

# Ankara Meeting

**Friday 9th to Sunday 11th May, 2003**

The following is a list of abstracts of papers presented at the Ankara EGPRN meeting. Click on a title to view the relative abstract.

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## **Presentation by Number, Title and Author:**

- [1:](#) "Urinary tract infections in male general practice patients," by Eva Hummers-Pradier from Germany
- [2:](#) Not delivered
- [3:](#) Not delivered
- [4:](#) "Inappropriate antibiotic prescribing for adults with upper respiratory tract infections," by Unluoglu Ilhami from Turkey
- [5:](#) "Antibiotic Use at a Primary Care Institution from Kocaeli, Turkey; a Short-Term Study," by Rusan Topalli from Turkey
- [6:](#) "Nasal carriage of methicillin-resistant staphylococcus aureus among staff of Ibni Sina Hospital," by Ayse Gülsen Ceyhun from Turkey
- [7:](#) "A close encounter to varicella epidemiology in family medicine," by Zlata Ožvacic from Croatia
- [8:](#) "Measuring the quality of life for patients with hepatitis C in general practice on Crete," by D. Peios from Crete
- [9:](#) "Prevalence of Hepatitis B Virus, Hepatitis C Virus Antibody And HIV at Ankara University School Of Medicine Ibn-i Sina Hospital Staff," by A.Selda Tekiner from Turkey
- [10:](#) "Hepatitis; An important health issue of the New World. What is the situation in Kirikkale?," by Selda Hizel from Turkey

**11:** Not delivered

**12:** Not delivered

**13:** Not delivered

**14:** "Medical Errors in General Practice. Results of the PCISME Study in Germany," by Martin Beyer from Germany

**15:** "Older patients' views on improving their involvement in primary care: a qualitative study in 11 European countries," by Paul Van Royen from Belgium

**16:** "Measles epidemics in rural Sirnak Province in southeast of Turkey in 2001," by Pakize Gamze Erten from Turkey

**17:** Not delivered

**18:** "Prevalence and patient awareness of the influenza vaccine in general practice in Stara Zagora - Bulgaria," by Plamen K. Konstantinov from Bulgaria

**19:** "The knowledge of women about the mode of action of the contraceptive method they use," by Nihal Aladag from Turkey

**20:** "The stress caused by emotional conditions - affects us," by Sofica Bistriceanu from Romania

**21:** "Effectiveness of Primary Health Care Services as a Point of Entry to the Health Care System," by Erkan Melih Sahin from Turkey

**22:** "Health Care for the Chronically Ill," by Erkan Melih Sahin from Turkey

**23:** "Characteristics of Smoking Habits of Young Adults," by Erkan Melih Sahin from Turkey

**24:** "Affects of Anthropometric Measurements on Fasting Blood Glucose Levels," by Bektas Murat Yalcin from Turkey

**25:** "Is The Halves Rule of Hypertension Valid In Edirne?" by Bektas Murat Yalcin from Turkey

**26:** "CMV, rubella, toxoplasmosis, hepatitis B and hepatitis C incidences among pregnant women in Ankara, Turkey," by Murat Erdogan from Turkey

**27:** "Assessing the relationship between the accordance of primary health care services with the principles of family medicine (WONCA Europe 2002) and patient satisfaction," by Arzu Arikan from Turkey

**28:** "Recent data on incidence of infectious diseases in Hungary," by Imre Rurik from Hungary

**29:** "Vaccination of at risk patients against influenza: a health and economic benefit for the community?" by Davorka Vrdoljak from Croatia

**30:** "Infectious diseases and/or illnesses of presumably infectious aetiology - in general practice. Changes in the past 50 years?," by Waltraud Fink from Austria

**31:** "Antibiotic prescribing: attitudes of residents," by Serpil Aydin from Turkey

**32:** "Gender differences during direct observation of doctor-patient encounters," by Hava Tabenkin from Israel

**33:** "Evaluation of complementary and alternative medicine by conventional medicine academic doctors," by Selcuk Mistik from Turkey

**34:** "A Community Program to Improve the Treatment of Patients with Coronary Heart Disease," by Moshe H. Schein from Israel

**35:** "Back to work after myocardial infarction-the process and contributing factors," by Sophia Eilat-Tsanani from Israel

**36:** "How contagious is a GP during the influenza period?" by Barbara Michiels from Belgium

**37:** Not delivered

**38:** "The preparedness of primary health care centres for critical emergency situations," by Hakan Yaman from Turkey

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PRESENTATION 1: Friday 9th May, 2003

09.05 - 09.35 h. THEME PAPER

TITLE: Urinary tract infections in male general practice patients

AUTHOR(S): Eva Hummers-Pradier(1)

Ann Marit Ohse(1)

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Background: Research on urinary tract infections (UTI) has focussed on women. Little is known about men presenting to their general practitioner (GP) with symptoms of UTI.

Methods: In 39 (of 120 invited) teaching general practices, urine cultures and resistance testing were performed during 4 months on all patients presenting with symptoms evoking UTI. Additionally, GPs completed a questionnaire on each patients' symptoms, risk factors and treatment. 16% of all patients were men (n=91), their median age was 61 years

Results: Men most often complained of frequent voiding (44%), dysuria (42%), suprapubic or kidney pain (13% each). 18% had suffered from previous UTI. One third (38%) had additional risk factors (diabetes 13%, permanent catheter 10%, urinary surgery 7%, renal failure 4%, recent antibiotic treatment 4%). Antibiotics were prescribed for 36% (42% cotrimoxazol, 33% quinolones), mostly for 5-10 days. In 21%, an ultrasound examination was performed, 7% were referred to an urologist and 35% were asked to return for a control. After urine culture, a UTI (> 105 CFU/ml) was confirmed in 29%, 40% had sterile urine, 31% "low-count"-UTI. E. coli and enterococci were the most common organisms. Resistance levels were high: 53% for amoxycilline and cefaclor, 28% for cefixim, 22% for ciprofloxacin, 34% for trimethoprim and cotrimoxazol, 25% for nitrofurantoin.

Conclusion: Men with symptoms evoking UTI were more common in general practice than expected. Only one third of symptomatic men had UTI confirmed by culture. In bacteria causing male UTI, resistance levels were surprisingly high against all common antibiotics. Appropriate management strategies are not sufficiently well defined.

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[Back to the top](#)

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PRESENTATION 2: Not delivered

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[Back to the top](#)

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PRESENTATION 3: Not delivered

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[Back to the top](#)

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PRESENTATION 4: Friday 9th May, 2003  
10.50 - 11.20 hrs. THEME PAPER

TITLE: Inappropriate antibiotic prescribing for adults with upper respiratory tract infections

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Background: Upper respiratory tract infections (URTIs) are a common presentation reason to primary health care centres. Inappropriate antibiotic use is widespread for the treatment of upper respiratory tract infections in spite of the lack of benefit in relieving symptoms and preventing complications. Furthermore the resistance of bacteria is a growing public health concern.

Objectives: To determine the rate of antibiotic overuse in the treatment of adults with URTIs such as sinusitis, pharyngitis, tonsillitis, common cold infections, with regards to culture results.

Methods: The study was conducted at the primary health care (PHC) called Medico-Social Center of Osmangazi University, Eskisehir, Turkey with cases being prescribed antibiotics and followed-up for 12 subsequent weeks between October 1st and December the 31st, 2002. The patients who visited the centre with a main complaint of sore throat,

above 16 years of age, irrespective of sex, nationality, marital status, occupation and location, were included. The data were recorded in a previously designed form which included the demographic characteristics, clinical diagnosis, laboratory investigations of the patients. The Chi-squared statistical test was employed in comparing categorical variables. A p value of <0.05 was considered significant.

Results: Three hundred and thirty nine patients were enrolled in this study. Out of 339 patients, 165 (48.7%) were male, and 51.3% (174) female. The majority of the patients were less than 30 years old (54.3%). Of all the patients, culture swabs were taken and only 56 (16.5%) were positive. Although the clinical diagnosis did not show a significant relationship with the result of cultures ( $p>0.05$ ), the medicines prescribed by the physicians did ( $p<0.05$ ). Most of the patients were diagnosed as having pharyngitis (22.7%), followed by acute bacterial rhinosinusitis (20.1%) and tonsillitis (19.5%). The most frequently prescribed medicine was penicillin (39.1%), followed by cephalosporins (28.8%) and macrolids (26.8%).

Conclusions: In only 16.5% of the patients prescribed antibiotics, culture swabs were positive. This indicates that the physicians in the health centre of the university are prescribing antibiotics inconsistently. If antibiotic misuse continues, not only will the costs of care continue to increase but resistant bacterial infections will become increasingly common. This highlights the need for more prescriber education, especially as the range of medications available for general practitioner prescribing increases.

Relevance to EGPRW: PHC plays an important role in the treatment of URTIs. Although there is no evidence to prescribe medicine for URTIs, PHC physicians prescribe medicine for almost every patient. Since the spread of antibiotic-resistant bacteria is associated with antibiotic use, its being discussed in the European Forum would be profitable.

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[Back to the top](#)

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PRESENTATION 5: Friday 9th May, 2003  
11.20 - 11.50 h. THEME PAPER

TITLE: Antibiotic Use at a Primary Care Institution from Kocaeli, Turkey; a Short-Term Study

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**Background:** Complaints related to infectious diseases is a frequent cause of attendance to primary care settings. Saglik Ocagi (SO) is the main primary care institution of Turkish health care system. The workload of primary care institutions is not widely studied in Turkey and irrelevance of medical records is a great problem.

**Objectives:** To evaluate the frequency of infectious diseases and antibiotic use at primary care institutions and to have a basic information to guide future research.

**Methods:** Records of patient visits to SO, were screened for one month (January 2003). Parameters routinely recorded were evaluated (age, gender, diagnosis, treatment, and medications).

**Results:** During the study period, 1789 patient encounters occurred at the SO (81.3 per day for 22 work days). Mean age of the patients was  $45.2 \pm 23.5$  years (0 days to 97 years) and 63.3% of the patients were female. Infectious diseases were diagnosed in 41.0% of the visits (n=734). Of the infectious diagnoses, 77.5% were upper respiratory tract infections including otitis and sinusitis. Second largest group was lower respiratory tract infections (8.9% of the infections). 86.4% of the diagnoses were respiratory infections when upper and lower respiratory tract combined. 33.3% of the patients were prescribed systemic antibiotics (1.3% were prescribed two antibiotics). The most prescribed antibiotics were amoxicillin-clavulanate (33.7%), ampicillin-sulbactam (11.2%) and cefuroxime axetyl (9.6%). First line antibiotics recommended by guidelines for respiratory infections, such as amoxicillin and penicillin were prescribed 7.6 and 4.7 % respectively.

**Conclusions:** Infectious diseases were frequently diagnosed at the primary care level. With respiratory tract infections the most frequent diagnosis, the results of our study are in accordance with primary care literature. Although mostly viral in nature, antibiotics were frequently prescribed for respiratory infections and antibiotic choices were not appropriate according to current guidelines.

**Relevance to EGPRW:** Infectious diseases, mainly respiratory infections, are the most frequent cause for primary care visits. One of the causes for antibiotic resistance, that is a worldwide problem, is inappropriate use of antibiotics. Future research should be designed to evaluate the causes of irrational use of antibiotics and to plan possible interventions to reduce inappropriate prescribing.

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[Back to the top](#)

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PRESENTATION 6: Friday 9th May, 2003  
11.50 - 12.20 h. THEME PAPER

TITLE: Nasal carriage of methicillin-resistant staphylococcus aureus among staff of Ibn-i Sina Hospital.

AUTHOR(S): Ayşe Gülsen Ceyhun\*  
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Background: Methicillin-resistant Staphylococcus aureus (MRSA) has been a major cause of hospital-acquired infections in Turkey.

Aim: The aim of this study was to determine the incidence of nasal carriage of MRSA in Ankara University Ibn-i Sina Hospital staff.

Methods: This cross-sectional survey was performed between January and March 2003 in the out-patient clinic for hospital staff, which is run by Family Physicians. One hundred and fifty (150) patients with various health problems were included in the study. Forty-three (43) patients had no direct contact (administrative staff) and 107 patients were directly in contact with hospital patients (health care workers). Samples from both anterior nares were obtained on verbal informed consent, randomly. The samples were sent to the Central Laboratory in Stuart transport media and were inoculated on 5% Sheep blood agar and Mannitol Salt agar. The isolated colonies were identified using standard microbiological techniques. The antibiotic sensitivities of Staphylococcus aureus colonies was performed using API Staph 5 ATB System (bioMérieux).



Results: From 150 patients nasal cultures were positive for Staphylococcus aureus in 24 patients. Three (3) of the cultures (2%) which were Methicillin- resistant were obtained from nurses working in the urology ward intensive care unit and in the pain clinic which provides pain management to both inpatients and outpatients. All of the patients were treated with topical Mupirocin cream (Bactroban). Twenty-one patients who had positive cultures for methicillin-sensitive Staphylococcus aureus (MSSA) were advised to have another culture taken in two weeks time.

Conclusion: This preliminary study reflects the incidence of MRSA in a small number of hospital staff. Methicillin- resistant Staphylococcus aureus carriage rate has been found to be lower in our study when compared with some previous reports in Turkey. We believe that the reason for this result may be the small number of the study group and heterogeneity of the study population. A further study among individuals with similar risk factors is planned and will be conducted in the near future.

Relevance to EGPRW: Hospital staff outpatient clinic serves as a first contact place in a tertiary care hospital. This preliminary study reflects the incidence of MRSA in a randomized population receiving health care from this clinic.

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[Back to the top](#)

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PRESENTATION 7: Friday 9th May, 2003  
12.20 - 12.50 h. THEME PAPER

TITLE: A close encounter to varicella epidemiology in family medicine

AUTHOR(S): Zlata Ožvacic  
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Background: The Netherlands Institute of Primary Health Care, University of Utrecht, conducted "Health Monitoring Project" in 10 European countries. Department of Family Medicine, "Andrija Štampar" School of Public Health, Zagreb Medical School, participated in the research. Sentinel practice networks have been established to provide data on health indicators of the diseases managed predominantly in primary care. For self-limiting diseases like varicella there are no other information sources that would include professional judgement of incidence and limits of the disease in the community.

Aim: Aims of this research were to establish incidence of varicella as well as incidence of varicella in other family members not seeking help from a physician.

Method: Data on patients with varicella were retrospectively collected from medical records (incident cases). A prospective data collection, registered secondary cases of varicella in these families three weeks before to three weeks after the incident case. Another prospective data collection registered cases of varicella in the families with children under 15 years of age with no information on varicella infection in their medical records. Data on age, gender, and seeking help from a physician were collected.

Results: Out of 50 recruited, 19 family physicians collected data on 182 incident cases (52.7% boys): 84 (46.1%) in the age group 4-6 years, 70 (38.5%) in the age group 7-15 years, and 28 (15.4%) between 1-3 years of age. Another 103 children were registered as secondary cases: most of them 43 (41.7%), were in the age group 4-6 years. In 31 (30.1%) secondary cases no physician was consulted. In 95 investigated families, there were 139 children under 15 years with no registered varicella infection. 69 (49%) had varicella and 38 (27%) had consulted a physician but had not been registered.

Conclusions: Family physicians should actively search and register secondary cases of varicella in the families with one reported case, and register them in medical records. Such records would provide better morbidity registration of the population for which a family physician provides care.

Relevance to EGPRW: We hope to get feedback from colleagues and to discuss their experiences in epidemiological research on acute self-limiting diseases in general practice.

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[Back to the top](#)

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PRESENTATION 8: Friday 9th May, 2003  
14.00 - 14.30 h. THEME PAPER

TITLE: Measuring the quality of life for patients with hepatitis C in general practice on Crete

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Background: Hepatitis C is seen as a serious public health problem and it is particularly common on the island of Crete, where a high prevalence of antibodies against hepatitis C has recently been reported. An increasing number of HCV infected people have registered at the Spili Health Centre (SHC) in rural Crete, over the past few years . GPs' in both rural and remote areas are able to manage a-interferon treatment in HCV patients quite effectively with adequate guidelines and support from the local physicians .

Objective: This study reports the first attempts made towards the assessment of the quality of life of identified HCV infected people in this area.

Methods: Twenty-one of the 36 infected HCV people registered at the SHC, who had been invited to participate in the study, consented. A symptom based scale, together with two generic instruments, which measure the quality of life, were used in the study. These instruments included (a) the Greek version of SF-36 Health Survey and (b) the Quality of Well-Being Scale. The self-Administered Form 1.04 (QWB-SA, V1.04) introduced by R. Kaplan, T.G. Ganiats and W. J. Sieber, had been translated and standardised by the Clinic of Social and Family Medicine. After permission, the University of Crete included measurements of acute and chronic symptoms, self-care, mobility, physical and usual activities.

Results: The average score for the section which measured daily functions and mental health with the SF-36 health survey, found that the individuals who had received treatment with interferon (IFN-a) was significantly higher compared with those who had not ( $t = 2.24$  ,  $df = 16$  ,  $p < 0.05$  ). The results were similar when the QWB-SA was applied.

Conclusions: General Practitioners have in their daily practices effective tools in measuring the quality of life of HCV infected patients. The use of these two instruments for measuring the quality of life, in this study, is expected to contribute to the long-term evaluation of the therapy introduced by IFN-a.

Relevance to EGPRW: Hepatitis C is a chronic illness in several southern European countries and GP's are expected to play a key role in assessing the quality of life of these infected people at the time when they are considering the merits of various therapeutic actions. Therefore EGPRW delegates may be interested in discussing these tools and sharing ideas and proposals for a comparative European study.

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[Back to the top](#)

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PRESENTATION 9: Friday 9th May, 2003  
14.30 - 15.00 h. THEME PAPER

TITLE: Prevalence of Hepatitis B Virus, Hepatitis C Virus Antibody And HIV at Ankara University School Of Medicine Ibn-i Sina Hospital Staff

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Background: Hepatitis B virus (HBV), hepatitis C virus (HCV) and Human Immune deficiency Virus (HIV) infections are important blood-borne infections and hospital staff are more prone to these infections than the general population.

Aim: To determine the prevalence of hepatitis B surface antigen (HBsAg), antibody to hepatitis B surface antigen (AntiHBs), antibody to hepatitis C antigen (anti-HCV) and antibody to HIV antigen (anti-HIV) among Ankara University School of Medicine Ibn-i Sina Hospital staff.

Material and Method: This descriptive study was conducted from September 2002 through February 2003 in the outpatient clinic where primary health care is provided for the hospital staff. One hundred and seventy-four (174) hospital staff were evaluated for

HBsAg, AntiHBs, Anti-HCV, Anti-HIV. Blood samples were analyzed by using Microparticle Enzyme Immunoassay (MEIA) (Abbott AxSYM System). The statistical analysis was done using chi-square test.

Results: One hundred eighteen (67.81%) were female and fifty six (32.18%) were male. The age range was 23-52 years (mean of 33.6 years). The prevalence of HbsAg, AntiHBs and HCV were found to be 6.89 %, 62.06%, 3.44 % respectively. HbsAg prevalence was 10.71% among male and 5.08 % among female. HIV was not detected in anyone. HbsAg and Anti HCV coexistence was not detected in any staff.

Conclusion: Hepatitis B, C and HIV infections are public health problem of global significance. We must increase training of health care workers, especially men, about transmission and protection of the diseases and emphasize the importance of vaccination.

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[Back to the top](#)

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PRESENTATION 10: Friday 9th May, 2003  
15.00 - 15.30 h. THEME PAPER

TITLE: Hepatitis; An important health issue of the New World. What is the situation in Kirikkale?

AUTHOR(S): Selda Hizel,  
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Background: Viral hepatitis is an important issue of primary health care not only in Turkey but all over the world. Hepatitis A transmission is via fecal-oral route and its closely related to the developmental state of a population. Transmission of Hepatitis B

and C is mainly parental and these strains are the main vectors of chronic hepatitis, cirrhosis and hepatocellular carcinoma.

**Aim/Objectives:** The aim of this study is to investigate the seroprevalence of Hepatitis A, B and C virus (HAV, HBV, HCV) among children in the Kirikkale region.

**Method:** Children admitted to the outpatient clinics of Kirikkale University Medical School hospital, paediatric department from April 2001 to July 2002 were included in this study. HAV, HBV and HCV seromarkers of 603 patients were analysed by using microparticule Enzyme Immunoassay method in the Infectious Diseases Department Laboratories. Mean age of the study group was  $90.1 \pm 51.7$  months (Min 0 and max 180 months).

**Results:** Research findings are summarised in table I given below. Seroprevalences of HAV, HBsAg, anti-HBs and anti-HBc among all study group are respectively; 47/155 (30.32%), 8/423 (1.9%), 17/226 (7.5%), 103/218 (47.24%). None of the children in our study group showed seropositivity to HCV infection.

**Conclusions:** According to results of our study Kirikkale can be considered as endemic for Hepatitis A infection. Inappropriate hygienic behaviours may be the main underlying reason for the fast transmission of the infection. Prevalence of HBsAg and Anti-HBs and Anti-HBc are not very different than the other regions of Turkey. We can consider the high Hepatitis B immunisation rates in Kirikkale as the reason for low seropositivity rates.

**Relevance to EGPRW:** Viral Hepatitis infections are one of the most important issues of primary health care and can be prevented by appropriate hygienic behaviour such as hand washing and screening of risk groups and blood donors for parentally transmitted agents.

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[Back to the top](#)

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PRESENTATION 11: Not delivered

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[Back to the top](#)

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PRESENTATION 12: Not delivered

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[Back to the top](#)

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PRESENTATION 13: Not delivered

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[Back to the top](#)

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PRESENTATION 14: Saturday 10th May, 2003  
09.30 - 10.00 h. FREESTANDING PAPER

TITLE: Medical Errors in General Practice. Results of the PCISME Study in Germany

AUTHOR(S): Martin Beyer  
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Background: Following the Institute of Medicine's report (1999) errors in medicine have internationally become a problem of highest interest. Little research has been done on errors in general practice. Co-ordinated by the Robert Graham Center (American Academy of Family Physicians), an international exploratory study was performed in seven countries (US, Canada, Australia, New Zealand, UK, The Netherlands, and Germany). Results of the German part of the study will be reported.

Objectives: To test the feasibility of registering errors in general practice, to demonstrate the feasibility of a secured anonymous registration system, to classify types of errors and contributing factors following an international four-digit taxonomy of medical errors.

Methods: 20 general practitioners in Germany recorded (during Feb. to July 2002) perceived errors (related to single patients or related to practice procedures) using an anonymous, secured, web-based registration form. Questions about description, consequences, possible causes, and preventive actions in the future were answered. The error reports were coded independently by three researchers.

Results: 168 error reports (1 - 20 per practice) could be analysed. Following the German classification results, process errors made up 77.9% and knowledge and skills errors made up 19.0%. 30.9% of the errors concerned medication. The three contributing factors most often mentioned were; lack of attention to details, teamwork errors, and hurry or hectic practice. Major disagreement in coding was found in only 25% of the reports. A final adjustment of classification took place in March 2003.

Conclusion: Voluntary error reporting is a feasible component of investigations on errors in general practice. The classification following taxonomy allows for identifying main areas of improvement in practice. Our results show that a large proportion of errors results not from individual failure or neglect but from practice organisation.

Relevance to EGPRW: We want to draw attention within EGPRW to this important problem. We invite co-operation on further projects (e.g. in the field of medication errors, which will be our next area of research).

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[Back to the top](#)

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PRESENTATION 15: Saturday 10th May, 2003  
10.00 - 10.30 h. FREESTANDING PAPER

TITLE: Older patients' views on improving their involvement in primary care: a qualitative study in 11 European countries

AUTHOR(S): Hilde Bastiaens (1),  
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**Background:** There is growing interest in the involvement of elderly people in decisions about their own health care. IMPROVE is an international research project, designed to develop and evaluate programmes that implement patient involvement instruments to improve general practice care for people aged 70 years and older in Europe.

**Objectives:** To identify relevant barriers and facilitators for the implementation of patient involvement instruments in general practice care for older people

**Method:** A theoretical sample of patients aged 70 and older were interviewed in 11 European countries. They were asked to give their opinion on patient involvement (in general, advantages, barriers and facilitators). All interviews were audio-recorded, transcribed and analysed in accordance with the principles of 'qualitative content analysis'. An international code list (containing basic and free codes) was used, analysis was supported by checking of transcripts, double coding and checking the consistency of coding throughout the participating countries.

**Results:** In total 407 patients were interviewed (44% male and 56% female, mean age 79; age range from 70 to 96 years). Although most patients had difficulties understanding the concept of patient-involvement, they managed to give ideas about what it meant to them. Patients thought that by being more involved they would be better informed and feel more supported. Barriers and facilitators mentioned by patients included: - Doctor-patient interaction (being (un)able to communicate with their GP, a supportive relationship) - Organisational themes (accessibility of the practice including appointment systems, availability of home visits, difficulties in contacting the GP, use of advocates ) - Patient characteristics including 'mental state' (forgetfulness) and 'visual/hearing problems', the fact that 'patients have different needs', 'anxiety about receiving bad news'

**Conclusions:** Methods to improve patient involvement should focus on communication between GP and patient, should address organisational (home visits, appointment system) and practical (visual, hearing) issues and should stimulate an individual (patient centred) approach.

**Relevance to EGPRW:** Several EGPRW members were involved in this international project, already presented at previous workshops. Presenting these results on patient

interviews, prepared for a paper in an international journal, we hope for some final suggestions and comments from the EGPRW audience.

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[Back to the top](#)

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PRESENTATION 16: Saturday 10th May, 2003

10.50 - 12.15 h. POSTER

TITLE: Measles epidemics in rural Sirnak Province in southeast of Turkey in 2001.

AUTHOR(S): Ali Ceylan,  
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Background: In Turkey, 30,509 measles cases and 18 associated deaths were reported in 2001. The morbidity rate was 44.97 per 100,000 population and the mortality rate was 0.13 per million population.

Objectives: To investigate measles outbreak in Counties of Cizre and Idil of Sirnak Province between January and July, 2001 and to identify the applications carried out for controlling the outbreak by primary care physicians.

Method: Cases from village clinics and detected during home visits were evaluated. Throat swabs, urine and blood specimens were taken from these cases in order to isolate and confirm the virus. They were sent to Refik Saydam National Hygiene Center-Measles Laboratory, Ankara, Turkey.

Results: In 2001, a total of 1,243 cases were reported in Sirnak province, which signified a probable outbreak. 333 patients in Cizre and 219 patients in Idil were from the village clinics. Of the cases, in Cizre 8.4% (n=28) and in Idil 6.4% (n=14) were babies at the age of 9 months and earlier who had not yet been vaccinated. In Cizre 369 and in Idil 483 (totally 852) children under the age of 10 years were reached with home visits. In Cizre 140 (37.9%) while in Idil 96 (19.9%) of them were affected from this outbreak. A total of 17 new cases (8 in Cizre and 9 in Idil) at the exanthema phase were determined during home visits and these were considered as outbreak cases. Virus isolation was achieved in 12 cases. All isolates were sent to CDC for genotyping and classified as D6 group.

Conclusions: The measures to control measles outbreaks in the rural region of Turkey must include: partnership of local municipalities and international health organizations (e.g., WHO and UNICEF), rapid identification and vaccination of groups at high risk, an additional dose at 6-9 months for infants at high risk, house-to-house monitoring of vaccination coverage, and finally heightened surveillance in all regions of the country.

Relevance to EGPRW: Measles virus (MV) is one of the most important causes of worldwide infant mortalities. Therefore, measles outbreaks necessitate intensive intervention of doctors who employed in primary health care.

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[Back to the top](#)

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PRESENTATION 17: Not delivered

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[Back to the top](#)

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PRESENTATION 18: Saturday 10th May, 2003  
10.50 - 12.15 h. POSTER

TITLE: Prevalence and patient awareness of the influenza vaccine in general practice in Stara Zagora - Bulgaria.

AUTHOR(S): Plamen K. Konstantinov  
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Background: Influenza is a serious disease. Its importance has been emphasized by the recent epidemic in Europe, which affected millions of people. The influenza virus hits during winter. Each year a slightly new strain appears and authorities attempt to anticipate this so a vaccine can be developed. Yearly updated influenza vaccines are now readily available. However, in most countries less than half of all high-risk patients are vaccinated each year. General practice remains the greatest influence on people accepting influenza vaccination. People would have the vaccination if their doctor suggested it. If they knew about the effectiveness of the shots and if they received a reminder letter from their general practitioner.

Objectives: To quantify the level of awareness of the influenza vaccine within general practice populations. To identify how participants obtain information about the influenza vaccine. To ascertain the prevalence of influenza immunization in the population studied. To identify the demographic characteristics of participants who chose to be immunized.

Method: We decided a patient questionnaire was the most appropriate means of collecting raw data. It had to be user-friendly as well as providing essential information for analysis. The questionnaire comprised five questions which looked at gender, age, vaccination awareness and sources of awareness, number of vaccination recipients and reasons for not having it, and awareness of eligibility for free vaccination.

Results: The total number of patients who responded to the questionnaire was 284. The age groups zero to five and six to 14 years were significantly under-represented, suggesting that parents filled in the questionnaire for themselves rather than their child. In the category 15-24 years there were 26 responders, 25-64 years - 184 responders, 65-74 years - 45 responders and 75 + years - 24 responders. Our sample consisted of two-thirds female and one-third male responders. The first question allowed us to compare the levels of vaccination in males and females. The level of vaccination was 6% higher in males (males 43%, females 37%). As expected, the percentage of respondents who received the vaccination was highest in the age brackets entitled to receive free vaccination. The level of immunization in the over 65 group was in excess of 50%. The level was 0% in the two youngest age brackets, grossly affected by the very small sample size of these age groups. Indeed there was an increase from 27% uptake in the 25-64 age group to 83% uptake in the 65-74 age group. The most common reason for not having the vaccination was perceived lack of need. Cost was identified for second reason for not having the vaccination.

Conclusions: We conclude there is a high level of public awareness of the existence of the vaccine. Responders indicate the media and information from general practitioners as comprising their leading sources of information of the vaccine

Relevance to EGPRW: Primary care plays a leading role for the prevalence and awareness of influenza vaccine. General practice remains the greatest influence on people accepting influenza vaccination.

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[Back to the top](#)

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PRESENTATION 19: Saturday 10th May, 2003  
10.50 - 12.15 h. POSTER

TITLE: The knowledge of women about the mode of action of the contraceptive method they use

AUTHOR(S): Nihal Aladag  
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Background: In reproductive health services counselling is an important part of ensuring that clients make informed choices about the contraceptive methods. Pre-counselling for contraception generally emphasizes on the effectiveness and side effects of the method while the mode of action is covered, if any, superficially.

Objective: To evaluate female users' knowledge of the contraceptive method that they use and to determine its relationship with contraceptive pre-counselling.

Methods: In this cross-sectional study, follow up forms for women of reproductive age of one primary health care unit were used to assess the number of modern contraceptive

method users, from this a stratified sample size was calculated. Questionnaires were completed via face to face interviews.

Results: Mean age of the participants (n=228) was  $34.4 \pm 6.7$  years (range: 20 to 53) and most of them (45.2%) were high school graduates. Mean number of pregnancies per woman was  $2.5 \pm 1.7$ . Among the participants, 42.1% of the women knew the mode of action of the contraceptive method which they were using, whereas 32.5% (n=74) had "no idea". 47.4% (n=108) of the study group had received pre-counselling. 40.7% of the pre-counselled participants had sufficient knowledge about the mode of action of their preferred method, and 25% had "no idea". 89% of participants were satisfied with their contraceptive method. 12 of 73 IUD (Intrauterine device) users (16.4%) claimed to have complaints of irregular or heavy vaginal bleeding. 4 of 27 hormonal method users (14.8%) mentioned about mood disturbances, weight gain and hirsutism. Among the 106 condom users, 7 (6,6%) women complained of this method being "unnatural".

Conclusion: Our results revealed the lack of knowledge about mode of action of their preferred contraceptive method, once again highlighting the importance of efficient pre-counselling. Future research is needed to determine the importance of receiving information about the mode of action of contraceptive methods during counselling.

Relevance to EGPRW: Family physicians play an important role in giving pre-counselling, that is necessary for selection of the correct method and therefore play an important role in patient satisfaction, and effective and correct use of the method.

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[Back to the top](#)

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PRESENTATION 20: Saturday 10th May, 2003  
10.50 - 12.15 h. POSTER

TITLE: The stress caused by emotional conditions - affects us

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In this century, people usually are stressed and this affects their health status. Stress conditions are cited many times in the pathogenesis of diseases, and for this reason these aspects of our lives must be explored in depth to look at the relationship between them and biochemical, clinical features in different diseases. First, we must know the proportion of people affected by stress conditions and what are the reasons for their stress.

Materials and methods: An explanatory study was performed at my office, including 100 patients aged over 18 who visited me during two weeks in autumn 2002. Each patient who wanted to collaborate with me in this research program received my Questionnaire used to explore their perception of many problems in daily activities, including stress conditions.

Analysis: Proportions are used to summarize the data for the variables. I constructed confidence interval for proportions. The differences related to how patients perceived the relation between them and stress conditions: economic and emotional conditions of stress. Pearson's correlation co-efficient , 95% CI, was estimated.

Results: - In this group the perception of the new primary health care system developed here from 1999 is better than in the past . - The additional care services offered them by family doctor, with a payment, sometimes are preferred [41%]. Many people are not able to look at the economic aspects of their lives [59%]. - They considered the relationship between them and their family physician as a scientific, professional relationship but also as a confidante [94%]. - Usually people are stressed [72%] because of the economic aspects of their lives [59%] 95% CI :0.49 to 0.68, the emotional conditions [57%] 95%CI :0.47 to 0.66; professional aspect of their life [33%]. The correlation coefficient - Pearson' s  $r = 0,178$  , SE =0,110; 95% CI : - 0,036 to 0,377 [Program CIA -computer ] - In this group 4% were students, 20% post-graduate people, 76% were workers. - Their status in society: 5% unemployed, 59 % are office workers, 29% are retired, 7% were young people medically retired.

Conclusion: The changes in the income of people influenced their choice in many aspects in daily activities. Approximately 3/4 people are stressed. Emotional and economic aspects of their life represent more than half the determinants of their stress, and the differences between them seems to be very small. This suggests to us the importance of sentiments in our spiritual life having almost the same value as money. Each person is an entity functioning through material support offered him/her usually by money, and spiritual support composed by many elements of affect. These elements, if negative, many times produce a disturbance of the soul, destroying the body; in an opposite direction are the positive elements of affection. The relation between people must be reviewed from the sentimental point of view, which generally affects us. The income sometimes can affect many elements of our emotions.

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[Back to the top](#)

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PRESENTATION 21: Saturday 10th May, 2003  
10.50 - 12.15 h. POSTER

TITLE: Effectiveness of Primary Health Care Services as a Point of Entry to the Health Care System

AUTHOR(S): Erkan Melih Sahin  
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Background: Although health care foundations in our country are organized as primary, secondary and tertiary, people are free to choose their first contact care point. Even tertiary health care institutions like university hospitals could be chosen as a first contact point in certain consequences. There is a national primary health care system organized to fit geographical distribution but the health records used are not sufficient to comply with individual health care needs.

Aim: Being the first contact point in the health system is one of the main features of primary health care. In this study our aim is to identify whether the primary care foundations in our city are used as a first contact point of health services.

Method: The study population was within the municipality region of the Edirne and included 34,528 families and 114,937 people. A questionnaire prepared for this study was applied by face-to-face interview to a representative sample of 407 families. The 1,008 adults in these families were asked to answer and "to which health care foundation do you apply first when you seek health care" and "to which health care foundation do you think you should apply to, first when you seek health care". Their answers were grouped as primary care foundations, hospitals and private health care foundations.

Results: 532 of the cases were women (52.8%). 17.3% of them did not have any social security coverage. 177 of them (17%) thought primary care foundations should be used as a first point of contact, but only 112 (11%) actually used primary care foundations as a first contact point. Most of the subjects thought of (70%) and used (79%) hospitals as first contact point. The distance between their home and primary care foundation, their age and education level did not affect people's preference of choosing the health care



foundation as a first contact point, but social insurance and socio-economic status did. Although the usage of private health care foundations as first contact point was highest among the worse socio-economic classes, it is still the lowest.

Conclusion: This study has revealed that, primary health care institutions are not in the desired quality and quantity with resulting underutilization of their services.

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[Back to the top](#)

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PRESENTATION 22: Saturday 10th May, 2003  
10.50 - 12.15 h. POSTER

TITLE: Health Care for the Chronically Ill

AUTHOR(S): [Erkan Melih Sahin](#)  
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Background: Medical follow-up and patient education of the chronically ill is one of the main features of primary health care services. The current primary care system in Turkey is insufficient within this field.

Aim: In this study our aim is to identify whether proper health care has been provided to the chronically ill and clarify the role of primary care foundations in this field.

Method: The study population was within the municipality region of Edirne. A questionnaire prepared for this study was applied by face-to-face interview to a representative sample of 407 families (1333 people). Within these families, 356 people were considered chronically ill. This was a careful assessment of their statements, medications, test results, prescriptions and reports for continuous drug usage. They were asked to which health care foundation they had originally sought advice for their chronic disease: if they took appropriate medical treatment and whether they considered they had received appropriate information and education about their disease.

Results: Total chronic disease rates in Edirne were found to be 26.7%. There were 88 different diseases and 356 people classified as chronically ill. The most frequently seen diseases were; hypertension (13.4%), Diabetes Mellitus (3.3%) and hypercholesterolemia (2.5%). Among the chronically ill, 40 of them (11.2%) did not have a physician or health institution providing continuous care. Primary health care institutions provided health care for only 2.2%. 122 of the 356 chronically ill (34.3%) reported that the physicians did not provide information or education about their disease. 316 patients were stated to visit a regular doctor for their chronic disease however care provided for 83 of them (26.3%) did not include patient education.

Conclusion: This study has revealed that, follow-up procedures and patient education of the chronically ill have not been performed at primary health care institutions. 98% of chronically ill people seek care from other health care institutions rather than primary care. Patient education has not been included in the care provided by any of the health institutions including primary care. Appropriate and qualified primary health care is needed in our country and we hope family practice will enhance the quality of care for the chronically ill.

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[Back to the top](#)

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PRESENTATION 23: Saturday 10th May, 2003  
10.50 - 12.15 h. POSTER

TITLE: Characteristics of Smoking Habits of Young Adults

AUTHOR(S): Erkan Melih Sahin  
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Background: Smoking has well-known multi dimensional negative effects on health. Ideally we would prevent young people from becoming addicted to smoking, but at the very least we can support young people to quit smoking as early as possible.

Objectives: Examining a group of 18-35 year old subjects in Edirne, we aimed to investigate their smoking habits and to discover the smoking to socio-cultural ratio.

Methods: In our study we randomly selected 641 subjects between 18-35 years old who represent the population of Edirne which is a Turkish city located near Greece border. We investigated certain socioeconomic, demographic and life style characteristics of the subjects with a questionnaire and face to face interview prepared for this study.

Results: 49.3% percent of the subjects had active smoking habit. The smoking ratio was 61.5% among males and 39.1% in females. Living in urban region ( $\chi^2=9.729$ ,  $p<0.001$ ), and relatively low socioeconomic status were ( $\chi^2=15,678$ ,  $p<0.001$ ) found statistically significant whereas occupation, duration of education, marital status were not. The smoking subjects had a more sedentary life style than non-smokers ( $\chi^2=10,384$ ,  $p<0,001$ ). There was not a difference of anthropometric measurements between smokers, ex-smokers and non-smokers rather than the waist circumference were significantly higher in smokers ( $F=3.699$ ,  $p<0.025$ ). Most of the smokers had low Fagerström nicotine dependency test points. 82.3% of the subjects had points lower than 5, which indicated dependency.

Conclusions: Smoking is a very severe health problem among Turkish population. Nearly half of the young adults are smokers. There must be more effective national preventing activities. Primary care physicians should include anti-smoking counseling to the health care they provide.

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[Back to the top](#)

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PRESENTATION 24: Saturday 10th May, 2003  
10.50 - 12.15 h. POSTER

TITLE: Affects of Anthropometric Measurements on Fasting Blood Glucose Levels

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Background: Diabetes, hyperinsulinemia, and insulin resistance have both increased susceptibility to atherosclerosis and prevalence of atherogenic risk factors, notably hypertension, obesity and abnormal blood lipids. Also obesity predisposes to cardiovascular disease and stroke. Several large studies suggest abdominal obesity, rather than BMI or general obesity, is more closely related to cardiovascular risk. But there is a lack of knowledge about relation of anthropometric measurements and blood glucose levels of Turkish population.

Aim/Objectives: To study the population sample between 18-65 age and to find out the relationship between blood glucose and cholesterol levels with anthropometric measurements.

Methods: We studied with 1,936 subjects between 18- 65 years of age who represented the population of the Edirne city. The BMI of every subject was calculated and their waist, triceps skin fold measurements were taken after their fasting blood glucose and cholesterol levels are measured.

Results: There were 102 subjects (5.3%) who had an earlier DM diagnose and 150 subjects (7.9%) who had a blood glucose level of above 136 mg/dl. 708 subjects (36.5%) had normal BMI (<25 kg/m<sup>2</sup>) however 699 subjects (36.1%) were classified as over weight (25-29.9 kg/m<sup>2</sup>). 392 subjects were level I obese (30-34.9 kg/m<sup>2</sup>), 109 subjects (20.2%) were level II obese (35-39.9 kg/m<sup>2</sup>), and 28 subjects (1.4%) were level III obese (>40 kg/m<sup>2</sup>). Male subjects had higher blood glucose levels (mean=98.72 mg/dl) compared to females (mean=93.24 mg/dl). There weren't a significant difference between sexes according to their BMI (t=-1.181, p=0.070). There was a significant correlation between BMI groups and blood glucose levels (F=15.883, p<0.001). The glucose was positively correlated with age, triceps skin fold, waist circumference, waist hip ratio, cholesterol, systolic blood pressure, and diastolic blood pressure.

Conclusion/Discussion: In our data only 36.5% of our subjects had normal BMI. Also both sexes are susceptible to obesity, but males have higher tendency to have glucose intolerance. In our study we have seen that glucose levels were highly effected by anthropometric measurements. By controlling diabetes, glucose resistance and obesity, most of the subjects who will be expected as future cardiovascular patients will be protected from devastating results of this disease effectively.

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[Back to the top](#)

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PRESENTATION 25: Saturday 10th May, 2003  
10.50 - 12.15 hrs. POSTER

TITLE: Is The Halves Rule of Hypertension Valid In Edirne?

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Background: There is a "halves rule" in HT that says half of the HT patients could be diagnosed, half of the diagnosed could get proper medication, and systolic (SBP) and diastolic blood pressures (DBP) are in desirable levels in only half of the patients who could get medications. In JNC V report 68.4% of HT patients are diagnosed and among them 53.6% of patients take medication and 27.4% of them have regulated blood pressure measurements. In our country, the data of the TEKHARF study shows us that 18% of the Turkish HT patients have reached the optimum blood pressure levels.

Aim/Objectives: In our study we aimed to establish if the "half rule" is valid in Edirne. We examined the ratio of the diagnosed HT patients, together with their anti-hypertensive medications and any ethio-pathological risk factors they may have had.

Method: In our study, we randomly selected 1,936 peoples between 18-65 years old to represent the main population in Edirne, Turkey. A questionnaire prepared for this study was applied by face-to-face interview. We looked for certain socio-economic and demographic features, physical activity levels, and some life style measures of the subjects, measured their SBP, DBP, and calculated their body mass index (BMI). Utilization of health care services and details about their anti-hypertensive treatments were also noted in already diagnosed HT patients.

Results: 524 (24.1%) of the subjects were hypertensive that is described as having systolic blood pressure (SBP) =140 mmHg or diastolic blood pressure (DBP) =90 mmHg or diagnosed as a HT patient earlier. 249 (52.5%) subjects were diagnosed as HT earlier, 209 (83.9%) of them were using at least one antihypertensive medication and among them 83 (33.3%) had optimum blood pressure levels.

Conclusion: As a result, in our city only half of HT patients could be diagnosed. Over all 15.8% of the HT patients' blood pressures were regulated. The "halves rule" is valid in Edirne in spite of 83.9% of the diagnosed HT patients taking an antihypertensive

medication. The undiagnosed patients would clearly benefit from periodic blood pressure measurements.

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[Back to the top](#)

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PRESENTATION 26: Saturday 10th May, 2003  
10.50 - 12.15 h. POSTER

TITLE: CMV, rubella, toxoplasmosis, hepatitis B and hepatitis C incidences among pregnant women in Ankara, Turkey.

AUTHOR(S): Murat Erdogan\*  
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Background: CMV, rubella and toxoplasmosis are some of the most common infections associated with congenital anomalies and generally seen in the period of childhood in Turkey. These infections cause mild maternal morbidity, but have serious fetal consequences, and treatment of maternal infection frequently has no impact on fetal outcome. Hepatitis B is an important nationwide public health issue. Hepatitis B transmission from mother to newborn can be prevented by prophylaxis.

Objectives: This study was conducted to determine the incidence of CMV, Rubella, Toxoplasmosis, Hepatitis B and Hepatitis C among pregnant women in Ankara, Turkey.

Methods: The study group consisted of 307 women who were between 5 to 24 weeks of pregnancy and were admitted to Ankara University Faculty of Medicine. Their ages were ranging from 15 and 40. Their demographic and socioeconomic states were similar. One sample of blood was taken from the patients at the time of their first admittance. They are informed about the study and their consents were taken. CMV, Rubella and Toxoplasmosis Ig M and Ig G, HbsAg, antiHBs and anti HCV antibody levels were studied with ELISA tests. Results were analyzed by SPSS statistical program using the chi-square test.

Results: CMV, Toxoplasmosis and Rubella Ig M and Ig G antibody results were shown in Table-1 and results of the hepatitis markers were shown in Table-2.

Table-1

	IgM(-) IgG(+)	IgM(+) IgG(+)	IgM(-) IgG(-)	IgM(+) IgG(-)	Total
CMV	224 (% 91,05)	12 (% 4,87)	10 (% 4,06)	0 (% 0,00)	246
Toxoplasmosis	169 (% 83,66)	2 (% 0,99)	31 (% 15,34)	0 (% 0,00)	202
Rubella	228 (% 93,06)	2 (% 0,82)	14 (% 5,71)	1 (% 0,41)	245

Table-2

	HBsAg(+) antiHBs(-)	HbsAg(+) antiHBs(+)	HBsAg(-) antiHBs(+)	HbsAg(-) antiHBs(-)	AntiHCV(+)	Total
Hepatitis-B	11 (% 4,25)	4 (% 1,54)	104 (%40,15)	140 (%54,05)	-----	259
Hepatitis-C	-----	-----	-----	-----	1 (% 0,39)	259

Conclusion: Analysis of the results pointed out that population screening for CMV is not feasible in Turkey. Screening for Toxoplasmosis and Rubella should be done before conception if possible. If the planned screening was to be done during pregnancy, costs may increase because of non-standardization of laboratory methods, repetition of tests for proper surveillance and non-existence of a reference laboratory nationwide. Knowing the hepatitis marker status of pregnant women and offering hepatitis B prophylaxis is important for mother and child health.

Relevance to EGPRW: Incidence of CMV, toxoplasmosis, rubella, hepatitis B and C suggests the importance of preventive measures in Turkey. Therefore we believe drawing attention to EGPRW on the need of acknowledgement of health care clinicians on this matter will be rather beneficial in reducing the adverse effects of these infections.

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[Back to the top](#)  
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PRESENTATION 27: Saturday 10th May, 2003  
15.20 - 15.30 h. ONE-SLIDE/FIVE MINUTES PRESENTATION

TITLE: Assessing the relationship between the accordance of primary health care services with the principles of family medicine (WONCA Europe 2002) and patient satisfaction

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Background: Patient satisfaction studies have been used widely for quality improvement. However it is not always clear what exactly to improve: factors caused by the health care system or the practice itself. Research and experiences from different countries may not be appropriate for exchanging information, because of unstandardized content and possible cultural biases. Yet what is thought to be a cultural effect might be caused by health systems as there are observations to be tested. Changes in health systems and health reforms require exchangeable data. That the challenge is there's a complex relationship among the practice of family medicine, health systems, patient satisfaction and expectations and the principles of family medicine.

Objectives: On the basis of the principles of family medicine, to evaluate the factors affecting patient satisfaction, related to the health system and the practice itself.

Method: A "Health Care Services Scale" for the care-givers and a "Patient Satisfaction of Services Scale" for patients will be prepared. These scales will include two sub-scales: "Health System Inquiry" and "Practice Inquiry". Each item in the scales will be rated with a value. The scales will also be categorised, based on the principles of Family Medicine (WONCA Europe 2002 definitions), so that the implementation of principles could be evaluated by cross-matching the categories.

Results: We will present quantitative data and expect to point out the problematic areas in implementation of family medicine.

Discussion: Scales of this kind may be used for multiple research methodologies and when combined with qualitative methods may be very comprehensive. The scales may become a practical tool for screening or developing health care reforms, developing the theory of family medicine, making international studies, multi-ethnic studies in the same



country, revealing systems' effects, practice quality improvement and also could be used for accreditation purposes.

Relevance to EGPRW: Discussions in the EGPRW forum may provide international experiences in relation to discuss cultural factors. Partnerships and international studies via EGPRW are important to develop a tool from an idea. Preparing and sharing a multipurpose tool would help enhancing research activities analysing practices and health systems according to the principles of family medicine, thus aiding the implementation of the principles.

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[Back to the top](#)

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PRESENTATION 28: Saturday 10th May, 2003  
15.30 - 15.40 h. ONE-SLIDE/FIVE MINUTES PRESENTATION

TITLE: Recent data on incidence of infectious diseases in Hungary

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Background: The numbers and types of infectious diseases relate specifically to different countries and their health systems. They depend on many different factors like, climate, environment, social and economic level, and on the circumstances within which the potential patients are living and treated. The incidences of some infectious diseases are known because they are notifiable diseases and have to be reported to the Health Authority.

Aim: The aim of this short presentation is to inform the participants of the EGPRW meeting on the latest available data in Hungary.

Method: The data published in the Yearbook of the Hungarian National Statistics Office 2000. Epidemiological data from other reports were evaluated and presented on the slide.

Results; see slide.

Conclusion: Compared to the data registered earlier, there are some illnesses with lower and others with higher incidence. The greatest problem with this data is that the surveillance system, especially in primary care, do not always work correctly. Many cases remain unreported and some are misdiagnosed.

Concerning to EGPRW: One of the declared aims of EGPRW is to provide international information. It would be useful at every meeting to compare data, methodology, guidelines available in the member countries.

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[Back to the top](#)

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PRESENTATION 29: Saturday 10th May, 2003  
15.40 - 15.50 h. ONE-SLIDE/FIVE MINUTES PRESENTATION

TITLE: Vaccination of at risk patients against influenza: a health and economic benefit for the community?

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Background: People aged 65 or more are most susceptible to develop the complications of influenza. Campaigns about influenza vaccination are costly, but carry many health and economic benefits. Diminishing influenza complications lead to reduction of general costs for diagnostic procedures, reduces antibiotic prescription and potential bacterial resistance to them, as well as hospitalisation, morbidity and mortality rate.

Objectives: To analyse how many people from the group vaccinated against influenza referred to their GP with a respiratory tract bacterial infection and to determine the diagnostic procedures and treatment performed in those cases and to assess the cost benefit of immunization.

Method: A prospective follow-up study of 299 patients immunized against influenza was conducted in a GP practice in the season 2001/2002 till 15 February 2002. Vaccination

side effects, bacterial complications, diagnostic and therapeutics procedures according to their cost were analysed.

Results: Out of 1764 patients listed for this GP, 350 were aged 65+, and 299 (16.9%) patients were vaccinated against influenza. 149 of them aged 65 and over. 12 patients experienced side-effects from the vaccine, 9 people from the vaccinated group had an acute respiratory tract infection (seven patients aged >65). They were all referred for lab tests, 5 for chest X-rays and 3 for throat swabs, and two patients were referred for a specialist opinion. Antibiotics were prescribed to all 9 patients. One patient was hospitalised. The costs for all these procedures, excluding hospitalisation was 260.13 € (28.90 € for patient on average). According to literature, the incidence of bacterial complications for the group aged 65+, is 48% to 57%. A projection of 48% to the observed population, gives an absolute number of 168, and this multiplied by 28.9 € gives a total cost of 4,855.90 € just for minimal diagnostics and therapy of bacterial influenza complication, without a day of hospitalisation. The costs of vaccinating the whole 65+ population in this practice against influenza would be 2192,91 €

Conclusions: Annual vaccination against influenza of the 65+ population, especially those people with chronic conditions (chronic lung, heart or kidney diseases, diabetes), produces many health and economic benefits for the community.

What do you expect from the EGPRW: This study is generalisable to other general practices, stressing preventive activities as an important role for GPs.

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[Back to the top](#)

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PRESENTATION 30: Saturday 10th May, 2003  
16.10 - 16.40 h. THEME PAPER

TITLE: Infectious diseases and/or illnesses of presumably infectious aetiology - in general practice. Changes in the past 50 years?

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Introduction: What infectious diseases do GPs see nowadays? More, fewer, different types than in the past? As a rule, epidemiological data are presented for a few specific diseases in rather big populations

Objective/Aim: The paper presents data for infectious diseases in general practice, a) in the context of all consultation problems with non-specific symptoms, presumably caused by microbes and b) within the whole range of practice "morbidity". Furthermore, we investigated how the resulting figures compare with statistics about infectious diseases that were compiled in general practice fifty years ago.

Method: In 2000, 2001 and 2002, in a single-handed practice, all cases (episodes of care) were registered. The nomenclature of the health problems was developed from the categories developed in the results of consultation (episodes of care) in cases-statistics by R.N.Braun . The percentages of incidence of infectious diseases and of groups of symptoms, where an infection is presumed were compared with figures for the years 1957/1958/1959. Quite by coincidence, data registration at that time was carried out in the same region of Lower Austria.

Results: The majority of cases registered both fifty years ago and in the present study, were non-specific illnesses such as cough, pharyngitis, sore throat, catarrhs, fever and various combinations of these complaints, as well as diarrhoea and vomiting. Their percentage share has remained the same as well, except for febrile illness which has gone down by about a third of its 1950 rate. The year 1958 where there was an epidemic of the Asian flue, forms another exception. As for sinusitis, pneumonia, tonsillitis (strep-throat), otitis media, etc. there are some insignificant variations, although otitis was seen twice as often in the year of the Asian flu. There is a higher incidence of erysipelas now, and urinary tract infections almost quadrupled. Incidence rates of pyogenic infections have plummeted to a fourth compared to the fifties. Except for some interesting changes, the consistency of incidence rates are striking

Discussion: Even today the majority of what are presumably infectious health problems present with uncharacteristic signs and symptoms, where no disease can be diagnosed. As the management of patients with non-specific symptoms is often more challenging than dealing with a specific disease, the label given to the illness should express both the doctor's uncertainty and alertness.

Relevance to EGPRW: To contribute to the theme of the meeting figures from Austria. To raise the awareness of nomenclature problems for non-specific health problems.

1. Braun,RN (1961) Feinstruktur einer Allgemeinpraxis. Diagnostische und statistische Ergebnisse. Schattauer, Stuttgart. The definitions of these labels have, in the meantime, been published as: Landolt-Theus P, Danninger H, Braun RN (1994) Kasuographie. Benennung der regelmäßig häufigen Fälle in der Allgemeinmedizin.

2.Auflage Kirchheim, Mainz. (french) Rosowsky O, et alias (1999) La Casographie Le concept de " cas " selon R.N.Braun dans la gestion du risque en situation diagnostique " ouverte " Adaptation à la Classification Internationale des Maladies.

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[Back to the top](#)

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PRESENTATION 31: Saturday 10th May, 2003  
16.40 - 17.10 h. THEME PAPER

TITLE: Antibiotic prescribing: attitudes of residents

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As the antibiotic resistance is a worldwide problem and inappropriate and common antibiotic usage plays a great role in this important issue. Judicious usage of antibiotics has to be promoted. In Turkey, as the hospitals frequently act as primary care providers, members of the community tends to attend hospitals in order to cure common infectious disease. So the hospitals are very important in the treatment of community acquired infections in our country. In Turkish tertiary care hospitals, residents generally deal with patients in day clinics. In this study, we aimed to obtain the residents' attitudes to antibiotic prescribing, in order to define if there was an inappropriate common usage of antibiotics despite easy access to laboratory methods in a tertiary hospital. The other aim was to promote judicious antibiotic usage by identifying errors.

Materials and Methods: In this descriptive study, the residents belonging to surgical and internal departments which had day clinics were visited daily in the hospitals of the Schools of Medicine of Isparta Suleyman Demirel and Karadeniz Technical Universities, in October 2001. Questionnaires were administered which included questions about the most common type of infection seen in day clinics, the most common type of antibiotics, if they performed laboratory tests before prescribing, and the criteria for selection of antibiotics. The answers were collected at the end of the day. The names of the residents

were not asked. The data was performed numerically and in percent. The SPSS 9.05 program was used for the statistical analysis.

Results: Of the total of 186 residents, 137 (73.7 %) completed the study. The most common type of infection was the upper respiratory tract infection and the most commonly prescribed group of antibiotics was the beta lactams. The most common selection criteria were clinical experience and host factors.

Conclusion: Although laboratory tests were readily accessible to them, residents generally prescribed antibiotics according to their clinical experiences and host factors. Residents and members of the community should be educated on this important issue, in order to contribute rational antibiotic prescribing.

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[Back to the top](#)

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PRESENTATION 32: Sunday 11th May, 2003  
09.00 - 09.30 h. FREESTANDING PAPER

TITLE: Gender differences during direct observation of doctor-patient encounters.

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Background: In recent years there has been increasing recognition of women's health needs. However, little is known about how time during office visits to primary care physicians is spent by men and women. We examined gender differences in how time was spent during patient/physician encounters using data from the Direct Observation of Primary Care (DOPC) study. Methods: As a part of a multi-method study of 138 family physicians, direct observation of patient visits, medical record review and patient

questionnaires were used to examine gender differences in terms of how time was spent during the encounter and in the delivery of preventive services. Gender differences in the outcome measures were assessed by means of logistic regression and multivariate analysis of variance.

Results: The majority of adult visits (64%) were for women. Women reported poorer health, had higher rates of anxiety and depression, came in more for wellbeing issues, had more drugs prescribed, and raised more emotional issues than did men. After controlling for visit and patients characteristics, gender differences were still observed in how time was spent. Visits by women were characterized by more time spent on history taking, physical examination, structured intervention, patients' questions, screening, and emotional and family counselling. Visits by men were associated with more time spent on procedures, chatting and counselling on various health behaviours. Also, more eligible men than women received exercise, diet and substance abuse counselling.

Conclusions: Women differ from men on health services' utilization, selected demographic and visit characteristics, self reported health including emotional problems, delivery of preventive services, and on how time was spent during the encounter. Overall, these findings do not support gender stereotyping nor gender discrimination by primary care physicians. Nevertheless, further research is needed in order to understand the gender differences observed in time use and delivery of preventive services The importance for EGPRW: Gender medicine is an important topic. We want to increase primary care physicians' interest in this subject as well as in women's health issues.

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[Back to the top](#)

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PRESENTATION 33: Sunday 11th May, 2003  
09.30 - 10.00 h. FREESTANDING PAPER

TITLE: Evaluation of complementary and alternative medicine by conventional medicine academic doctors

AUTHOR(S): Selcuk Mistik\*  
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Background: Complementary and alternative medicine (CAM) is used by a considerable number of patients all around the world, and the number of medical schools which have courses on CAM in their curriculum is increasing.

Objective: The aim of this study was to find out the knowledge and attitudes of the academic doctors of orthodox western medicine towards complementary and alternative medicine and its use among their patients. Methods A questionnaire of 27 questions was administered to the academic doctors of Erciyes University Medical Faculty in October 2002. There are 367 residents, 3 specialists, 17 lecturers, 62 assistant professors, 50 associate professors and 86 professors working in the University Hospital, and the total number is 585. It was planned to perform the questionnaire by sampling one-third of the total number, and the study was stopped after about four weeks when 124(33%) residents and 72(33%) of the other academic staff (specialists, lecturers, assistant professors, associate professors, professors) were involved.

Results: The mean age of the responders were  $32.39 \pm 7.18$  where the minimum age was 22 and the maximum age 62. The questionnaire was administered to almost all branches of medicine, where the most frequent ones were Medicine (29/195), General Surgery (19/195) and Paediatrics (15/195). The ratio of residents to the whole group was 124/195. Acupuncture (177/195), herbal therapy (122/195), and massage (118/195) were the most frequently known CAM methods. The source of knowledge was mass-media (136), friends (31), patients (13), and seminars (6). Thirty-seven are interested in CAM, and three doctors have had a course on a modality of CAM. Eighty-two had been asked to provide information on CAM. Thirty-five had suggested a CAM to their patients. Ninety-three doctors know some people who have been performing CAM. There are eighty-one doctors who know some people who have had some benefit with the use of CAM. There are sixty-five doctors who have patients who are using herbal therapies. Thirty four doctors have at least once tried a CAM method. Ninety-nine doctors would suggest any CAM method in case of the existence of an incurable disease. Fifty-seven doctors know a modality of CAM which is licensed. One hundred and sixteen (61.1%) have stated that CAM methods should be licensed in Turkey. If CAM methods were licensed, 76 doctors stated that they would suggest at least one of them. There were 151 doctors who think that information about CAM should be given, and 93 think that CAM should be taught in medical schools.

Conclusion: Orthodox western medicine deals with treatment modalities tested by controlled trials. Any other method of treatment which is not supported by clinical trials can not be accepted. Although there are some CAM methods which are licensed and clinical trials are being performed, in order to accept the use of these, a method must have proven its effectiveness for every clinical case that it will be used.

Relevance to EGPRW: A lot of research must be done before the use of complementary and alternative medicine methods can be accepted.



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[Back to the top](#)

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PRESENTATION 34: Sunday 11th May, 2003  
10.00 - 10.30 h. FREESTANDING PAPER

TITLE: A Community Program to Improve the Treatment of Patients with Coronary Heart Disease.

AUTHOR(S): Moshe H. Schein

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Background: It has been demonstrated that effective management of risk factors and use of evidence-based therapies in patients with coronary heart disease (CHD) can lessen morbidity and lower mortality. However, a number of studies in Europe show that many patients are receiving sub-optimal treatment.

Objectives: To evaluate a program instituted to improve the management of coronary risk factors and secondary preventive drug treatment in patients with CHD living in the Modi'in community, a newly established city in central Israel.

Methods: An audit of the computerized medical records was carried out to identify patients with established CHD. The family practitioners were given feedback as to their patients' status regarding risk factor management and drug therapy. A series of seminars relating to CHD was arranged for the doctors and nurses.

Results: Out of a total population of 14,222 registered in the clinics, 240 patients with CHD were identified, 80% males. At baseline, 50% of the patients had a blood pressure (BP) above the target of 140/85mmHg (men 46%, women 67%), while 79% of diabetics had a BP >130/80mmHg. Thirty-eight percent had a total cholesterol above 200mg% (men 31%, women 59%). Eighty-six percent of the patients were receiving aspirin (men 90%, women 73%) while 80% of patients with congestive heart failure were receiving an angiotensin-converting-enzyme-inhibitor (ACE). These variables will be re-examined at regular intervals.

Conclusions: Baseline findings compare favorably with studies in Europe. However, control of hypertension needs to be improved, particularly among diabetics, and more intense lipid-lowering therapy is necessary. Women seem to have poorer control of hypertension and hypercholesterolemia and receive less preventive drug treatment.

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[Back to the top](#)

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PRESENTATION 35: Sunday 11th May, 2003  
10.30 - 11.00 h. FREESTANDING PAPER

TITLE: Back to work after myocardial infarction-the process and contributing factors

AUTHOR(S): [Sophia Eilat-Tsanani](#)  
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Background: In the Intensive Care Cardiac Unit (ICCU) the patient with acute MI experiences dramatic events. Tight control, isolation and pain killers help to ease the experience. When intensive care is ended, the patient goes back to real life: his family, work and primary care. As family doctors our targets of care are: to help the patient to accommodate to the new situation and to support secondary prevention. The patient should take medications, make regular visits to doctors and prepare him- or herself to go back to work. The patient should go back to work in accordance with his physical ability; with a good recovery he/she may be expected to be back at the same job within 6 weeks. The evidence show a different situation: Patients whose infarction is extensive and/or complicated return to work later. It is the same with women and people from lower socioeconomic class. Emotional distress, which exists in one third of post MI patients, influences withdrawal from work. On the other hand, employers tend not to reemploy people who have been through a MI.

The research question: For several years I noticed that the return to work of my patient was not always correlated with their state of health, I asked myself: What is the rate of returning to work and how was it related to the functional capacity? That was the first stage of a small scale research, which led to the second stage in which we tried to understand the MI patients' world.

Methods: The study was conducted during 1998-1999 in the Migdal Ha'Emek Health Center. The participants were patients who were hospitalized in Ha'Emek Medical Center with a main diagnosis of myocardial infarction during a 2 year period. We used the patients' records in the health center for collecting the morbidity data. Two interviews were conducted with a one year interval. In the first (telephone) interview patients were asked about their state of function (according to NYHA), and their employment before and after the MI. One year later one of the researchers met the patients. A semi-structured questionnaire was completed. The subjects covered were: the process of returning or not returning to work, reevaluation of functional capacity, an evaluation of self care, their perceptions concerning to their state of health, their health beliefs , and expectations.

Results: First stage: Sixty three patients were hospitalized for MI during the years 1997-1998, out of whom 23 died up to the end of 1998. Thirty seven patients were included in the study, aged 45-86. Eighteen of the participants were employed at the time of hospitalization, of whom only 7 were back to work, three were back to the same job and two to a part-time one. Being back to work was correlated only with the participants' age. Second stage: Up to 1999 4 more patients died. Twenty five were interviewed at the second stage. The perception of their health was medium to high in 17 and low in 4 of the participants. Answering an open question 3 described their functional state as better than before, which they related to the bypass surgery that improved their angina pains. Six reported on no change in their health situation. Ten reported on a physical deterioration and ten described a worsening in both their physical and mental function. Patients often ask themselves: Why it happened to me? Nineteen participants pointed at external factors as responsible for their disease (God, social, punishment...). Two felt self responsibility for not caring for their health. In relation to their health in the future, 15 expressed optimism, four were expecting worse, 6 expressed fear and anxiety. Concerning their self-care, 11 reported changes in their diet, 9 out of 13 quit smoking. The change made in diet was correlated with smoking cessation. When asking about their self-efficacy in taking their medication, the range was 5-7 (average 6.52). Fifteen were working prior to their hospitalization, only 5 of them were back to work. The working participants remarked that it was their wish to be back to work, supported by medical advice. From those who were not back to work, one was not permitted to do so for a medical reason. The employers of four others did not want them back. Six described the situation as their own decision not to work anymore, which led to early retirement.

Discussion: Several factors have an influence on the patient's function after myocardial infarction. Being back to work is a marker of good functioning. As we have shown, there are several contributing factors besides cardiac function. In the presentation we will give more details about the relations between the parameters, and quotations from the interviews.

The relevance to the EGPRW: I would like to propose a research project that will examine the situation in practices in other countries and different health systems and to find the similarities.

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[Back to the top](#)

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PRESENTATION 36: Sunday 11th May, 2003  
11.20 - 11.50 h. THEME PAPER

TITLE: How contagious is a GP during the influenza period?

AUTHOR(S): Barbara Michiels  
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Background: General practitioners are at risk of being infected with different types of pathogens. In the case of influenza they must be aware of their own possible role as a virus-carrier. We don't know whether vaccination of the GP against influenza can be useful to protect his patients.

Aim/objectives: To search for the presence of influenza viruses in the nose and throat of GPs during the influenza period.

Method: We included 39 non-vaccinated GPs, working in the region of Antwerp, who were asked to take nose and throat swabs when suffering from influenza-like symptoms themselves or after examination of patients with influenza. The swabs were analysed with an influenza rapid test (BD Directigen Flu A+B), virus culture (MDCK and Elisa) and RT-PCR.

Results: We gathered registration forms and swabs from 35 GPs during 8 weeks starting from January 8th, 2002. Twenty-two GPs suffered from upper respiratory tract symptoms . Four of them had a body temperature higher than 38°C. Only six out of 326 swabs scored positive (1 Rapid test + PCR, 1 Culture + PCR, 4 PCR). Three GPs had two positive swabs each and all suffered from the following symptoms: elevated body-temperature (39.50°C, 37.30°C, 37.30°C), cough, headache, muscular pain and general fatigue.

Conclusions/Discussion: The low score of positive swabs could be related to: the possibility that GPs carry less viruses because of a higher basic immunity. Secondly, it could be explained by incorrect technique of taking the swabs, by incorrect preservation and by a wrong time-schedule for using the swabs. We conclude that 22 (63%) of the 35 GPs suffered from upper respiratory tract symptoms, but only three (8%) of them carried influenza viruses in nose and/or throat.

Relevance to EGPRW: Little is known about the contagiousness of GPs during the influenza period. We used the results to design a cohort study planned during the winter of 2002-2003, in which the efficacy of an influenza vaccination in GPs is measured. Seventy five vaccinated GPs will be compared with 45 not vaccinated GPs for respiratory symptoms, serological titre raise and positive nose and throat swabs.

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[Back to the top](#)

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PRESENTATION 37: Not delivered

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[Back to the top](#)

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PRESENTATION 38: Sunday 11th May, 2003  
12.20 - 12.50 h. FREESTANDING PAPER

TITLE: The preparedness of primary health care centres for critical emergency situations.

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Background: Primary care health centres (PHCCs) are frequently visited for emergency reasons. PHCCs are expected to provide basic and advanced life support where they are located far away from the hospital emergency unit or there is delay in arrival of an ambulance; because a timely and appropriate approach to a emergency situation will improve the morbidity and mortality of the patient.

Objectives: To assess the availability of emergency equipment in the PHCC and the knowledge of the staff working there.

Method: The survey was conducted in 21 PHCCs located in a rural city (Isparta) in Southern Turkey. All PHCC's were assessed according to the availability of emergency equipment (Airway, air mask, bag, intubation tube, aspiration device, oxygen system), emergency drugs (adrenalin, dexamethazone, diuretics etc.), IV parenteral solutions and diagnostic-therapeutic equipment (ECG, defibrillator etc). The basic life support knowledge of the staff (n=195), working in these PHCCs, was tested by a 10-item test.

Results: In just 2 (9.5%) PHCCs a complete emergency set (airway, bag, mask, IV parenteral solutions, emergency drugs and other diagnostic equipment) could be found. Other PHCCs had only emergency drugs available. Emergency equipment was easily reachable in 19 PHCCs (90.5%), in the remaining PHCCs the equipment was locked. The staff of these PHCC's consisted of 43 (22%) doctors, 132 (67%) nurses/midwives and 20 (11%) health officers. Doctors scored the highest knowledge score (65.5%), followed by nurses/midwives (58.6% vs. 56.7%) and health officers (52.5%).

Conclusions: The results showed that PHCC's in our sample were not prepared for advanced life support. Knowledge scores revealed that the staff were in need of basic life support training. Further arrangements need to be stressed to make PHCC's in Isparta, Turkey "emergency-friendly centres". This will certainly lower morbidity and mortality of emergency patients.

Relevance to EGPRW: Primary care plays a leading role in basic life support as the first place of encounter in most countries. Little has been published on diagnosing this subject and discussion in our European forum would be profitable.

[Back to the top](#) |