention details for each relevant recommendation, were extracted from the guidelines.

Results:

After screening and assessment, a total of 23 guidelines could be withheld for inclusion in the summary synthesis. These guidelines were developed in Europe, Australia, US, Canada and sub-Saharan Africa. In general, the content (type, duration, intensity) of physical activity interventions was clearly defined in all guidelines. However, diverse ranges of strategies of delivery, such as strategies supporting behavior change, follow-up and self-management techniques, were described in some guidelines.

Conclusions:

Findings strongly suggest that promoting exercise supports primary prevention of CVDs. Nevertheless, available guidelines continue to be limited regarding strategies of delivery to achieve and sustain behavioral change. Further research is required concerning long-term effectiveness, provider-patient interaction, health disparities and successful implementers in various settings.

Points for discussion:

Used methodology: Critical reflection on overall quality of this study and recommendations regarding further research/next steps and criteria to select interventions with scaling-up potential

Presentation on 12/05/2018 11:00 in "Parallel Session I - Theme Papers "Cardiovascular & GP Burnout" by Hilde Bastiaens.

Theme Paper / Ongoing study with preliminary results

Living with advanced heart failure

Caterina Checa, Anna Berenguera, Miguel Ángel Muñoz, Esther Calero, José María Verdú-Rotellar, José Luís Delval-García

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Background:

Although heart failure (HF) is one of the most frequent causes of death, the information available about the prognosis in patients with Advanced HF (AHF), and how it is lived by patients, is scarce. Therefore, it is important to explore the experiences they have about their illness, to develop an adequate care plan.

Research questions:

How is the lived experience of people suffering from advanced heart failure attended at home in primary care?

Method:

Qualitative research with phenomenological perspective. Descriptive-interpretative analysis through in-depth interviews from a theoretical sampling in patients with AHF in NYHA III/IV taking into account: gender, age and socioeconomic level. Content analysis has been performed with mixed strategy; Leventhal framework and emerging codes.

Results:

Preliminary results emerged in seven categories: cognitive representation, emotional representation, cognitive coping strategies, emotional coping strategies, relationship with health professionals, future expectations and social support as a transversal category.

There were differences between gender in emotional representation. Women referred more sadness and depressive symptoms, whereas men described quietness and being adapted on their functional status.

All participants perceived the onset as uncertain and some reported not having enough information. All also reported to have comorbidities and a marked physical limitation.

Everyone said it was important to be quiet, take medication and have a proper diet.

All participants presented emotional coping strategies. Spirituality was also important for daily living in some participants and social support was lived as a key element.

The relationship with healthcare professionals was good and they all recognized a short life expectancy and a progressive dependency.

Conclusions:

This study brings information about how AHF patients cope with the disease and how HF affects both cognitive and emotionally in the long term. This holistic approach brings the opportunity to improve the care of advanced heart failure patients and their relatives.

Points for discussion:

How can we adapt our care plans to patients' preferences in advanced heart failure?

How can we improve the giving information at the onset of the disease?

Presentation on 12/05/2018 11:00 in "Parallel Session I - Theme Papers "Cardiovascular & GP Burnout" by Caterina Checa.

Theme Paper / Finished study

The effect of work-hour limiting legislation on burnout among family-practice residents of the Ile-de-France region

Tamara Makovec, Karim Schlappi, Nora Gauffier, Thierry Mazars, Eric Galam, Josselin Le Bel, Isabelle Auger-Aubin, Henri-Jean Aubin

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Background:
Burnout seems to be on the rise among French family practice residents and working hours have been linked to burnout in the medical literature.

Research questions:
The purpose of our study is to identify the prevalence of burnout and associated factors following the introduction of work-hour limiting legislation in France in 2015.

Method:
A questionnaire including sociodemographic variables and the validated French-language Maslach Burnout Inventory was distributed in October 2015 to family practice residents of Ile de France as they arrived in person to choose their next hospital rotation. We did a descriptive analysis of all data including missing data, calculated the internal reliability of the MBI, did multivariate analysis using ANCOVA and a post-hoc analysis using Tukey HSD. Missing data were handled by multiple imputation.

Results:
The response rate was 93,4% with 473 useable questionnaires. A high score in all three dimensions of burnout (severe burnout) was found in 10,4% of respondents, and at least one high score in 88,4%. Overall, 37,6% had high emotional exhaustion (EE), 53,7% high depersonalization (DP), and 35,2% low personal accomplishment (PA). The data reveals that 63,5% met the criteria for burnout (high EE or DP). Among the independently linked factors, these were found to be most important for EE: earlier semesters (F=8.2 p<10e-5), a workweek greater than 60 hours (F=15.5 p<10e-5), insufficient time with family and friends (F=26.7 p<10e-5), perceived discrimination from other specialists (F=32.0 p<10e-5), and a lack of appreciation of their work by their superiors (F=29.7 p<10e-5) ($\eta p2 > 0{,}06$ for all); for DP: male gender (F=29,3 p<10e-5 $\eta p2=0{,}06$); for PA: all associations were weak.

Conclusions:
We did not identify a decrease in burnout following the introduction of work-hour limiting legislation. Severe burnout seems to have continued to rise despite the work-hour limitations from around 4% in 2007-2008, 7% in 2010, and 10,4% in our study.

Points for discussion:
What is behind the shockingly high prevalence of burnout among family practice residents?

Why is burnout on the rise among doctors, and family practice residents in particular?

What future research needs to be done in order to find ways to limit burnout among doctors and health care workers in general?

Presentation on 12/05/2018 11:00 in "Parallel Session I - Theme Papers "Cardiovascular & GP Burnout" by Tamara Makovec.

Theme Paper / Finished study

The link between empathy and burnout among family-practice residents of the Ile-de-France region

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Background:

The physician-patient relationship includes emotional attunement. Although this essential aspect of the relationship is beneficial, it can also generate stress for the caregiver. Empathy is at the heart of this relationship and burnout is partially rooted in professional stress.

Research questions:

The objective of our study is to determine whether there is a link between clinical empathy and burnout among family practice residents amidst whom burnout is a growing concern (39,1% to 68%).

Method:

A pen and paper questionnaire was distributed in October 2015 to family practice residents of Ile de France as they arrived in person to choose their next hospital rotation. It included sociodemographic variables, the “Jefferson Scale for Physician Empathy” to measure cognitive empathy, the “Toronto Empathy Questionnaire” to measure emotional empathy, and the “Maslach Burnout Inventory” to measure burnout. Data were analyzed using a multivariate linear regression model using ANCOVA and missing data were handled by multiple imputation.

Results:

The response rate was 93,4% with 473 useable questionnaires. Multivariate analysis found clinical empathy to be inversely linked with burnout dimensions: cognitive empathy is linked with the personal accomplishment dimension of burnout ($\eta p^2=0{,}0786$, $p<10e-5$); and emotional empathy is linked with the following two dimensions of burnout: depersonalization (inversely linked, $\eta p^2=0{,}0715$, $p<10e-5$) and personal accomplishment ($\eta p^2=0{,}0715$, $p<10e-5$) dimensions of burnout. The other factors independently linked with clinical empathy ($p<0{,}031$) are working over 60 hours per week for cognitive empathy and female sex, younger ages, and being or having been under psychotherapy.

Conclusions:

There is an inverse relationship between clinical empathy and burnout among French family practice residents. This finding compels us to encourage more research in order to diminish burnout while increasing clinical empathy in future doctors.

Points for discussion:

Why is clinical empathy inversely linked with burnout?

How can we increase empathy among family practice residents?

Will increasing empathy among residents and students decrease the prevalence of burnout?

Presentation on 12/05/2018 11:00 in "Parallel Session I - Theme Papers "Cardiovascular & GP Burnout" by Karim Schlappi.

Correlation of peak expiratory flow (PEF) value and stage of COPD according to GOLD "ABCD" assesment tool and the course of COPD; a follow-up study

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Background:

Chronic Obstructive Pulmonary Disease (COPD) is one of the major causes of chronic morbidity and mortality. Since 2011, Global Initiative for Chronic Obstructive Lung Disease (GOLD) has been recommending spirometric assessment for the diagnose. In desicion-making and staging of COPD, the "ABCD" assessment tool is recommended by GOLD in the 2018 Report. On the other hand, there has been a recent interest in the role of peak flow meter for screening of COPD and also in the reliability of PEF to detect airflow limitation. Compared to spirometry, peak flow measurement is less-time consuming, is not dependent on trained manpower, easy for patients to perform and less costly. However, the efficacy of PEF on the follow-up of patients with COPD and its correlation with "ABCD" assessment tool has not been studied.

Research questions:

1. Is there a correlation between PEF values and stages of COPD?
2. What is the course of COPD based on "ABCD" assessment tool?

Method:

The study is planned as a descriptive cohort study. The inclusing criteria are; COPD patients confirmed by spirometry who are above age 40 and accepting to participate the study. Exclusion criteria are; Congestive Hearth Failure, Asthma, moderate-severe anemia (<9.4 g/dl), a life-threatining comorbid condition or pregnancy at the start of the study.
A questionnaire to assess patients' demographical data will be applied at the start of the study, the mMRC (modified British Medical Research Council) dyspnea scale, the CAT (COPD Assessment Test) and peak flow meter will be applied to patients for each three (3) medical examination as follows; baseline, 6th month, 12th month.

Results:

N/A

Conclusions:

If we reach the results what we expect, the new tool (something like PEF-added "ABCD" Assessment Tool) would be developed and a further study to evaluate the clinical outcomes of this tool would also be performed.

Points for discussion:

Should we perform a multinational study to improve the impact of the study?

Presentation on 12/05/2018 11:00 in "Parallel Session J - One Slide/Five Minutes Presentations and Fellowship Presentations." by Baki Derhem.

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Develop a digital doctor for a more human health

Alberto Parada

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Background:
The transformation of traditional medicine into modern medicine. Places and situations of care medicine 5P Organizational principles of medicine from Big data to Smart data towards a new doctor - patient partnership Basics of medical and educational knowledge

Research questions:
Digital health is a cultural transformation of traditional health care through disruptive technologies

1. Digitized care: Artificial Intelligence (AI) will reshape whole health systems and positively impact the life of the "average doctor".
2. Virtual reality systems in Medicine
3. Medical augmented reality is one of the most promising digital technologies and has the potential to completely change health care and everyday medicine for physicians and patients.
4. Telemedicine, mobile Health & Smartphones - Health Sensors, trackers and Portable Diagnostics: connect patients to caregivers around the world. With modern technologies (video, audio and chat services,...) patients can discuss their health with doctors. Portable diagnostic devices measure health parameters, help diagnose the patient by using smart algorithms or rapid digital access to healthcare professionals.

The patient ; partner becoming expert on his own health. Social media connect patients with each other and physicians.

Personalized medicine ... Medicine 5P: Narrow Artificial Intelligence (NIA) help health care move from traditional one-size-fits-all medical solutions to targeted therapies, personalized therapies and precision medicine. Before allowing ANI to take over in the health field, stakeholders should consider several ethical and legal issues.

Future of Medical Education
What is the problem with the medical curriculum today?
What should change and how?

Future of Medicine
Future and chalenges of health? Cyborgization, Augmentation in Medicine, Longevity, Bioethics

Results:
More time for patients and better insight into disease.

Conclusions:
Technological progress does not mean the end of human contact. Instead, it's the beginning of a new era where both are crucial. Everyday medical practice changes, how do you get involved?

Points for discussion:

Physicians need to learn new skills and improve existing ones. In many specialties, doctors will have more time for patients and better insight into diseases.

Each of us must develop skills and become irreplaceable in this new world of health care (technologically) disrupted.

What could be a medical smart data?

Presentation on 12/05/2018 11:00 in "Parallel Session J - One Slide/Five Minutes Presentations and Fellowship Presentations." by Alberto Parada.

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Developing Mental Health in Primary Care: Investigating a European Proposal

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Background:

Mental health care is important, especially in primary care because of the unique position of primary care physicians in prevention, diagnosis and treatment of mental health problems. The high prevalence of mental ill health and the implications for social functioning and personal identity ask for an integrated regional network approach of primary care, mental health service providers and social stakeholders.
Throughout Europe, reforms of mental health care are taking place.

Research questions:

Do European general practitioners agree and if so to what extent, with the well described options for a change of mental health in primary care?

Method:

Based on preparatory work of the Mental Health in Primary Care Workgroup , part of the European Forum for Primary Care and the published consensus paper of EUCOMS (European network for Community Based Mental Health), a web-based questionnaire with statements has been developed.
The national representatives of the European Countries are invited to distribute the questionnaire in order to have an answer to the research question. Descriptive statistics will be performed.

This research project is an interaction of three European Networks: EGPRN, EFPC and EUCOMS.

Conclusions:

To be presented at the next EGPRN meeting.

Presentation on 12/05/2018 11:00 in "Parallel Session J - One Slide/Five Minutes Presentations and Fellowship Presentations." by Smit Dineke.

Googling in the Waiting Room

Robert Hoffman, Inam Najmi, Iris Reychav, Liliana Laranjo, Hans Thulius, Ana Luisa Neves, Heidrun Lingner, Claire Collins, Davorina Petek, Bernardino Olivio-Fanlo, Juliette Chambe, Caroline Huas, Joseph Azuri

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Background:

The vast availability of knowledge through the internet has changed the interactions of physicians with patients in various ways. The ability of patients to educate themselves may be a source of frustration for physicians, but could be harnessed to improve the clinical encounter. In this multinational collaborative study we aim to investigate how improving information accessibility impacts the dynamics of the medical encounter.

Research questions:

1. Does using the internet for health sites while in the waiting room have an impact on the patient's visit (satisfaction, empowerment and feeling of control, resolving the health issue)?
1b. Are there perceived negative effects?
2. Does patients' using the internet for health sites in the waiting room improve the consultation for the physician (GP's perception of patient satisfaction, patient compliance, resolving the health issue)?
2b. Are there perceived negative effects?
3. If googling in the waiting room affects the consultation, which variables increase this effect?
A. patient variables
B. Physician variables
C. National comparisons (cultural or health system)

Method:

Our study will continue the research of Reychav et al. 2016, and utilize an internet connected tablet with pre-set recommended sites on the desktop, to evaluate the effects of tablet use on the patient and physician. Following ethical approval in the participating countries, an on-site research assistant with 3 tables per site will enlist 100 patients over 4 weeks. After consent and demonstration, the patient will do a pretest on the tablet, use the tablet to "Google", go into the doctor’s office with the tablet, and after the physician consultation, do a post-test. Control groups will use tablets without preset sites.

Conclusions:

The results will shed light over a topic that all physicians face on a daily basis, and hopefully will enable incorporating this new reality to benefit and improve our patient care.

Points for discussion:

Do pre-setting health sites on the tablet (guided information search) change the effects of pre-consultation internet search?

What is the impact of physician style (collaborative vs. paternalistic) on physician attitude towards googling prior to consultation.

Is pre-consultation tablet use helpful in overcoming language barriers when treating foreigners/immigrants and refugees?

Presentation on 12/05/2018 11:00 in "Parallel Session J - One Slide/Five Minutes Presentations and Fellowship Presentations." by Inam Najmi.

One-Slide/Five Minutes Presentation / Study Proposal / Idea

GPs attitudes towards and confidence in dementia care

Jan De Lepeleire, Aisling Jennings, Patrick Cloos, Hans Thulesius, Ferdinando Petrazzuoli, Sofie Kuppens

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Background:
Rising dementia prevalence rates combined with policy objectives of enabling people with dementia to live at home, means there is a growing demand for community-based dementia care. However, general practitioners (GPs) find dementia care challenging. Therapeutic nihilism and a low sense of self-efficacy affects how GPs diagnose and manage dementia. GPs' attitudes towards and confidence in their ability to diagnose and manage dementia can influence their behaviour, yet there is a paucity of research in this area.

Research questions:
The aim of this study is to identify general practitioners (GPs) attitudes towards and confidence in diagnosing and managing dementia across a number of European countries.

Method:
A cross-sectional survey study will be conducted within a group of GPs working in several European Countries using a previously validated questionnaire (General Practitioners Attitudes and Confidence Scale for Dementia, GPACS-D9). Demographic information will also be collected including; country of practice, number of years of experience as a GP, geriatric clinical work (nursing home), geriatric training and practice characteristics. In order to compare and interpret data, contextual analysis about participating countries should be undertaken (e.g., sociodemographic description, dementia prevalence, national policies about dementia, GP training about dementia.)?
The questionnaire will be distributed to a single national co-ordinator from each of the member countries of the EGPRN. The national co-ordinator will be responsible for translating the questionnaire into their own language according to a stipulated protocol, piloting and disseminating the survey within their own country. In each country steps will be taken to ensure the sample is likely to be representative of the study population. Response rate of at least 50% will be required from each country. The survey responses will be statistically analysed.

Results:
To be expected

Points for discussion:
Does this proposal sound feasible?

Do we need to translate the proposed questionnaire into the original languages for each country or can we do that in English?

Presentation on 12/05/2018 11:00 in "Parallel Session J - One Slide/Five Minutes Presentations and Fellowship Presentations." by Jan De Lepeleire.

Freestanding Paper / Study Proposal / Idea

How do GPs make decisions about assessing cardiovascular disease risk factors in overweight and obese patients aged 30-45? A European research protocol from the EGPRN Fellows.

Ausra Saxvik, Kristīne Šitca, Ilze Skuja, Michael Harris

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Background:
Cardiovascular diseases (CVD) are the main cause of death worldwide. They account for 45% of all deaths in Europe. To reduce CVD morbidity and mortality, we need to reduce CVD risk factors as early as possible. Being overweight is in itself a CVD risk, and the prevalence of obesity in European populations continues to increase. General practitioners (GPs) are well positioned to use obesity as an indicator of the need for CVD risk factor assessment before the onset of illness, but there is little understanding of their decision-making processes on this, or how these vary across European countries.

Research questions:
How do GPs make decisions about assessing CVD risk factors in overweight and obese patients aged 30-45 who have no history of chronic illness?

Method:
The three EGPRN Fellows and their supervisor are working together to design a research protocol for an international qualitative research study. There will be a minimum of 24 semi-structured interviews of GPs from Sweden and Latvia combined, final numbers depending on achievement of data saturation.

Results:
The Fellows will present their study protocol. Initial plans are for stratified sampling to ensure that both genders, different age groups, and rural regions, are represented. 'Snowballing' will be used if needed.

Conclusions:
An understanding of how GPs make decisions on CVD risk assessment in obese younger patients, and how these vary across European countries with historically different medical systems, will give evidence to support improvement and standardisation of primary care approaches to CVD prevention. This may also be relevant in other European settings.

Points for discussion:
At what age we should start to assess the risk of CVD in obese and overweight patients?

How much do primary care approaches to CVD prevention vary in EGPRN countries?

Are EGPRN colleagues from other countries interested in joining this project?

Presentation on 12/05/2018 11:00 in "Parallel Session J - One Slide/Five Minutes Presentations and Fellowship Presentations." by Ilze Skuja.

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Is the grass greener on the other side? What would help to colour the grass at least equally green on this side?

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Background:
Recruitment and retention of general practitioners (GP's) is a problem in many European countries, facing a shortage of health professionals in primary health care (PHC). This study aims to investigate the noticed migration of GP's in some countries as it represents a 'brain drain' of highly valuable workforce. Insight in reasons for emigrating would enable these countries to change policies and to set up retention strategies.

Research questions:
What do GP's expect of emigrating and are these expectations met once emigrated? What would (have) help(ed) them stay?

Method:
We will use a qualitative descriptive methodology. By purposive and snowball sampling, using contacts and online social media platforms, emigrant and returned GP's will be recruited to participate in focus groups. To guide the discussion a semi- structured topic guide will be developed based on four themes: job content, organisation of PHC, salary/income, and training and career opportunities. In addition, master medicine students will be surveyed (online questionnaire) about their intentions and ideas of emigrating.

Points for discussion:
Will we recruit enough participants by snowball sampling?

Suggestions for the practical implementation of the focus groups (setting, language, interviewers,...)?

How to best organise the collaboration with different European countries?

Presentation on 12/05/2018 11:00 in "Parallel Session J - One Slide/Five Minutes Presentations and Fellowship Presentations." by Nele Michels.

The COCO project – Systematic reflection of an international research collaboration with 23 university sites from 14 countries: A methodological approach

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

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Background:

EGPRN as an organization is interested to encourage more and larger research projects of primary care researchers from EU and EU-associated countries. The COCO project of the EGPRN working group on self-care started in 2012 and performed a patient questionnaire survey in 23 research sites from 14 EU and EU-associated countries. Main results were published in international journals, further publications are ongoing. At this stage, the working group is interested to reflect its research systematically.

Research questions:

What are the lessons learned in past international research collaboration and how can they be integrated in future projects?

Method:

The working group will perform a meta-plan working group meeting to address the following issues:

- Motivation for participation and in how far these were met
- Selection of research topic and research questions
- Research group structure and research organization
- Research commitment and letter-of-agreement
- Site recruitment and -participation
- Data sampling, -transfer and -management including quality control
- Writing publications, group review and publishing
- Research communication: Group meetings
- Balancing group and site-specific interests
- Support received by EGPRN.

Based on the results of the group meeting, the group will decide if additional data collections, e.g. by interviews, a questionnaire survey or a focus group are useful. The "lessons learned" will be summarized and integrated into future processes.

Results:

The working group will start this research reflection process on the EGPRN congress in Lille, May 2018. Results will be presented at future EGPRN conferences.

Conclusions:

The results of this systematic reflection process will help in the design of future work of the working group on self-care. The survey will pay specific attention to the diversity of the participating sites and countries and how these differences can be integrated best. The "lessons learned" will be shared in the EGPRN community to support future working groups.

Presentation on 12/05/2018 11:00 in "Parallel Session J - One Slide/Five Minutes Presentations and Fellowship Presentations." by Weltermann Birgitta.

One-Slide/Five Minutes Presentation / Study Proposal / Idea

The role of GP in diabetes mellitus type 2 patients care

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Background:

The global prevalence of diabetes among adults over 18 years of age has risen from 4.7% in 1980 to 8.5% in 2014. It is estimated that diabetes mellitus type 2 accounts for about 90% to 95% of all cases of diabetes. In Latvia, both general practitioners (GP) and endocrinologists, observe and look after treatment in diabetic patients. However, the waiting list for the endocrinologist reaches 4-5 months and is not easily accessible for the patients. GPs could have a significant role in shortening the waiting list by taking a greater responsibility in diabetic patient treatment and observation, so that endocrinologists would not have to give so much time on simpler cases and be more available for more severe diabetic patients.

Research questions:

The aim is to explore when and why general practitioners need a consultation from endocrinologist concerning treatment and observation in diabetes mellitus type 2 patients.

Method:

After a systematic literature analysis, a semi-structured questionnaire for qualitative research will be created and used in the first interviews. Both GPs and endocrinologists will be interviewed face to face. After the first interviews, the semi-structured questionnaire will be reviewed and updated or changed according to the previous interviews. At least 10 doctors will be interviewed and the number will be increased according to the data saturation. All interviews will be transcripted, coded and analysed using QRS NVivo software.

Results:

In the obtained results, I plan to find the main reasons why GPs are afraid to take responsibility for diabetic patients, and in which cases and moments endocrinologists consultation is needed.

Conclusions:

The results of the study could help to improve the cornerstones of observation and treatment in diabetic patients in primary care in Latvia.

Points for discussion:

What is the role of GP in diabetes mellitus type 2 patients primary care?

Presentation on 12/05/2018 11:00 in "Parallel Session J - One Slide/Five Minutes Presentations and Fellowship Presentations." by Elina Skuja.

Poster / Almost finished study

Depression In Latvian Seniors, Risk Factors And Indicators

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Background:

According to WHO data, world's population ages more quickly than ever. Eurostat's annual demography data collection shows there were 5% of population aged 65 years and over. Unfortunately, depression is a common mental disorder in elderly. In 2014, 7.1 % of the EU-28 population reported having chronic depression, but only 10% received treatment. The most likely reason is that elderly often display symptoms of depression differently.

Research questions:

The aim is to find out the level of depression among Latvian seniors and assess risk factors or indicators in depressed seniors.

Method:

This cross-sectional study included 100 respondents - 67 women and 33 men at age 75 ± 5 years. A questionnaire was used to gather data. There were 20 questions about health status (e.g. presence of chronic illnesses, use of medication) and Short depression test (SDT). Data was analysed using MS Excel and IBM SPSS v. 16.0 The Mann-Whitney U, Spearman's rho tests were used.

Results:

SDT showed average depression level 4,3 (CI = [3.653, 4.947]). Depressive features like depressed mood and poor sleep were found in 9% of participants. Two of them admitted thinking of suicide every day. Study showed that people who have tendency to depression (≥5 points) visit their General practitioner (GP) two times more often than those, who don't (1 vs. 3 visits; p= 0,05). However, elderly with hobby (e.g. knitting, choir) have lower scores in SDT (2 vs. 4 points; p = 0,05). Nevertheless, the test did not reveal the relationship between physical activity and depression levels nor correlation between age and depression (p>0,05).

Conclusions:

To sum up, it would be worthwhile to perform screening tests in elderly patients, thus revealing hidden depressive disorders and treat them early. It is important for elderly patients finding hobbies to prevent depressive disorders.

Points for discussion:

In what cases do GPs offer their seniors SDT test?

What is the most common treatment in elderly patients with sleeping disorders and depressed mood in different countries?

Is it easy to GPs to talk about patient mental health?

Presentation on 12/05/2018 14:00 in "Poster Session 1 - "Elderly"" by Linda Kaktiņa.

Poster / Ongoing study no results yet

Efficacy of nurse-led and General Practitioner-led comprehensive geriatric assessment in primary care: Protocol of a pragmatic three-arm cluster randomized controlled trial (CEpiA study)

Emilie Ferrat, Elena Paillaud, Philippe Caillet, Pascal Clerc, Laura Moscova, Amel Gouja, Vincent Renard, Claude Attali, Julien Le Breton, Etienne Audureau, Sylvie Bastuji-Garin

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Background:

Older patients raise therapeutic challenges, because they constitute a heterogeneous population with multimorbidity. To appraise this complexity, geriatricians have developed a multidimensional comprehensive geriatric assessment (CGA), which may be difficult to apply in primary care settings.

Research questions:

Which effect on morbi-mortality of usual care compared with two complex interventions combining educational seminars about CGA, a dedicated geriatric hotline for general practitioners (GPs), and CGA by trained nurses or GPs?

Method:

The is an open-label, pragmatic, multicentre, three-arm, cluster randomised controlled trial comparing two intervention groups and one control group. Patients must be 70 years or older with a long-term illness or with unscheduled hospitalization in the past 3 months (750 patients planned). This study involves volunteering GPs practicing in French primary care centres, with randomization at the practice level. The multifaceted interventions for interventional arms comprise an educational interactive multi-professional seminar for GPs and nurses, a geriatric hotline dedicated to GPs in case of difficulties, and the performance of a CGA updated to primary care. The CGA is systematically performed by a nurse in arm 1 but is GP-led on a case-by-case basis in arm 2. The primary endpoint is a composite criterion comprising overall death, unscheduled hospitalizations, emergency admissions, and institutionalization within 12 months after inclusion. Intention-to-treat analysis will be performed using adjusted mixed-effects logistic regression models.

Results:

88 GPs from 40 practices agreed to participate and were randomizedon December 21, 2015. Educational seminars took place on 2016 and involved 70 participants: 58 GPs from arms 1 and 2 and 12 nurses from arm 1. The first patient was included on May 24, 2016. The study is ongoing.

Conclusions:

The CEpiA study will determine whether this complex intervention is feasible and efficient in terms of 1-year morbi-mortality. Findings will inform modifying or establishing new guidelines for managing older patients in primary care.

Presentation on 12/05/2018 14:00 in "Poster Session 1 - "Elderly"" by Emilie Ferrat.

Poster / Ongoing study with preliminary results

Elderly population's general practitioner (GP) visits and correlation to the number of GP positions

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Background:

The demand for health care services is constantly increasing, due to development of treatments and improved life-expectancy. In this descriptive study we investigated how many GP visits elderly have per year in public primary health care and how does visit rate correlate to GP positions.

Research questions:

What happens to public GP visits due to increase in over 65 years old and does it correlate to number of GP positions in public primary health care center in Finland's third lagrest city (Vantaa) during 2002 to 2014?

Method:

The population of the study is 65+ years-old in city of Vantaa from 2002 to 2014. The data consists of electronic patient visit data from health centers in Vantaa and the amount of GP positions in Vantaa. The data was analysed by using two-way analysis of variance and assessing its credibility.

Results:

As a result we found that absolute amount of GP visits of elderly increased. When divided to visits per person, it decreased. Timeline points out drop in visits in all other age groups than over 85+ years-old in 2009. The annual amount of GP's did not correlate with GP visits: from 2002-2006 the number of GP's increased slightly year by year, until in 2007 it dropped and remained on a lower level.

Conclusions:

The decrease in the number of GPs was not associated with the decreased number of visits to GP's. Definitive reason for the changes are not found, some alterations in chronic disease follow-up processes were found, organizational changes and swine flu –epidemic took place during these years. Further investigation is required to understand the real reasons behind these changes, but the number of GP's doesn't seem to explain the decrease in the GP visits.

Points for discussion:

Number of GP positions in public primary health care

Amount of GP visits in over 65 years old

Correlation in GP positions and GP visits

Presentation on 12/05/2018 14:00 in "Poster Session 1 - "Elderly"" by Katri Mustonen.

Poster / Finished study

Institutionalization for dependent elderly patients does not reduce caregiver burden

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Background:

The caregiver is essential for the home care of dependent elderly people. This function has negative physical, psychological, emotional, social, and financial consequences named the burden. The alteration of the health of the dependent elderly patient, the limitations of home care and the exhaustion of the caregiver lead to institutionalization. There is little literature on the future of the caregiver burden after the institutionalization of the dependent elderly patient.

Research questions:

To explore the feelings of the caregiver after the institutionalization of the dependent elderly person.

Method:

Exploratory qualitative study. Semi-structured interviews were conducted to address the feelings of 12 informal caregivers of institutionalized dependent elderly people. Data analysis was performed by a grounded theory.

Results:

The entry of elderly dependent people into a nursing home was not a lifestyle choice. It was a reasonable and often unanticipated choice that was experienced as a failure of caregiver home care. The burden of the caregiver persisted after institutionalization in a different and unexpected form. Dependent elderly people had most often experienced their institutionalization as an act imposed by their relatives. The consequences for the health and well-being of the dependent elderly person were often negative, increasing the guilt of the caregiver. With time, the family links were distended and the nursing home was seen as a death place.

Conclusions:

Healthcare professionals must remain vigilant because the caregiver remains at risk of physical and psychological complications related to his burden following the institutionalization of the dependent elderly person.

Points for discussion:

How is the experience of instutionnalization of dependent elderly people in your country?

Presentation on 12/05/2018 14:00 in "Poster Session 1 - "Elderly"" by Clarisse Dibao.

Poster / Finished study

Management evolution of heart failure in elderly by general practitioners: A qualitative study

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Background:
Underdiagnosis and undertreatment are common in elderly patients with chronic heart failure (CHF), who are usually managed by general practitioners (GPs).The French ICAGE study conducted in 2007 explored the perceptions and attitudes of general practitioners (GPs).

Research questions:
Our study aimed to explore evolution of perceptions and attitudes of GPs regarding CHF in patients aged 75 years and over and to identify barriers to optimal management of these patients.

Method:
We conducted a qualitative study in 2015 among French GPs practicing in the Ile-de-France area. Twenty semi-structured interviews have been conducted followed by a thematic content analysis.

Results:
Since 2007, similarities involved a perception of the CHF's diagnosis as difficult, the lack of integration of CHF's both types, the use of diuretics as a central drug, the delegation of the prescription of beta-blockers (BB) to the cardiologist because the fear of side effects and the lack of use of therapeutic patient education (TPE). The cardiologist/GP collaboration remained predominant. Main evolutions included a better diagnostic approach, the integration of reference treatment with angiotensin-converting enzyme (ACE) inhibitors and BB, the notion of maximal tolerated dosage and optimization of ACE inhibitors. The key role of the nurse in the follow-up was more emphasized.

Conclusions:
The study revealed a small evolution in the management of CHF older patients by GPs. Guidelines adapted to GPs, continuing medical education and multi-professional collaboration including the cardiologist and nurse may improve management of older CHF patients.

Presentation on 12/05/2018 14:00 in "Poster Session 1 - "Elderly"" by Laura Moscova.

Poster / Ongoing study with preliminary results

Emotional experience during medical students' first clinical courses: An ongoing french qualitative study

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Background:

Emotional competences are valuable in general practice. Few is known about how theses competences can be developped during medical studies. If quantitative studies show the possibility to preserve and teach empathy during courses, very few is known on how emotional experience during medical clinical courses influence later emotional competences among professionals.

Research questions:

What is the emotional experience of second and third year medical students during clinical courses? And how do their formal and informal tutors deal with it?

Method:

Subjects are medical students from the University of Lille, in their second or third year of studies. To achieve a convenient and purposive sampling, subjects are recruited either directly or by internet posting, starting in august 2016. Interviews are conducted in a comprehensive way and transcripted ad integrum. Analysis is inspired by the grounded theory aproach and crossed. Analyze will stopped when datas will be sufficient to propose a consistent modelisation.

Results:

Preliminary results show huge influence of very first experiences on the process of becoming a medical practicionner. Paradoxaly these experiences tends to by minized and forgotten. In early hospital courses, students see themselves as foreigners, trying to understand and integrate this new world. Emotional experience, whether positive or negative, are intense. Lack of supervision and understanding from their tutors and pairs give little posibility to develop empathy and emotionnal communication. Positive experiences are linked with scientific curiosity, will to be usefull, active tutoring and play-learning. Negative experiences are linked with lack of understanding of the diseases, being testimony of violence from the healh practitioners and few supervision.

Conclusions:

Studying emotional experience during medical studies, at different stages and in different countries, could give some clues on how to develop emotional competences among general practitioners.

Presentation on 12/05/2018 14:00 in "Poster Session 2 - "Organisation of General Practice"" by Joseph Marseille.

Poster / Ongoing study with preliminary results

Family Physicians' Observatory in Mataró. Barcelona. (Spain)

Juan Jose Montero, Greta Berrocal, Antonio Casanova, Elena Zurilla, Teresa Gros, Maria Bartolome, Esther Valentin, Pere Toran, Mercedes Jimenez, Laura Rodriguez

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Background:

Following a model of epidemiological surveillance, a network of sentinel doctors was created based on the voluntary collaboration of professionals.

Research questions:

Obtain a qualitative description of the consultations' complexity and the general practitioners's comfort.

Method:

Cross-sectional description based on self reports of 55 primary care physicians from 17 Primary Care Health centres (policlinics) of the Maresme region (population 400.000) from November 2016 to October 2017. One day per month of a prescribed week, each sentinel doctor collected the following data: number and type of assistance, number of requests for consultation, reasons for consultation, perception of suitability and complexity of the demand, delay between visits, perception of fatigue and rest by the professional during the day, serious incidents in the consultation and forced visits. Performed the Burnout Test (Maslach 1981).

Results:

421 days and 13752 health care events were registered. With an average of 31 visits per day (23% were 'non-presential': telephone consultations or telematic visits). 60% exposed a single reason for consultation, 27% two reasons and 10% three. 43% of the consultations was for control of chronic diseases, 38% for acute pathology and 17% was administrative. 30.6% of the observed days experienced serious incidents that affected normal practice. 43% of the consultations were perceived as complex (for clinical problems mostly, 64%). 36.5% of general practitioners finished over fatigued after the working day. Burnout effect increases with age. It drecreases with training and greater the seniority at work. There is more in urban centers. Burnout decrease in training Primary Care centres.

Conclusions:

We are not aware of any similar study in our country and we believe that our investigation provides complementary information that will add value to the official information systems. We must improve our future records of the Observatory to know if there is a relationship between burnout and the complexity of the consultations.

Presentation on 12/05/2018 14:00 in "Poster Session 2 - "Organisation of General Practice"" by Juan Jose Montero.

Poster / Ongoing study with preliminary results

REACT Cooperative Project (Electronic Register Access in OUT-of-HOURS)

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Background:
The Out-of-hours (OOH) setting provides primary care to a large part of the population in a certain area, often with poor resources, and often without communication between OOH care and in-hours care (General Practitioners, GP).

Research questions:
The primary aim of this registry is to analyze how different patients are managed by the service, and to evaluate what kind of symptoms /reason for encounter (RFE) represent first contact with the service.

Method:
Data will be obtained with an online multicentric survey involving 3 trusts

The items investigated will be:
- Municipality
- Day and time of access
- Age/Gender/Schooling
- Chronic diseases: (≥ 2 suggest multimorbidty)
- Home therapy: 0 to ≥5 (where ≥ 5 identifies polypharmacy)
- Symptoms at presentation / Reason for encounter divided in: New/Acute illness vs. Chronic Symptoms
- Clinical Outcome: Treated/ Hospitalized
- Pharmacological therapy / Prescription
- ILIs (influenza like illnesses)/ FLU vaccine status

Results:
Currently the REACT project is ongoing, with 6 months registration and over 5000 access.
Over two thirds of contacts approach the service for acute symptoms.
Top three RFEs for acute disease are: Fever, Cough, Sore throat.
Referral rate to Emergency Department (ED) is under 7% of total access and only 3% of chronic illnesses flare up.
Half of the population declares no chronic illness.

Conclusions:
OOH service performs a significant work, avoiding inappropriate access to the EDs, the uprising request for acute care places many question about the effective organization of in-hour Primary Care towards acute illnesses.

Points for discussion:
Electronic databases in clinical practice a useful resource.

Medicine ina changing world.

Refferal rate and inappropriate EDs access.

Presentation on 12/05/2018 14:00 in "Poster Session 2 - "Organisation of General Practice"" by Stefano Celotto.

Poster / Ongoing study with preliminary results

Shortage of general practitioners in Wallonia, Belgium: Are we socially accountable as medical school?

Ségolène De Rouffignac

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Background:

Social accountability (SA) implies the responsibility of institutions to respond to people ‘s health priorities. There is an urgent need to deal with the growing gap between health resources and people's need. In the catchment area of the Catholic University of Louvain (UCL), some geographic areas have no training sites with supervisors and trainees. Yet, offering medical training in remote and underserved areas favors the installation of newly graduated doctors in these areas.

Research questions:

What is UCL’s offer of internships in areas with shortages of general practitioners (GPs) in Wallonia, Belgium? What is the discourse of the Department of General Medicine (Dept. GM) regarding its social accountability in areas short GPs?

Method:

Data of shortage of GP’s s were compared to data of UCL’s training sites with supervisors. A researcher assisted by a scribe met at the Dept. GM and pointed out key elements of the discussion using the discourse analysis approach.

Results:

Of the 262 municipalities studied, 119 (45%) are short of GPs, including 8 in severe shortage. Of the 1278 supervisors included in our database, 212 (17%) work in areas of shortage. The Dept. GM reconfirm its responsibility in the quality of internship which is a key value of social accountability, consistent with its vision of general medicine. To fully assume SA requires to take a leadership role. In this perspective, the Dept. GM may envisage either to make a low investment (i.e. leaving the choice of internship to students, only indicating supervisors in zone of shortage) or make a strong investment (i.e. the internship in shortage areas is compulsory).

Conclusions:

Countries facing a maldistribution of health professionals must adapt their educational systems to improve their recruitment and retention of health workforce in areas of shortage. To be socially accountable medical schools should promote and value medical education programs in underserved areas.

Points for discussion:

Does your university have a reflexion on social accountability?

How does your department of general medicine take into account the needs of society with regard to general practitioners?

How are internships in general medicine organized in your university?

Presentation on 12/05/2018 14:00 in "Poster Session 2 - "Organisation of General Practice"" by Ségolène De Rouffignac.

Poster / Published

Development of a national research agenda for general practice

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Background:

Research in general practice (GP) is supported from several funding sources using different agenda's. Topic selection and prioritisation are often not coordinated, which may lead to duplication and research waste.

Research questions:

To systematically develop a national research agenda for general practice involving primary care researchers and other relevant stakeholders in health care.

Method:

We reviewed knowledge gaps from 93 Dutch GP guidelines and formulated research questions based on these gaps. In addition, we asked more than 100 health care stakeholders to add research questions on relevant topics in general practice. All research questions were prioritized by respondents in an online survey (n = 232) and by participants of an invitational conference including general practitioners (n = 56) and other stakeholders (i.e. patient organisations, medical specialists).

Results:

We identified 787 research questions in the Dutch GP Guidelines and from health care stakeholders. These questions were categorized according to the International Classification for Primary Care (ICPC) and grouped in themes as elderly care, oncology, innovation, and e-health. The prioritising procedure resulted in 23 top 10 lists of research questions for each ICPC-chapter and theme.

Conclusions:

The process resulted in a widely supported National Research Agenda for primary care. We encourage researchers and funding organisations to use the research agenda to focus the research on the most relevant issues in general practice, providing new evidence for the next generation of guidelines.

Points for discussion:

What is your experience with research agenda's in your country?

Do you have ideas to optimalise the procedure for developing a research agenda?

Is it possible to develop an international research agenda for general practice?

Presentation on 12/05/2018 14:00 in "Poster Session 3 - "Research and Coding"" by Jacintha Van Balen.

Poster / Finished study

Penicillin Allergy Recording in General Practice

Mari Gleeson, Eilis Foran

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Background:

Approximately ten per cent of the Irish population are documented as having penicillin allergy; various studies would suggest that only a fraction of these have a true, immunologically-based allergy to penicillin. Adverse reactions to penicillin are mislabelled as allergy. Evidence suggests that how GPs record details about adverse reactions or allergy is sub-optimal and may be contributing to the problem. Incorrectly labelling someone with a penicillin allergy leads to inappropriate antimicrobial use and may be associated with an increase in antimicrobial resistance and development of multi-drug resistant organisms.

Research questions:

1. What percentage of patients had a penicillin allergy recorded in their notes; what was the nature of the allergy; when was it first noted?
2. To examine the mode of drug allergy recording in general practice and determine if this could be improved.

Method:

Patient records were examined in two rural general practices in Ireland; patients with a documented history of penicillin allergy were identified; a randomised subset of one hundred patients were selected for study. Telephone interviews were carried out where possible to supplement data from the patient record.

Results:

Data in the patient record was largely insufficient to determine the nature of the reaction. 10% of patients gave histories that correspond with anaphylaxis. 63% of patients experienced some sort of rash although timing and history of the rash were not well recalled in the majority, with many reactions having happened in childhood. 25% of people had a label of penicillin allergy on health record but had since received penicillin. Gastrointestinal upset was recorded as allergy in 18% of cases. No patient had ever had immunological testing.

Conclusions:

A major overhaul of how adverse reactions and allergies are recorded in primary care is required. Inappropriate labelling of allergy leads to unnecessary avoidance of appropriate antimicrobials and may contribute to growing drug resistance problems.

Points for discussion:

Barriers to accurately diagnosing drug allergies

Implications of inappropriate label of allergy - for patient and wider society

What can be done in general practice to improve the current situation

Presentation on 12/05/2018 14:00 in "Poster Session 3 - "Research and Coding"" by Mari Gleeson.

Poster / Finished study

Q codes in master thesis at the Medicina School of Coimbra from 2008 to 2017

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Background:

International Classification for Primary Care (ICPC2) allows the classification of reasons for encounter, diagnosis and procedures but not for non-clinical areas of action like tasks to do, which the contextual taxonomy, Q-codes, can do. Q codes incorporated with ICPC2 created the English acronym 3CGP.

Research questions:

To document the domains covered in the master theses, carried out in the context of General Practice/Family Medicine ate the Medicine’s Faculty of the Coimbra´s University (FMUC).

Method:

Observational study of the titles of the master's theses from 2008 to 2017 classified in ICPC2 and in Q-codes, by one single investigator, with revision by two authors. Data were organised by year of release and gender of the author. Descriptive and inferencial analysis were performed.

Results:

A universe of 169 thesis were studied, 23.1% from male students, with positive overall growth (Δ=7) in number for the total of thesis, for ICPC2 codes (Δ=5) and for Qcodes (Δ=4,2). In total there were 276 Q code classifications and 133 ICPC2 classifications. The most frequently Q code ae" "health problem management," and the "unclassifiable subject" sub-domains and for ICPC2 chapters, the predominant components were "non-insulin dependent diabetes", "depressive disorders" and "uncomplicated hypertension".

Conclusions:

Future doctors recognize the importance of non-clinical problems in medical care as "health problem management". No work on quaternary prevention was evidenced. 3CGP has made possible the knowledge of what has been done and has pointed the direction to follow. To perceive future areas of study at FMUC it is important to know what areas have already been studied.

Points for discussion:

The need to think about what we do and not only on reason for encounter, assessment and plan and procedure.

What are the areas needed to be studied in the light of what we have been studying?

The consequences in health and in pre and post graduation of a broader action by doctors.

Presentation on 12/05/2018 14:00 in "Poster Session 3 - "Research and Coding"" by Luiz Miguel Santiago.

Poster / Ongoing study with preliminary results

Sharing electronic health records with patients – how does it impact equity in health care delivery?

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Background:

Providing patients with access to Electronic health records (EHR) has emerged as a promising solution to improve the quality of care, particularly due to its impact on safety, health outcomes, and patient reported experience measures (PREMs). However, in order to benefit from these digital solutions, patients require computer and internet access, health literacy and digital literacy. Therefore, discrepancies in these factors can negatively impact equity in health care delivery. While the benefits of EHRs to healthcare safety and efficiency start to be understood, more attention should be given to EHRs' impact in health equity.

Research questions:

How does access to EHR impact equity in health care delivery?

Method:

CINAHL, Cochrane, Embase, HMIC, Medline and PsycINFO were searched from January 1997 to August 2017 using a combination of free terms and controlled vocabulary. Primary outcome measures included proxy measures to evaluate the impact of sharing EHR with patients on equity in health care delivery. Quality was evaluated by the Cochrane Risk of Bias Tool and the strength of the body of evidence by the GRADE criteria.

Results:

Primary results suggest that racial/ethnic minority patients (i.e. non-caucasians, non-English speakers) and older patients exhibit lower adoption rates. In studies performed in countries without universal health coverage, patients without private insurance also exhibit lower odds of receiving access and using EHR portals.

Conclusions:

Analysing emerging disparities in the adoption of EHR provides information on discrepancies in service provision, and helps to optimise outreach to underserved or excluded groups. Furthermore, Identifying the characteristics of EHR users can provide a better understanding of potential barriers and motivators, thus informing policies to promote an equitable usage across groups and reducing the digital divide.

Presentation on 12/05/2018 14:00 in "Poster Session 3 - "Research and Coding"" by Ana Luisa Neves.

Poster / Finished study

What pain scales assessments are usable in general population? A systematic literature review

Sophie Lalande, Michele Odorico, Delphine Le Goff, Myriam Belhadj, Lucas Beurton Couraud, Jeanlin Viala, Patrice Nabbe, Bernard Le Floch, Jean Yves Le Reste

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Background:

The multimorbidity cohort study in nursing home has found that pain could be a decompensation risk factor. Moreover, pain complains are integrated in almost 40% of encounter in General Practice. It seems important to have an accurate pain evaluation with the best available tool.

Research questions:

The main goal of this study was to search for the pain scales for the general population.

Method:

A systematic review of literature according to PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) was undertaken on March 2017, in Medline database. Only articles containing pain scale criteria were selected for inclusion. Articles containing specific pain scale or targeting a specific population were excluded. A quality control of articles was then made.

Results:

1000 documents were identified, 41 articles were selected in the first round, and 40 articles more in the second round. 35 scales were found. 6 were one-dimensional scales: the Numerical Rating Scale (NRS), the Verbal Rating Scale, the Visual Analog Pain Scale, the Wong And Baker Faces Pain Scale, Pain Drawing and Algoplus. There were 13 derived scales. 11 were multidimensional scales : Short Form-36 Bodily Pain Subscale (SF-36 BPS), Brief Pain Inventory (BPI), Ultra-Brief 3-item PEG (UB-3-PEG), McGill Pain Questionnaire (McGPQ), The Mainz Pain Staging System (MPSS), Profile of Chronic Pain: Screen (PCP: S), Structured Telephone Interviews Questionnaire on Chronic Pain (STIQ on CP), Cornell Musculoskeletal Discomfort Questionnaire for standing worker (CMDQ fsw), Chronic Pain Grade (CPG), Nordic Musculoskeletal Questionnaire (NMQ), Global Pain Scale (GPS), West Haven Yale Multidimensional Pain Inventory (WHYMPI).There were 5 derived scales.

Conclusions:

This research found 35 pain scales for the general population. A new study based on psychometrics qualities of scales should be realized.

Presentation on 12/05/2018 14:00 in "Poster Session 3 - "Research and Coding"" by Sophie Lalande.

Poster / Ongoing study no results yet

Why do RCT’s in the elderly not result in lower adverse outcomes?

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Background:

The transition to older populations will challenge society in many ways. Demand for health care, long-term care, social care and pensions are likely to increase. Some authors argue that early-detection and intervention are critical to address frailty. However, a recent meta-analysis did not provide sufficient scientific evidence that interventions can be protective against adverse outcomes like mortality, hospitalization, and institutionalization. This and other poor significant studies cause the question why these interventions do not result in a significant results and outcomes. In the D-SCOPE project an RCT is performed in three municipalities in Flanders. The intervention is a preventive home visit for frail elderly, leading to a referral to tailored care and support if necessary.

Research questions:

The aim is:
1) why do RCT’s in the elderly often not generate significant results?
2) which factors/elements must be taken into account to measure the effect of an intervention, and more specific in a preventive home visit?

Method:

In a semi-structured group discussion, we want to reveal and generate ideas about the possible reasons (e.g., recruitment, statistical analysis, outcome measures) and the possible solutions to conduct research in elderly.

Points for discussion:

Why do RCT’s in the elderly often not generate significant results?

Which factors/elements must be taken into account to measure the effect of an intervention, and more specific in a preventive home visit?

How can biases be avoided in intervention studies?

Presentation on 12/05/2018 14:00 in "Poster Session 3 - "Research and Coding"" by Michaël Van Der Elst.

Poster / Ongoing study with preliminary results

Diagnosis of GABHS tonsillitis - comparison between culture from the tonsills and culture from the bucal surface

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Background:

Group A beta hemolytic streptococcus (GABHS) is responsible for 15-30% of pharyngitis in children and 5-20% of pharyngitis in adults. The disease is manifested with fever, difficulty swallowing, exudates on tonsils and enlarged lymph nodes. The gold standard tool for diagnosis of the disease is a swab culture from the tonsillitis. This is a technically difficult test, especially in children. Treatment for tonsillitis is important because it can prevent the serious complication of rheumatic fever.

Research questions:

Comparison between the gold standard test (culture from the tonsils) and alternative test which is easier (culture from the bucal surface) for the diagnosis of GABHS tonsillitis.

Method:

A validity study to examine the alternative test (culture from the bucal surface) against the gold standard (culture from the tonsills) for GABHS tonsillitis. The study will examine 50 children and 50 adults, each patient will be the control of itself. The population of the study are children (3-18 y old) and adults (18-65 y old) with exudates on tonsills and centor criteria >=2 (fever, absence of cough, enlarged / sensitive lymph nodes, exudates on tonsills). The samples will be sent to Mega-Lab and checked for the presence of GABHS. The treatment will be based on the gold standard examination's result.

The statistical test in X2 (Chi-Squared test) and evaluation of sensitivity and specificity with confidence interval calculation.

Results:

Fifty four tests have been taken until now. The sensitivity of the bucal culture is 65% in comparison with the gold standard.

Conclusions:

The research is not over yet, but the sensitivity until now is very close to rapid strep test, and may be used in real life.

Points for discussion:

Culture from the bucal surface is a good enough alternative for tonsillitis.

Technical problems and difficulties with talking a tonsilar culture, especially in children.

Presentation on 12/05/2018 14:00 in "Poster Session 4 - "Infection and Developments"" by Limor Adler.

Poster / Finished study

Example of a Cross-sectional Research at a Vulnerable Population: Determining Hepatitis B and C Seroprevalence in a Gypsy District

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Background:

There are significant disparities in healthcare in vulnerable populations. Vulnerable populations include the economically disadvantaged and minorities. Gypsies are vulnerable due to social factors, such as housing, poverty, inadequate education and also healthwise vulnerable also due to barriers in accessing health care services. They are also considered to be among the risky groups for viral hepatitis as well. The study was planned to identify the prevalence and risk factors of hepatitis B and C among gypsies.

Research questions:

Are the vulnerable groups also at a risk of viral hepatitis in need of a health intervention?

Method:

The study was carried out throughout a project of an NGO at a certain district where gypsy population is mostly inhabited in 2012 in Izmir. A questionnaire form was implemented and blood samples were obtained to assess hepatitis situation. HBsAg, Anti HBcIgG antibody, Anti HBs antibody and Anti HCV antibody were analyzed using ELISA method.

Results:

The study comprised a total of 540 subjects, of whom the mean age was 38.6 (5-85) years and 54% were male. The rate of serological markers of viral hepatitis were as following; HBsAg positivity 4.9%, Anti HBc IgG antibody positivity 30.8%, Anti HBs antibody positivity 42%, and Anti HCV antibody positivity 1.3%. The rate of immunization for HBV by means of vaccination was found to be 25.1%. The risk factors for viral hepatitis were also asked and noted.

Conclusions:

Prevalence of HBV and HCV is higher at the population of Gypsy origin compared to the country average. To straighten out this situation, primary care services should be implemented putting emphasis on immunization and public health education. The physicians should also have the vigilance to perceive the health problems of vulnerable populations including the migrants and the system should also be able to cope with the situation.

Points for discussion:

Vulnerable populations and health wise outcome of this condition.

How should the physicians perceive the situation and change the attitude?

Presentation on 12/05/2018 14:00 in "Poster Session 4 - "Infection and Developments"" by Tevfik Tanju Yilmazer.

Poster / Finished study

Is It Possible to Change the Family Doctors (FD's) Attitude Towards the Introduction of Evidence Based Screening Into Clinical Practice by Means of Interactive Training?

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Background:

The program of Ukrainian screening in primary health care still lacks evidence. It is necessary to increase the motivation of FD's to introduce the new system of evidence based screening into their clinical practice. To reach this aim we need to change the system of continuous medical education of Ukrainian FDs transforming them from the traditionally passive listeners to active participants. The interactive methods of teaching might help to reach this goal.

Research questions:

Is it possible to change the FD's attitude towards the introduction of evidence based screening into clinical practice by means of interactive training?

Method:

During 2016-2017 years within the World Bank Project we organized the 20 8-hours training courses "Evidence-based prevention, screening and management of cardiovascular risks among patients in FDs practice" for 600 Western-Ukrainian FD's.

We evaluated level of their knowledge by in-and out-testing using 20 MCQ's relevant to the training topic. The changing in the FD's attitude towards the evidence based screening was measured according to the 25-grade motivation Scale.

Results:

At the initial stage of the course the FD's knowledge was lower than average but it has significantly increased at the final stage. Only 34% of FD's were motivated to use the evidence based screening in their clinical practice at the beginning of training, but their number has significantly increased up to 79% at the end of the course.

Conclusions:

Taking into consideration the high efficiency of interactive training it is advisable to recommend the usage of this method in continuous medical education of FD in Ukrainian system both for changing their knowledge and motivation.

Points for discussion:

Does the level of motivation depend upon the FD's former experience, age?

Is the level of FD's motivation connected with the health care state policy or can it be introduced individually due to the changes in t

What is the validity of the FD's motivation?

Presentation on 12/05/2018 14:00 in "Poster Session 4 - "Infection and Developments"" by Pavlo Kolesnyk.

Poster / Finished study

Rate of reported Gonorrhea and Syphilis cases among migrants

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Background:

Turkey's is like a bridge from middle east to western countries including Germany, USA and Sweden. Turkey hosts them most according to the UNHCR. Gonorrhea is the second most commonly reported notifiable disease in the USA. Syphilis and Gonorrhea are screened among migrants due to the CDC guideline.Serious outcomes like tubal infertility, ectopic pregnancy, facilitating the transmission of HIV, sexual behavior and effect on community health, social determinants of health, discrimination, access to quality health care, contributes to the burden of STDs in a community, especially in stressful conditions like war and migration. Rates are 145.8 for gonorrhea, 8.7 cases for Syphilis per 100,000 population in USA, in 2016. During 2015–2016, the rate of reported gonorrhea cases increased 18.5%.

Research questions:

What is the rate of Gonorrhea and Syphilis infections among migrants?

Method:

E-Medical Records of 15 years&older migrating into the USA from October 2016-January 2018 were included. Data extracted with a statistical query model of our EMR. All migrants gave written consent. Tests: VDRL, TPHA and urine (PCR).

Results:

Total 10405 screened; 5011 (48.16%) Iranian, 2721 (26.15%) Turkish, 1359(13.06%) Iraqi, 892 (8.57%) Syrian, 442 (4.06%). 21/10405 (0.20%) positive VDRL & 5/21 (23.81%) TPHA positive (true positive 5/10205). Median age for syphilis =43 (23-65);1/5 was female. Rate of syphilis is 48 per 100,000. 3/10405 positive Gonorrhea test, median age for Gonorrhea=25 (17-48); 1/3 was female. Rate of gonorrhea is 29 per 100,000. None of positive cases had genital ulcers for both group.

Conclusions:

Comparing with the rates in the USA for 2016, Gonorrhea, seems not to be a significant public health problem in Iran, Iraq and Turkey. Gonorrhea Screening may be stopped comparing the rates with USA (25 vs 145.8). Syphilis shall be screened (48 vs 8.7). Screening before movement still may prevent some of the STDs and their complications after arrival to host country.

Points for discussion:

Which STDs are to be screened?

Do you know the rates in your countries?

Is that a public health problem to be screened in Europe?

Presentation on 12/05/2018 14:00 in "Poster Session 4 - "Infection and Developments"" by Burak Usgurlu.

Poster / Finished study

The use of Smartphone in melanoma early detection: A systematic review

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Background:

The early diagnosis of melanoma determines the decrease in mortality. The smartphone with its applications and the possibility of sending photographs to a dermatologist could improve melanoma screening.

Research questions:

The aim of our review was to report evidence on:
1) the diagnostic performance of smartphone applications and store-and-forward teledermatology via a smartphone in melanoma early detection;
2) the impact on the patient's medical care course and
3) feasibility criteria (modalities of picture taking, data sending, response time).

Method:

We conducted a systematic search of PubMed for the period from January 1, 2007 (launch of the first smartphone) to November 1, 2017, according to the PRISMA guidelines.

Results:

Out of the thirty one articles included, fourteen concentrated on store-and-forward teledermatology and thirteen studied the diagnostic performance of applications. Store-and-forward teledermatology accelerates the care course (less than 10 days vs 80 days) and sensitivity is higher than with application algorithms. However, the concordance between the conclusion of a teledermatologist and the conclusion of a dermatologist who conduct a face-to-face examination depended on the study (k=0.2 to 0.84; median k=0.6). The use of a dermoscope might improve concordance (k=0.29 to 0.87; median k=0.74). Regarding smartphone applications, major concerns are their low sensitivity -ranging from 7 to 90% (median 64%)-, the lack of assessment in clinical practice conditions and in primary care populations. In this review, up to 20% of the photographs transmitted weren't analyzed because of poor quality. The modalities of picture taking and encrypting of the data were only partially reported.

Conclusions:

The use of teledermatology could participate in improving the access to a dermatology consultation by optimizing the care course. Our review confirms that there is no evidence of the safety and efficacy of smartphone medical apps. Further research is required to determine quality criteria as there was a major variability between the studies.

Points for discussion:

General practitioners and patients are liable to omit suspect lesions.

Confidentiality, security and traceability of data exchanges are the major ethical and legal stakes.

Presentation on 12/05/2018 14:00 in "Poster Session 4 - "Infection and Developments"" by Sandrine Hild.

Poster / Finished study

Voluntary switchers from the emergency department to the GP, with and without information campaign

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Background:

Patients in Belgium needing out-of-hours medical advice may attend the emergency department (ED) of a hospital or the general practitioner on call. The latter is often organised in a General Practice Cooperative (GPC).

Research questions:

What is the proportion of patients switching from the ED to the GPC with and without an information campaign?

Method:

Single centre prospective study: the receptionist of the GPC asked all patients whether they had entered the ED previously. Patients answering “yes” to this question are ‘voluntary switchers’. The first three months there was no intervention. The next five months we informed patients about the out of hours care in Belgium in the waiting room of the ED. The information contained several topics: characteristics of both services, where to go using examples, practicalities and costs. This information was distributed through leaflets and broadcasted in five languages. We collected aggregated data from the electronic patient records of both services.

Results:

The proportion of voluntary switchers was 1,7% before and 5,4% after the intervention (p<0,01). The average number of patients presenting at the ED per hour was 3,1 (range 0-13) whereas on hours with voluntary switchers this was 5,1 (range 1-13, P<0,01). The demographic and epidemiological profile of the voluntary switchers resembles primary care patients. The GPs referred 6% of the voluntary switchers back to the ED, a rate similar to the general population at the GPC and current literature.

Conclusions:

Patients voluntary leaving the ED to go to the GPC have the same low referral rate as the overall GPC population. They have first line ailments and diagnoses. A higher occupancy rate at the ED increases the odds of going to the GPC on a voluntary basis. Although co-location and distributing information alone is not enough to significantly reduce the workload at an ED it is a first and meaningful step.

Points for discussion:

What other factors might influence the patient's decision to switch to the GPC?

What other interventions might influence the proportion of voluntary switchers?

Is the referral rate a sufficient parameter for patient safety?

Presentation on 12/05/2018 14:00 in "Poster Session 4 - "Infection and Developments"" by Stefan Morreel.

Poster / Ongoing study with preliminary results

Cardiovascular diseases prevention: Effective non-pharmacological interventions to promote healthy diet and smoking cessation. A review of international guidelines following a systematic approach.

Michele Odorico, Le Goff Delphine, Aerts Naomie, Bastiaens Hilde, Le Reste Jean Yves

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Background:
Cardiovascular diseases (CVD) are the world’s leading mortality causes. SPICES is an Horizon 2020 project which aims to implement efficient interventions for CVD prevention among vulnerable populations in five countries (two sub-Saharan and three European). The project first step was to make a selection of potential interventions.

Research questions:
Which lifestyle interventions (and implementation strategies) related to smoking cessation and healthy diet are proven effective in primary prevention of cardiovascular diseases on primary health care and/or community level?

Method:
Systematic approach to look for CVD prevention guidelines using the ADAPTE Process. International guidelines were identified on G-I-N (Guidelines International Network) and TRIP (Turning Research Into Practice) databases. Additionally a purposive search for participating countries guidelines was achieved. Inclusion criterion was guidelines published or updated after 2011, focusing on non-pharmacological lifestyle interventions. Exclusion criteria were specific population (geriatric or infantile), management of acute disease or specific conditions (type 1 diabetes, familial hypercholesterolemia…) and exclusive focus on pharmacological or surgical interventions. All selected guidelines were appraised with the AGREE II tool for quality assessment. Guidelines with AGREE II overall scores of at least 5 (on a 7 point scale) were selected.

Results:
A total of 910 guidelines were identified (894 from G-I-N and TRIP databases and 16 from the purposive search). 48 guidelines were selected and thanks to AGREE II 27 were finally included. Guidelines recommended to advice patients to have healthier lifestyle, to stop smoking and to lose weight for overweight or obese people. Nevertheless guidelines failed to propose clear implementation strategies for healthy diet and smoking cessation.

Conclusions:
As no clear implementation strategies were described in guidelines, references should be analyzed to find them. The team will undertake so by the next EGPRN meeting.

Presentation on 12/05/2018 14:00 in "Poster Session 5 - "Cardiovascular"" by Michele Odorico.

Poster / Finished study

Characteristics of statins treatment at the elderly population

Sophia Eilat-Tsanani, Elad Mor

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Background:

The benefit of statin use for the prevention of cardiovascular morbidity and mortality is well-known. However, there is little evidence to guide the use of statins in adults 65 years and older.

Research questions:

Which factors are associated with statin use in the elderly?

Method:

A retrospective cohort study for 10 years period.

The study population: elderly patients cared by Clalit Health Services (CHS) in the district in 2005. Optimal rate of statin use (ORSU) was defined as at least 80% proportion of days covered (PDC). Optimal and sub-optimal rate of statin use (SORSU) were compared according to sociodemographic parameters, chronic morbidity represented by polypharmacy, cardiovascular morbidity and mortality.

Results:

We included 23,526 participants who met the study criteria. At the beginning of the study 83% of the participants were having indication for statins treatment, half of them for primary prevention. ORSU was 65% for primary prevention and 60% for secondary prevention. During the study period indications for use were accumulated, summing up in 95% of them - 52% for primary and 48% for secondary prevention.

Both in primary and secondary prevention ORSU was associated with younger age at statin was first introduced (65-85 higher than 86y and older) and being treated by polypharmacy. No association was found with gender or ethnic origin.

Mortality rate was lower in participants with ORSU compared to SORSU for primary prevention (27.5% vs 44 % respectively, $p<0.001$) and for secondary prevention as well (47% vs 64% respectively, $p<0.0001$). Further in groups analysis would be introduced in the presentation.

Conclusions:

In our study we found that optimal use of statins was associated with lower mortality rate. Higher rate of use was found for secondary prevention, in younger age and less chronic diseases.

Points for discussion:

Should we encourage elderly patients to use statins?

Presentation on 12/05/2018 14:00 in "Poster Session 5 - "Cardiovascular"" by Sophia Eilat-Tsanani.

Poster / Finished study

Feasibility of ambulatory blood pressure monitoring in daily primary healthcare practice in France.

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Background:

Current guidelines for hypertension management recommend out-of-office blood pressure measurements. Ambulatory Blood Pressure Monitoring (ABPM) has demonstrated its superiority on home self-blood pressure measurements: better sensitivity, specificity, reproducibility and prediction of target organ damages. Nevertheless, ABPM remains little used in primary care in France.

Research questions:

We aimed to assess 24-hour ABPM feasibility in daily primary healthcare practice in France, according to ABPM validity and interpretation by a general practitioner (GP).

Method:

An observational, longitudinal, prospective, multicenter study was performed in a French region. Patients who had been prescribed ABPM by their GP were included, whatever its indication. ABPM achievement was performed by trained employees of the healthcare providers group. The validity of ABPM was assessed according to the European Society of Cardiology (ESC) criteria. GPs interpretation of the ABPM results was compared with the ESC recommendations. Patients' socio-demographic and medical data were collected. The characteristics of valid and invalid ABPM were compared using standard statistical tests. Determinants of ABPM validity were identified using logistic regression models.

Results:

Among the 531 patients included, 357 (67.23%) had a valid ABPM. In multivariate analyses, ABPM validity was lower in patients with manual worker status (OR=0.88; 95%CI=0.81-0.96), age ≥65 years (OR=0.88; 95%CI=0.81-0.95) and body mass index > 30 kg/m2 (OR=0.90; 95%IC=0.81-0.99). GPs' interpretation of ABPM results was consistent with the ESC recommendation in 508 cases (95.67%).

Conclusions:

ABPM is feasible in daily primary healthcare practice in the studied conditions. GPs should be careful when prescribing ABPM to patients aged 65 and over, to obese patients or to manual workers.

Points for discussion:

ABPM validity was lower in patients with manual worker status, age ≥65 years and body mass index > 30 kg/m2.

GPs' interpretation of ABPM results was consistent with the ESC recommendation in 95.67% of cases.

ABPMs were overwhelmingly valid and well interpreted in routine primary care.

Presentation on 12/05/2018 14:00 in "Poster Session 5 - "Cardiovascular"" by Katia Mazalovic.

Poster / Finished study

Mortality risk in a cohort of heart failure patients with atrial fibrillation: The role of digoxin and diuretics

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Background:

The impact of atrial fibrillation (AF) on the mortality of patients with heart failure (HF) has been established. Nevertheless, the effect of factors in this mortality, such as digoxin use or diuretics remains controversial.

Research questions:

What is the prognosis in community-dwelling HF patients with either AF and non-AF related to the use of digoxin and diuretics vs individuals not receiving them?

Method:

Community-based retrospective cohort study of HF patients between January 2010 and December 2014; attended at any one of the primary healthcare centers of the Catalan Institute of Health (Spain). Follow up ended at 31st December 2015. The main outcome was mortality for all causes. The effect of clinical and demographic characteristics on survival was assessed by Cox proportional hazards model.

Results:

13,334 HF patients were included. Mean age was 78.7 years (SD 10.1) and 36.8% had AF. Mean follow up was 26.9 months (SD 14.03). At the end of the study 25.8% patients had died, mortality was higher with AF (28.8% versus 24.1%, respectively). A multivariate model adjusted for potential confounders confirmed the higher risk of death for AF patients (HR 1.10 95%, CI 1.02 to 1.19). Digoxin and diuretics were associated with higher mortality in non-AF patients (HR 1.32 95% CI 1.05 to 1.66 and HR 1.4 95% CI 1.2 to 1.6, respectively).

Conclusions:

An excess in mortality in HF patients with AF was found in a large retrospective community-based cohort. Digoxin and diuretics showed high rates of mortality in HF patients without AF.

Points for discussion:

Among HF patients without AF, digoxin was related to higher mortality, whereas controversy still exists related to mortality with the use of this drug.

The diuretic use in HF patients without AF was related to higher mortality, in contrast other study showed that HF patients with AF had a worse prognosis with diuretics.

The excess on mortality found in our population with AF was lower than in previous studies.

Presentation on 12/05/2018 14:00 in "Poster Session 5 - "Cardiovascular"" by Felipe Estuardo Gonzalez Loyola.

Poster / Finished study

Refugees and Stroke

Aysegul Comert Okutucu, Tuğrul Bıyıklıoğlu, Baki Derhem, Mehmet Ungan, Burak Usgurlu

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Background:

History of (h/o) stroke is associated with an increased likelihood of a future stroke. Hypertension follow-up and management is important for stroke prevention. Disability causes housing, transportation, quality of life problems for the refugee.

Research questions:

What are the co-morbidities among the refugees with h/o at least one stroke?

Method:

EMR search for Refugees in between October 2014 - January 2017 in Istanbul practice having h/o one or more stroke. Retrospective look for co-morbid conditions and simple rate calculation.

Results:

17900 refugees screened, 79 had at least one h/o stroke (0.4%). 43 (54.5%) male, 36 female (45.5%). Average age of men=59; woman=55.9. Hypertension= 52 (65%), Already on treatment for hypertension= 43 (54%). Diabetes mellitus= 26 (32.9%), coronary artery disease= 21 (26.5%) hyperlipidemia=11(13.9%). Among all refugees with h/o stroke 33 (41.7%) were found to have a systolic blood pressure equal to or higher than 140 mmHg and 7 (8.9%) of them found to have diastolic blood pressure 100 mmHg or higher at the time of medical examination. 49 medical examination, 16 (20%) were already using wheelchair. Among those with h/o stroke 15 (18.99%) would not be able to hold any job, 49 requiring assistance by one or more people, part-time or full time. 5 of them needed pressure socks, only one refugee needed low molecule s.c. heparin injection before flight. 29 needed an escort during flight. (5 medical, 24 non-medical)

Conclusions:

Hypertension, DM, CAD are main 3 co-morbidities in refugees with h/o stroke and are still in risk. Pre Departure medical follow-ups and checks ends with multiple practice visits, hospital referrals causing delays in departure and a financial burden. Multimorbidity management is dealt well in family medicine by a comprehensive approach.

Points for discussion:

Any other suggestions to search if related with Stroke?

Presentation on 12/05/2018 14:00 in "Poster Session 5 - "Cardiovascular"" by Tuğrul Bıyıklıoğlu.

Poster / Finished study

Thirty-day rehospitalizations in older patients with acute myocardial infarction: Impact of post-discharge ambulatory care.

Claire Zabawa, Jonathan Cottenet, Marianne Zeller, Grégoire Mercier, Victor Rodwin, Yves Cottin, Catherine Quantin

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Background:
Thirty-day rehospitalization after acute myocardial infarction (AMI) is common in older patients. It increases morbi-mortality and health spending. It has been shown that a better organization of post-AMI discharge reduces the risk of 30-day rehospitalization. Nevertheless, there are no recommendations for post-discharge follow-up. The association between ambulatory care following discharge for AMI and rehospitalization has never been studied in France.

Research questions:
We analyzed the influence of post-discharge ambulatory care after AMI on 30-day rehospitalization in older patients.

Method:
We conducted a national, observational, population-based study using the French EGB database (Échantillon Généraliste de Bénéficiaires). Patients aged ≥65 years, hospitalized with a primary diagnosis of AMI in France between 2011 and 2013 were included. We excluded patients hospitalized for AMI in the previous year and those who died during the hospitalization or within 30 days following discharge. We considered ambulatory care reimbursed within seven days after discharge. The primary outcome was the first all-cause 30-day rehospitalization. Socio-demographic, medical, hospital and ambulatory care data were compared between rehospitalized and non-rehospitalized patients. Determinants of 30-day rehospitalization were identified using logistic regression models.

Results:
Among the 624 eligible patients, 137 (22.0%) were rehospitalized within 30 days following discharge. In multivariate analyses, chronic kidney failure (odds ratio [OR] 1.88; 95% confidence interval [CI], 1.01–3.53) was an independent predictor of 30-day rehospitalization. Seven-day post-discharge medical follow-up did not influence 30-day rehospitalization. The purchase of lipid-lowering drugs prescription within seven days following discharge was associated with a reduced risk of 30-day rehospitalization (OR 0.53; 95% CI, 0.36–0.79).

Conclusions:
This original nationwide study, from a representative sample of the French population, highlights the role of coordination among hospital and primary care physicians in post-AMI care among older patients. Coordination between inpatient and outpatient care should be strongly promoted, with targeted interventions for comorbidities and treatments, to reduce rehospitalizations.

Points for discussion:
22% of the older patients hospitalized for AMI were rehospitalized within 30 days after discharge. Among them, 60 (43.8%) were rehospitalized within seven days.

Early ambulatory post-discharge medical follow-up (within seven days) did not influence 30-day rehospitalization.

The purchase of lipid-lowering drugs prescription within seven days following discharge was associated with a reduced risk of 30-day rehospitalization.

Presentation on 12/05/2018 14:00 in "Poster Session 5 - "Cardiovascular"" by Claire Zabawa.

Poster / Ongoing study with preliminary results

Assessment of self-care behaviors of diabetic patients in primary care settings

Bernadett Markus, Krisztian Voros, Péter Torzsa, Csenge Hargittay, Agnes Szelvari, Peter Bencsik, Laszlo Kalabay

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Background:

Self-care behaviors and glycemic control play significant role in the prevention of late complications of diabetes mellitus. Summary of Diabetes Self-Care Activities Measure (SDSCA) and Diabetes Self-Management Questionnaire (DSMQ) are reportedly used, whilst DSMQ showed stronger correlation with HbA1c. We translated the DSMQ into Hungarian and evaluated its application in primary care settings.

Research questions:

Is the Hungarian translation of DSMQ a valid and useful tool for evaluating diabetic patients' self-care behavior? Are there any challenges for its routine use in the primary care settings?

Method:

We translated the DSMQ and SDSCA questionnaires by two of the investigators to Hungarian and translated back to English by an independent clinician. To evaluate its psychometric quality among Hungarian patients, 155 adult patients with type 1 or 2 diabetes were assessed with both DSMQ and SDSCA in 6 primary care practices. As only 13 patients with type 1 diabetes participated, we excluded their data from further analysis. R software (version 3.4.0) was used for statistical analysis.

Results:

Questionnaires from 142 patients with type 2 diabetes (age 66.4±10.6 years; 68 men, 75 women) were analyzed. Long-term complications – present in 34% of patients – correlated with diabetes duration (Pearson's r= 0.45, p<0.0001). The SDSCA sum scale correlated with DSMQ total score (Pearson's r= 0.54, p<0.0001). Neither SDSCA, nor DSMQ showed significant correlation with HbA1c. The number of missing or inconsistent responses (7.7%) didn't differ between the SDSCA and DSMQ questionnaire, and didn't show significant correlation with education, sex or age of patients. These are preliminary data of the ongoing study.

Conclusions:

The Hungarian translation of DSMQ is a valid and useful tool for assessing diabetes self-management in primary care. Although DSMQ is not expected to provide an appropriate prediction of HbA1c, we anticipate to use it routinely among type 2 diabetic patients to encourage and track their self-management.

Points for discussion:

What is the relationship between patient behavior and diabetes outcomes?

Are there any effective strategies to promote physical activity, diet and self-care in primary care settings?

What are the safety considerations of physical activity in elderly diabetic patients?

Presentation on 12/05/2018 14:00 in "Poster Session 6 - "Miscellaneous"" by Bernadett Markus.

Poster / Finished study

At-risk drinking screening by general practitioners: Survey among patients in primary care

Tan-Trung Phan, Jonathan Yana, Emilie Ferrat, Julien Le Breton, Laura Yana, Adrian Chaboche, Vincent Renard

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Background:

Screening of patients who are at-risk drinking, i.e., higher than limit thresholds defined by the World Health Organization or associated with a particular situation (taking psychotropic drugs, having an organic pathology, driving a vehicle, drinking during pregnancy), represents a major issue in primary care. Few studies have been conducted from the patients' point of view.

Research questions:

The purpose of this study was to investigate patients' perceptions about at-risk drinking detection by their usual general practitioner (GP), particularly for at-risk drinkers.

Method:

A quantitative cross-sectional study was launched on 9 GP offices during 6 months. Patients older than 18 were recruited in order to answer a questionnaire blinded from their GP, indicating the level of their alcohol consumption and their perception regarding their GP screening practice. Descriptive and multivariate logistic analysis were performed using Epi Info™ 7.

Results:

In total, 445 patients were analyzed. Sixty-two at-risk drinkers were screened (13.9%). Most of them declared they had not been interviewed about their alcohol consumption by their GP both in their first consultation (83.9%) and overtime (72.6%). Only 4.2% of patients had already initiated discussion about their consumption. However, patients were not ashamed to talk about alcohol (99.2%) and found their GP competent in this topic (100%). In multivariate analysis, independant factors associated with a good GP's knowledge of the patients' actual consumption were the questions by their GP about alcohol consumption at first time ($p<0.001$) and regularly ($p=0.001$).

Conclusions:

Most of patients, including at-risk drinkers, declared that their GP did not detect enough their level of alcohol consumption. Screening during the first visit and in "at-risk" situations may constitute a way of improvement.

Points for discussion:

Moments in which the general practitioner can screen at-risk drinking

The way to talk about alcohol with patients

Presentation on 12/05/2018 14:00 in "Poster Session 6 - "Miscellaneous"" by Tan-Trung Phan.

Poster / Finished study

Effectiveness of a multidisciplinary biopsychosocial intervention in non-specific sub-acute low back pain, in working people: A cluster randomised trial

Romina Raczy Mas, Anna Berenguera Ossó, Enriqueta Pujol-Ribera, Joana Moix Queraltó, Maribel Fernández Sanmartín, Teresa Rodriguez-Blanco

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Background:

The guidelines for non-specific low back pain (LBP) recommend pharmacological and non-pharmacological resources and patient education. Integrate earlier multidisciplinary treatment strategies (physical, psychological and social/occupational) to patients with non-specific sub-acute LBP, may avoid chronification, besides reduce individual and social impact.

Research questions:

Analyse the effectiveness of a biopsychosocial multidisciplinary intervention (rehabilitation or physiotherapy and cognitive-behavioural therapy), in the improvement of disability, reduce pain severity and better quality of life, compared to usual clinical care.

Method:

A cluster randomised clinical trial, conducted in 39 Primary Health Care Centres in Province of Barcelona. Included patients between 18-65 years old (n=501; control group=239 and intervention group=262). Control group received usual care, according to guidelines. Intervention group received usual care plus a biopsychosocial multidisciplinary intervention (sessions of 10 hours in total). Main outcome is the Roland Morris disability questionnaire (RMDQ). Other outcomes: severity of pain (Mc Gill Pain questionnaire) and quality of life (SF-12). Assessed at baseline, 3, 6 and 12 months. Analysis by intention to treat, analyst blinded.

Results:

Total 501 participants, remained 84% at 3 months and 77.2% at 12 months. Mean age 46.8 (SD:11.5) years-old and 64.7% women. Intervention group presented older population and female predominance. Intervention group showed a decrease in disability (-3.8 units; 95% CI:-4.5 to −3.2) on the RMDQ at 3 months and 12 months (-5.1 units; 95% CI:-5.8 to −4.3). In the level of pain, intervention group decreased -2.7 points at 3 months (95% CI:-3.2 to −2.2) and -3.6 points (95% CI:-4.1 to −3.0) at 12 months. Control group showed lower decrease in the intensity of pain. Physical and mental health scores of the SF-12 increased in both groups (>4 points), with greater effect in intervention group.

Conclusions:

A multidisciplinary biopsychosocial intervention showed an improvement in disability, pain and quality of life in working people with non-specific sub-acute LBP.

Points for discussion:

Sustainability of the intervention and applicability in the daily practice.

It would have the same impact, if the time of the intervention sessions is reduced?

A more long follow-up of the participants would be have realized?

Presentation on 12/05/2018 14:00 in "Poster Session 6 - "Miscellaneous"" by Romina Raczy Mas.

Poster / Finished study

Mental Health Condition of Refugees in Turkey

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Background:

Post traumatic stress (PTSD), depressive, anxiety disorders are common among refugees. Researches on refugees mainly focus on PTSD following migration. Mental assessment & referral to specialist remains as a challenging issue in practice.

Research questions:

What is the rate of psychiatric disorders and/or harmful behavior requiring further follow-up among refugees in Turkey?

Method:

October 2014 and January 2017 a retrospective look at the previous history of psychiatric disease and/or harmful behavior, mental status and indication of a psychiatric treatment during the medical check in the Istanbul and Ankara practices. Simple rates are calculated.

Results:

Total 17900 refugees, (52% male, 48% female). 834 (4.66%) were previously diagnosed and/or treated for a psychiatric disorder in home country or in Turkey. 129 (0.72%) reported suicidal thoughts (35 male, 94 female), 217 (1.21%) reported a suicide attempt at least once (80 male, 137 female). 263 (1.4%) neither with history of psychiatric disorder nor any history of harmful behavior (recent/new diagnosis). 690(3.85%) were referred to the psychiatrist of practice; 58 referred to a psychiatrist in the city where they live. 31 (0.17%) were not permitted to travel; 22 either have a high risk for harmful behavior or have a history of a suicide attempt within the last 12 months. Among those may travel, mental follow-up after arrival needed for 566 refugees (3.16%), 351(1.9%) were for counseling, 215 (1.2%) were for referrals to psychiatry specialist in the final destination (USA). Physician escort needed only for 16 refugees with agitation.

Conclusions:

Due to acculturation difficulty after arrival, new cases or relapses may appear in addition to already reported. Mental Screening is important for migrants as vulnerable population. Suicide thought & attempt rates are high among women. Psychological support should be made in USA, especially for such women after arrival.

Presentation on 12/05/2018 14:00 in "Poster Session 6 - "Miscellaneous"" by Mehmet Ungan.

Poster / Ongoing study no results yet

Pre-Diabetes Network Screening and Education Program in Primary Care

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Background:

Obesity, sedentary lifestyle and Diabetes mellitus (DM) are among major health problems in developed countries. Diabetes alone affects 5.7% of the world's population.

Research questions:

Our project aims to screen a cohort of patients from 18 to 64 years of age for Prediabetes risk factors in order to implement a lifestyle changing program, focused on physical activity, patient empowerment and multidisciplinary counseling trough active participation.

Method:

Prediabetes cohort is created by screening for risk factors:

- familiarity for DM and BMI > 25,
- gestational diabetes,
- waist circumference > 102 (M) >88 (F),
- impaired fasting glucose (IFG) or impaired glucose tolerance (IGT) or unrecognized DM.

All subjects with at least one risk factor will be enlisted in a 2 years program in which:

- General Practitioner compiles the enlisting sheet and patient account
- Patients are provided with a booklet containing educational material in paper or electronic format
- Every 4 month subjects undergone medical checkups and are requested to self-compile a SF 12 test (booklet or online)
- Annually an extended medical checkup is performed together with an SF 36 test completed by the GP
- Patients are invited to join supervised physical activity and educational advice is given periodically online or by mail

Results:

Literature shows that lifestyle modifications could lower Diabetes incidence rates in risk subjects up to 60%
Key features to achieve these results are: frequent contacts with participants; behavioral education on self-management weight-loss strategies and physical activity; motivational campaigns, individualization of adherence strategies; tailoring of materials and strategies and an extensive network of training, feedback, and clinical support.

Conclusions:

Electronic medical records nowadays could be useful to realize networks within Healthcare professionals, patients and both. Online self-management could improve patient's empowerment and adherence. Repeated brief interventions and counseling are also part of a committed initiative medicine program in Primary Care.

Points for discussion:

electronic medical records

diabetes prevention

iniative medicine, intervention and lifestyle motivation

Presentation on 12/05/2018 14:00 in "Poster Session 6 - "Miscellaneous"" by Jacopo Demurtas.

Poster / Finished study

The Italian working alliance inventory: A translation issued by the EGPRN TATA (Tool Assessment for Therapeutic Alliance) group

Jean Yves Le Reste, Ferdinando Petrazzuoli, Béatrice Sassier, Michele Odorico, Delphine Le Goff, Sophie Lalande, Patrice Nabbe, Lucas Beurton-Couraud, Jeanlin Viala, Nicola Buono

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Background:

Therapeutic alliance improved quality of care by enhancing the adhesion to treatments, especially in the case of chronic diseases. The Working Alliance Inventory Short Version (WAI SR) was chosen as the more reliable, efficient and easy to use tool to assess therapeutic alliance, according to a systematic review and a formalized consensus led by the EGPRN TATA group. Such a tool would be useful in daily clinical practice, in medical education and for further research, on a national and pan-European scale.

Research questions:

What is the Italian translation of the WAI-SR?

Method:

Forward/backward translation including a Delphi process. The forward translation was undertaken with two Italian general practitioners (GPs), one linguist, and one psychiatrist all fluent in English. The forward translation was submitted to 20 Italians to ensure that final translation will be fully understandable for Italian peoples and health workers. A Delphi process was used to reach a consensual Italian version. The consensual Italian version was submitted to a backward translation (with two Italian English teachers) in order to check if conceptual or cultural discrepancies existed between the two English versions (forward and backward), and accordingly corrected the Italian translation.

Results:

18 experts eventually participated in the whole Delphi process. A consensus was reached at the first Delphi round. The backward translation found out two discrepancies, which were corrected.

Conclusions:

The WAI SR is now translated into Italian and fully usable In Italy. The EGPRN has full access to this translation to achieve international surveys on therapeutic alliance using exactly the same measurement tool in each country.

Points for discussion:

Using and promoting translated scales is a key point for EGPRN.

Presentation on 12/05/2018 14:00 in "Poster Session 6 - "Miscellaneous"" by Jean Yves Le Reste.

Theme Paper / Finished study

Continuity and compassion for the road ahead: A qualitative study of consultations about driving in patients with cognitive impairment

Carol Sinnott, Anthony Foley, Linda Horgan, Cormac Sheehan, Kathleen Mcloughlin, Colin Bradley

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Background:

Over 46 million people are living with dementia worldwide. Mild cognitive impairment is a precursor to dementia in up to one third of cases. General Practitioners (GPs) find consultations on fitness to drive (FtD) in people with cognitive impairment difficult due to potential damage to the physician-patient relationship.

Research questions:

To explore both sides of the FtD consultation (GPs and patients with cognitive impairment) in order to understand how acrimony associated with these difficult consultations may be mitigated.

Method:

Individual qualitative interviews were conducted with Irish GPs and patients. GPs were recruited via social media and professional meetings, and sampled by time qualified, practice location and practice size. Patients were recruited via driving assessment services, their GPs and social media. Where patients' cognitive impairment precluded their involvement, we offered family carers an opportunity to be interviewed instead. All interviews were audio-recorded and transcribed in full. Interview data were thematically analysed by the multidisciplinary research team.

Results:

Twelve GPs, five patients with cognitive impairment and a carer were interviewed. FtD was introduced into consultations in two ways: by GPs in an effort to proactively prepare patients for future driving cessation, or acutely by patients who needed a medical report to renew their driving license. The latter situation led to acrimony if patient expectations to have their report signed were not met. Relational continuity was necessary for the former strategy, and prevented crisis consultations arising. Despite the strategies used by GPs to lessen the impact of FtD consultations, patients called for greater clarity and empathy from their GPs for the threat of driving cessation.

Conclusions:

GPs used their longitudinal relationship with cognitively impaired patients to reduce the potential for acrimony in FtD consultations. These efforts could be augmented by explicit planning and empathy for those patients who are facing driving cessation as the outcome of these consultations.

Points for discussion:

The challenges of recruiting patients with cognitive impairment

The ethical dimensions of having a patients' longstanding GP conduct their fitness to drive assessments

What interventions other than education and training may help GPs in the conduct of FtD assessments in patients with cognitive impairment

Presentation on 12/05/2018 16:00 in "Parallel Session K - Theme Papers "Miscellaneous"" by Carol Sinnott.

Theme Paper / Finished study

Towards an indigenous definition of health: to understand the indigenous people's Health and Illness concepts to build an intercultural health system.

Estefanía Bautista, Victor Duque, Adriana Verdugo, Viviana Dávalos, Nele Michels, Kristin Hendrickx, Veronique Verhoeven

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Background:
The need for a hermeneutical approach of health, including the indigenous perspective, has not been taken into account in the genesis of new intercultural health systems, nevertheless the importance in National Health Care Systems in almost all countries in Latin America

Research questions:
The aim is to explore the concept of Health and Illness among the Kichwa and Shuar ethnicities' healers in the south of Ecuador and to propose a clear definition to empower their own socio-cultural and linguistic code

Method:
Eleven focus groups with 110 participants were conducted in three different places with participants of Shuar, Kichwa and half-blood ethnic groups in the south of Ecuador. A phenomenological and hermeneutic analysis was used as this study aims to explore narratives (perceptions) of heath and illness of the healers of south of Ecuador

Results:
Fourteen main subtopics around the two predefined topics, “Health” and “Illness” were found and two more topics emerged: “Family” and “Culture, customs and identity”. By analyzing all the topics and subtopics narratives a health and illness definition was developed.
Furthermore, the salience of family and the loss of cultural identity in the new generations emerged. Therefore, efforts are made to recover the culture and to return to a way of life that they consider more healthy and harmonious.

Conclusions:
For the indigenous people of Ecuador Health and Illness have different meanings which must be valued in order to build an intercultural system that empowers the ancestral knowledge and returns the protagonism to the indigenous people

Points for discussion:
Health and illness concept

Intercultural competence

Presentation on 12/05/2018 16:00 in "Parallel Session K - Theme Papers "Miscellaneous"" by Estefanía Bautista.

Freestanding Paper / Ongoing study no results yet

A qualitative evaluation of a shared care card for patients with enduring mental illness

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

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Background:

People with an Enduring mental illness (EMI) - schizophrenia, bipolar disorder and/or (recurrent) depressive disorder - have a mortality rate two to three times higher than the general population. This discrepancy is partly caused by a lack of integration of primary and secondary services. Qualitative interviews have shown that Irish GPs are concerned with their ability to communicate with EMI patients and with secondary care providers. In the Irish setting, many psychiatric services do not currently use electronic systems. Therefore, to promote better communication between primary and secondary services, as well as better communication between service-users and service-providers, this study developed a patient-held shared care card.

Research questions:

What are GPs' and service-users' opinions of a patient-held shared care card for patients with enduring mental illness?

Method:

Eighteen practices signed up to use the shared care cards. Semi-structured interviews will be carried out with a GP and a patient from each participating practice. These will be conducted either in person or over the phone by one of the authors. A thematic analysis of the transcribed interviews will be conducted by two researchers independently. They will then discuss emergent themes to reach a consensus.

Results:

No results yet.

Conclusions:

A shared care card may address issues in communication between primary and secondary care services in Ireland. It could inform policy around integrated care in Ireland. The card may also contribute to better engagement by service-users with their service providers

Points for discussion:

How might the card be changed?

Are there alternatives to the shared care card?

Presentation on 12/05/2018 16:00 in "Parallel Session L - Freestanding Papers "Patient Held Records"" by Ivana Pericin.

Freestanding Paper / Almost finished study

The Patient Held Active Record of Medication Status (PHARMS) Feasibility Study

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Background:

Medication errors are a major source of preventable morbidity and mortality. Many occur at the interface of primary and secondary care, as patients move between hospital and the community. Novel interventions are required to facilitate accurate transfer of medication information. With evidence supporting the use of information technology (IT) and the patient representing a constant in transitional care, an electronic patient held medication record may provide a solution.

Research questions:

Is the introduction of an electronic patient held medication record at the primary-secondary care interface:

1. Feasible
2. Acceptable to key stakeholders
3. Of benefit to patients

Method:

A non-randomised study with intervention and control arms was conducted in 5 general wards of a university hospital. Inpatients ≥60 years, taking >3 medications, attending one of 4 general practices (GPs) were issued with a device used by hospital doctors to generate the discharge prescription. The device transmitted discharge medication information electronically to the GP record. Primary outcome was occurrence of prescribing error on discharge prescriptions. Thematic analysis of interviews with patients, hospital doctors, GPs and IT professionals and non-participant observation was used for process evaluation.

Results:

127 patients were recruited: 61 control and 41 intervention patients included in the analysis. Error number was higher in the control group (Incidence Rate Ratio 4.9 95% CI 3.2-7.5, $p<0.001$) with an absence of errors pertaining to patient information and legibility among intervention patients.

Interviews with a census sample of hospital doctors (n=13), GPs (n=8), IT professionals (n=2) and all available patients (n=12) found the device to be useful and acceptable. Difficulties pertaining to implementation identified through non-participant observation included IT hardware malfunction and deviation from routine practice.

Conclusions:

An electronic patient held medication record may reduce prescribing error during transitional care and is feasible and acceptable in both general practice and secondary care. Larger scale evaluation is warranted.

Points for discussion:

What is the experience of GPs in other countries of transfer of medication information and patient information in general between primary and secondary care?

The device that we used operates using USB technology and is not location specific. Would others see a role for using this in countries other than Ireland?

Does the audience have experience of using patient held records and if so have they encountered any barriers?

Presentation on 12/05/2018 16:00 in "Parallel Session L - Freestanding Papers "Patient Held Records"" by Elaine Walsh.

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