

EUROPEAN GENERAL PRACTICE



RESEARCH NETWORK

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

EGPRN Co-ordination Centre: Mrs. Hanny Prick  
Netherlands School of Primary CaRe Research (CaRe), Universiteit Maastricht  
P.O. Box 616, NL 6200 MD Maastricht, The Netherlands.  
Phone: +31 43 388 2319; Fax: +31-43-388 2830; E-mail: [hanny.prick@hag.unimaas.nl](mailto:hanny.prick@hag.unimaas.nl)  
Website: [www.egprn.org](http://www.egprn.org)

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## **European General Practice Research Network**

**Plovdiv – Bulgaria**

**6<sup>th</sup> – 9<sup>th</sup> May, 2010**

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### **SCIENTIFIC and SOCIAL PROGRAMME**

***THEME: “Children in General Practice”***

**Pre-Conference Workshops**

**Theme Papers**

**Freestanding Papers**

**One slide/Five minutes Presentations**

**Posters**

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### **Place**

**Novotel Plovdiv**

**2, Zl. Boyadjiev str.; 4000 Plovdiv - Bulgaria**

**Phone: +359-32-934 136; +359-32-934 163; Fax: +359-32-934 160**

**E-mail: [reservation@novotelpdv.bg](mailto:reservation@novotelpdv.bg) or [sales@novotelpdv.bg](mailto:sales@novotelpdv.bg)**

**Website: <http://www.icep.bg/>**



**FRIDAY 7<sup>th</sup> MAY, 2010:**

**Location : Novotel Plovdiv**

**09.00 - 09.20: 1<sup>st</sup> Keynote Speaker: *Dr. Hans van der Wouden, PhD* – The Netherlands.**

**Theme: “Research in Children in General Practice: not popular yet feasible”.**

Childhood and adolescence are the most dynamic periods of life in terms of growth, exposure to new infectious agents, changes in the immune system, and physical and social maturation. The frequency of primary care consultations in the first years of life is high, and children show specific morbidity patterns. It is illusive to assume that recommendations for managing childhood disorders can be guided by either research performed in adults or research performed in secondary or even tertiary care settings.

The proportion of primary care research devoted to children is however surprisingly small. A quick scan of original research papers in six primary care journals over the year 2009 shows that less than 10% of papers concerned children or adolescents.

Several hypothetical reasons for this discrepancy can be thought of, for example:

- research in children is hard to fund
- research in children is unethical
- research in children is too difficult
- research in children is hard to publish.

In my presentation I will address and refute most of these arguments, illustrated with examples from primary care studies from all around Europe. The point I would like to make is that, if properly prepared and organized, it is entirely feasible to successfully perform studies in children in primary care that answer clinically relevant questions and are adequately powered.

From a wider perspective (not exclusively focused on children) I will address the pitfalls of patient recruitment in general practice and give examples of study characteristics that are related to successful completion of studies. My conclusion will be that by taking these factors into account, research in children in general practice is perfectly feasible.

**Johannes C van der Wouden  
Department of General Practice  
Erasmus MC, Rotterdam, the Netherlands**

**SATURDAY 8<sup>th</sup> MAY, 2010:**

**Location : Novotel Plovdiv**

**08.30 – 08.50: 2<sup>nd</sup> Keynote Speaker: Assoc. Professor Valentina Madjova – Bulgaria.**

**Theme: “Challenges facing child healthcare in Bulgaria”.**

As we all know, the end of the 20<sup>th</sup> century brought about dramatic changes in our country's political system, and along with it came a series of reforms in our healthcare system.

The onset of family medicine development is as late as 1997, when departments of General Medicine/Family medicine were established in all five medical universities throughout the country. Three years later, restructuring primary health care (PHC) transformed outpatient therapists and paediatricians into “general practitioners”.

While in the beginning of the healthcare reform we had 5800 GP practices, ten years later, there are a thousand less, with an average number of patients served by one family physician above 1500 people. Another tendency is the merging of solo practices into group practices, either private medical centres or larger healthcare structures.

All the above-mentioned features of family practice in Bulgaria led to serious challenges facing our child healthcare efforts. On one hand, demographic processes everywhere in Europe demand a special focus on children's health. For several reasons this is of particular importance for our country: the Bulgarian birth rate is among the lowest in Europe, and abortions are frequent. These negative demographic trends lead to a gradual aging of the average population. On the other hand however, child healthcare in Bulgaria has some important advantages: 1) many GPs have specialized in paediatrics, have specific knowledge and skills and use various approaches in their work with; 2) serious research has been made into childhood obesity, diabetes and diabetic nephropathy in children, although conducting research with children is difficult because of specific characteristics – clinical, ethical and administrative; 3) most preventive activities of Bulgarian GPs are directed towards children.

Recently, there have been new legislative measures adopted to foster child healthcare, school-based health centres and youth policy. Still, it's difficult to find the balance between general tendencies in child diseases and the particular lifestyle characteristics of young Bulgarians. Managing such a balance is a challenge and one of our most important current goals.

**Assoc. Prof. Valentina Madjova, MD, PhD**  
**Head of the Department of Family Medicine in Varna Medical University, Bulgaria**  
**National Family Medicine Consultant for the Bulgarian Ministry of Healthcare**

PRESENTATION 1: Friday 7<sup>th</sup> May, 2010  
09.20 – 09.50 h.

THEME PAPER

TITLE: Results of a 10-years follow up of diabetic adolescents with microangiopathy in general practice.

AUTHOR(S): Valentina Madjova, V. Lotova, P. Mancheva, A. Zabounov  
Sv. Hristova, R. Assenova, G. Foreva

ADDRESS: Dept. Family Medicine, Medical University  
Bld. "Christo Smirnensky" 1, 9010 Varna-Bulgaria  
Phone: +35952-300-262; Fax: +35952300262  
Email: v\_madjov@abv.bg

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#### Background:

All scientific studies in the last few years are focused on detecting the earlier stages of chronic diseases' complications. Diabetes Mellitus as a metabolic disorder in man with great socio-economic significance is the main example for good preventive healthcare in general practice. Diabetic microangiopathy is more wide-spread than its clinical manifestations and now is recommended that its subclinical signs have to be detected earlier in childhood and adolescence in type 1 DM patients.

#### Research question:

To reveal the microangiopathic complications and their evolution in a 10-year longitudinal prospective study of 109 adolescents with type 1 DM from 39 general practices, using contemporary diagnostic methods.

#### Method:

We discuss the results of a prospective study among adolescent diabetics, using methods for early detection of nephropathy, retinopathy and polyneuropathy: provoked microalbuminuria, HbA1c, electromyography, sympatic skin response, direct ophthalmoscopy and biomicroscopy.

#### Results:

The most common microangiopathic complication is the peripheral damage of the nerves of lower limbs of the diabetics; diabetic nephropathy is the next and the nonproliferative retinopathy is the last complication among adolescent diabetics. In 45,2% of patients have polyneuropathy and 1/3 of them microalbuminuria simultaneously. The opposite correlation is stronger: in microalbuminuric diabetics polyneuropathy is more often (54,46%). In 93,62% of pts with retinal diabetic damages there are nonproliferative lesions and it is approx. 1/3 of all examined pts. The retinopathy persists in 100% of macroalbuminuric pts, in 72,97% of micro-albuminuric diabetics and only in 15,60% of diabetics without renal damages. These facts shows that there are strong correlations between all microangiopathic diabetic complications even in their subclinical forms.

#### Conclusions:

We recommend an early detection of subclinical diabetic micro-angiopathy and searching a correlation between its different forms even in childhood and especially in puberty, which is a risk period for initiation of diabetic nephropathy in girls.

#### Points for discussion:

1. What is the incidence of DM among children and adolescents in your countries?
2. What are the recommendations for screening and monitoring diabetic micro-angiopathy in young patients that GPs follow in your countries?
3. Do GPs treat adolescents with

PRESENTATION 3: Friday 7<sup>th</sup> May, 2010  
10.20 – 10.50 h.

THEME PAPER

TITLE: Priorities among Effective Preventive Services in Primary Health Care Setting.

AUTHOR(S): Georgi Tzigarovski, K. Elenski, R. Asenova, G. Foreva

ADDRESS: Dept. General Practice, Ambulatory Primary Health Care  
7, Gergana, str., 4003 Plovdiv-Bulgaria  
Phone: +359888526467  
Email: g\_cigarovski@hotmail.com

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**Background:**

Primary care physician have to initiate, coordinate and participate in preventive initiatives. There is a strict health policy in the scheduling of preventive services for children, but no guidelines regarding the early intervention and community support.

**Research question:**

This study is intended to describe how GPs address preventive services for adolescents (7-17 years old children) in clinical practice and to evaluate parents' involvement in the management of diagnosed health problems.

**Method:**

A cross-sectional study encompassing of GPs in Plovdiv District, Bulgaria, where recorded were preventive services with children - 2007 to 2010. Measures include data analyses on patients' age structure, coverage of prevention, encountered health problems during adolescence. Designed and implemented is a questionnaire for GPs on the impediments to the treatment practices, and the useful tools for health problems management.

**Results:**

Due to the recent health care reform, the primary care physicians have mixed professional background with the specialties in internal medicine, paediatrics or family medicine. The consequence is the great variety of the children number in patients' lists of the practices. Preliminary data shows 63.4% average of adolescents among the children group in the inquired practices. The preventive services coverage varies in terms of years and ambulatories within the interval from 67 % to 100%. The major health problems are myopia (average 16.23%), overweight/obesity (average 6,7%) and scoliosis (average 4.1%). According the questionnaire survey, common impediments to adolescents' treatment include: lack of parental motivation, lack of supportive services, and lack of clinical time.

**Conclusions:**

In spite of their high willingness to provide preventive services, the GPs experience a state of restriction ensuing mainly from the social and cultural environment.

PRESENTATION 4: Friday 7<sup>th</sup> May, 2010  
11.20 – 11.50 h.

THEME PAPER

TITLE: Adverse events in primary care pediatrics practising.

AUTHOR(S): C. González-Formoso, Eduardo Diaz Sanisidro, A. Claveria Fontán  
M.T. Ferreiro Losada, M.C. Velicia Penas, M. Iglesias Crespo

ADDRESS: Primary Care, area of South Pontevedra - Servizo Galego de Saude  
Rosalia de Castro, 50, 3C, 36201 Vigo-Spain  
Phone: +34635050277  
Email: jitxi@hotmail.com

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#### Background:

Patient safety is key element of healthcare quality improvement. Recent studies explore adverse events (AE) linked to treatments, care effects on patients, impact on health systems, and hospital AE. Primary care (PC) is the most frequented level, and has greater AE risk. There aren't many studies in PC Pediatrics.

#### Research question:

AE may affect at least 4% of paediatric patients consulted in PC; 40% of AE can be avoided.

#### Method:

Observational, cross sectional study. Based on recent APEAS study. Subjects: all the paediatric patients (0-15 years) consulted in PC Paediatrics, in 37 Primary Care centres of Pontevedra, during two weeks. Variables: 1.Incident: didn't harm the patient, but could otherwise. 2.Adverse effect: unexpected, derived from health care rather than the patient's illness. 3.Preventable adverse effect: 6-point scale (1= no evidence; 6= virtually certain evidence), considering a cutoff =4 to be preventable. 4.AE: set of incidents and adverse effects.

APEAS form: questionnaire adapted to paediatric population, developed from the University of Washington project on patient safety.

#### Results:

13,021 patients and 128 notifications of AE collected. Prevalence of AE was 8.06‰ (4.83‰ incidents, 3.23‰ adverse effects). 60% mild AE; 40% moderate; none severe. 82.9% originated in PC, 14.3% in hospital, 2.8% in Emergency Outpatient. Significant differences between professional categories: pediatricians reported more moderate adverse effects than nurses ( $p < 0.001$ ). 74.3% of AE were considered preventable (82% of mild, and 62% of moderates). 38.1% of AE were related to management, 24.8% to communication, 17.1% medicating, 15.2% diagnosing, 10.5% to care, 9.5% to other. 18% multiple caused. Healthcare wasn't affected in 47.6%; 48.6% was resolved in PC; 3.8% in hospital.

#### Conclusions:

We found AE in 8.06‰, 74% of them preventable. Exceptional polypharmacy in youngsters; most AE related to management and communication. Learning from AE would improve quality in health services.

#### Points for discussion:

1. Identifying and communicating the adverse events in healthcare.
2. Causes of adverse events in Paediatrics.

PRESENTATION 5: Friday 7<sup>th</sup> May, 2010  
11.50 – 12.20 h.

THEME PAPER  
Ongoing study with preliminary results

TITLE: care and hospital-based home in paediatric oncology: analysis of caregivers' behaviours.

AUTHOR(S): E. Fourneret, Yves Zerbib, N. Moumjid-Ferdjaoui, S. Arrouch  
B. Barret, A. Bertheau, C. Evangelista, A. Satchivi

ADDRESS: Dépt. de Médecine Générale, Université Claude Bernard Lyon 1  
Tour 105, place du 8 mai 1945, 69800 Saint Priest-France  
Phone: +33 4 72 28 90 04; Fax: +33 4 72 28 09 06  
Email: yvesz@orange.fr

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#### Background:

Each year, 1 800 new cancer in children cases are diagnosed in France, (< 1% of all new cancer cases). Home care seems to be an interesting alternative to traditional hospital care. But the present medical and paramedical demography grow further the personnel paediatric who care for children and for their families with others health care professionals.

#### Research question:

What are the reasons why home care for children can cause an issue for health care professionals?

#### Method:

To highlight the behaviours of the medical staff involved and to identify the causes of dysfunction, we performed a qualitative study based on 25 semi-directive interviews with 10 GPs, 6 self-employed nurses, 4 hospital nurses and 5 paediatric oncologists.

We explored four major themes:

- a. Caregivers' experience and representation
- b. Health and disease
- c. Features specific to paediatric oncology
- d. Assumption of responsibility of children in residence and their families.

#### Results:

Interviews with the GPs showed that:

- They have an institutional representation of health
- They are not much concerned by paediatric oncology: "Well fortunately one is not likely to deal with paediatric oncology all the day"
- In the GPs care setting: "That does not correspond to our... h'm! in our conditions of exercise local (...)"
- They want to Work in network: "that cannot be individual"
- The technical aspects worry them: "What frightens me is palliative care"
- They fear children's death: "the death of a child is what I dread most (.). A child's death is unacceptable, it is a complete failure"

#### Conclusions:

Home care for paediatric oncology is an issue for all caregivers (feeling of abandonment). The end of life from children has been widely discussed in this research. Health professionals can also experience a conflict between personal involvement and institutionalization of the home care for oncology paediatric.

#### Points for discussion:

1. Are there similar difficulties in other countries?
2. Are there studies around this problem?



PRESENTATION 6: Friday 7<sup>th</sup> May, 2010  
12.20 – 12.50 h.

THEME PAPER  
Ongoing study with preliminary results

TITLE: Awareness and practices of breastfeeding among mothers in Varna, BulgariaSt.

AUTHOR(S): Natalya Usheva, R. Pancheva, A. Popivanova, B. Varbanova  
M. Georgieva, V. Madjova

ADDRESS: Dept. Social medicine and health care organization, Medical University Varna  
Varna, 55, Marin Drinov str., 90002 Varna-Bulgaria  
Phone: +359 888 460420  
Email: natalya\_usheva@hotmail.com

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Background:

The breastfeeding awareness and practices according to WHO recommendations are not enough reported in Bulgaria.

Research question:

What is the awareness, the prevalence and the factors associated with the duration of breastfeeding in Varna.

Method:

The cross-sectional study of 1000 mothers (having children of age between 6 and 30 months) was conducted in 2009. The mothers completed a theory-based questionnaire about the breastfeeding awareness and social influences together with expectation and intention for breastfeeding while pregnant. Initiation and duration of breastfeeding, introduction of complementary food as well as socio-economic factors of parents were measured.

Results:

The rate of initiation of breastfeeding was 86,4%, but only 1,9% of newborns being breastfed within an hour of birth (mean - 12 hours). Exclusive breastfeeding up to 6 months was determined in 18,1% of infants. Median duration of breastfeeding was 6 months. Multiple regression analysis showed a positive significant association between the duration of breastfeeding and the educational level of the mothers ( $p < 0,001$ ) and their breastfeeding awareness ( $p < 0,01$ ).

High social support ( $p < 0,05$ ), the education level of the mothers ( $p < 0,001$ ), previous lactation experience for more than 2 months ( $p < 0,01$ ), existence of breastfeeding preparation during pregnancy ( $p < 0,01$ ) and early initiation of lactation (= 2 hours;  $p = 0,03$ ) were positively associated with the duration of breastfeeding. Sweetened water intake by infants, early introducing of complementary food (<4 months) were negatively associated with the breastfeeding duration ( $p = 0,001$ ).

Conclusions:

The breastfeeding awareness of the respondents and the breastfeeding practices do not comply with the international recommendations: exclusive breastfeeding has a low rate and breastfeeding duration is short.

Points for discussion:

1. The role of GPs in breastfeeding education of mothers.
2. The correct interpretation of the growth pattern of the breast-fed infants by the GPs.

PRESENTATION 7: Friday 7<sup>th</sup> May, 2010  
14.00 – 14.30 h.

FREESTANDING PAPER

TITLE: Diagnostic accuracy and user-friendliness of five point-of-care D-dimer tests for the exclusion of Deep Vein Thrombosis.

AUTHOR(S): Geert-Jan Geersing, D.B.Toll, K.J.M. Janssen, R.Oudega  
K.M.K. de Vooght, M.J.C. Blikman, R. Wijland, A.W.Hoes  
K.G.M. Moons

ADDRESS: University of Utrecht, Julius Center for Health Sciences and Primary Care  
Universiteitsweg 100, 3584 CG Utrecht-The Netherlands  
Phone: +31(0)887568020; Fax: +31(0)887568099  
Email: g.j.geersing@umcutrecht.nl

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Background:

Recently, several point-of-care D-dimer tests have been introduced. These tests enable rapid exclusion of deep venous thrombosis (DVT) without referring a patient to a central laboratory for conventional D-dimer testing.

Research question:

To quantify the diagnostic accuracy and the user-friendliness of five point-of-care D-dimer tests for excluding deep venous thrombosis (DVT).

Method:

Prospective cross-sectional study in patients suspected of DVT and referred by their general practitioner to one of three primary care diagnostic centers in the Netherlands. All patients underwent five point-of-care D-dimer tests: four quantitative (Vidas®, Pathfast™, Cardiac®, Triage®) tests and one qualitative (Clearview Simplify®) test. Compression ultrasonography was used as reference standard in all patients. A questionnaire among 20 users was applied to assess the user friendliness of each test.

Results:

All D-dimer tests showed negative predictive values higher than 99% in low risk patients. Vidas®, Pathfast™, Cardiac®, Triage® and Clearview Simplify® D-dimer tests showed a sensitivity of 0.99, 0.98, 0.94, 0.97 and 0.91 respectively while specificities were 0.42, 0.39, 0.62, 0.48, and 0.64, respectively. For the quantitative assays, the Vidas® and Pathfast™ devices showed limited user-friendliness for a primary care setting due to the need for a relatively difficult and time-consuming calibration and analyzer warm-up time as compared to Cardiac® and Triage® devices. For the qualitative Clearview Simplify® assay, no analyzer and calibration is needed, but interpretation of a test result is sometimes difficult due to poor colouring.

Conclusions:

Point-of-care D-dimer assays all show good and similar diagnostic accuracy. The quantitative Cardiac® and Triage® and the qualitative Clearview Simplify® D-dimer seem most user-friendly for excluding DVT in the doctors' office, i.e. without the need for referral elaborate laboratory testing.

Points for discussion:

1. What would be an acceptable proportion of missed DVT cases?
2. What would be needed for implementation of these point-of-care D-dimer tests (or point-of-care tests in general) in primary care in terms of reimbursement?
3. In this study patients were

PRESENTATION 8: Friday 7<sup>th</sup> May, 2010  
14.30 – 15.00 h.

FREESTANDING PAPER

TITLE: Delay in patients suspected of acute coronary syndrome in primary care: The potential value of heart-type fatty acid-binding protein, a novel marker for cardiac ischemia.

AUTHOR(S): Madeleine H.E. Bruins Slot, F.H. Rutten, G.J.M.G. van der Heijden  
A.W. Hoes

ADDRESS: Julius Center, University Medical Center Utrecht  
P.O. Box 85500, NL-3508 GA Utrecht-Netherlands  
Phone: +31887568620; Fax: +31887568099  
Email: m.h.e.bruinslot@umcutrecht.nl

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**Background:**

Troponin and creatinin kinase-myocardial band (CK-MB), the currently preferred biomarkers for diagnosing acute coronary syndrome (ACS), can be used from 6-9 hours after onset of symptoms. Heart-type fatty acid-binding protein (H-FABP), a novel cardiac biomarker, is detectable already one hour after onset of symptoms.

**Aims:**

To determine which proportion of patients suspected of AMI is seen by a general practitioner within 1-6 hours after onset of complaints.

**Methods:**

Time delay between first symptoms, call for help and GP-visit were recorded within a larger diagnostic study, evaluating the added value of a bedside test for H-FABP in diagnosing ACS in primary care.

**Results:**

301 patients were included. Mean age was 66 years (SD 14), 48% were males, 79% had one or more cardiovascular risk factors, 218 patients (73%) were referred to hospital and 66 (22%) patients suffered ACS. Patients waited a median of 2.2 hours before calling a GP (IQR 45-375 minutes) and were seen by a GP a median of 35 minutes later (IQR 23-60 minutes). In total 209 patients (69%) were seen by a GP within 6 hours after onset of complaints, 182 patients (61%) between 1-6 hours.

**Conclusion:**

An H-FABP bedside test that accurately discriminates patients with and without ACS can be of diagnostic value in patients suspected of ACS, as 61% of these patients are seen by a GP between 1-6 hours after onset of complaints.

PRESENTATION 9: Friday 7<sup>th</sup> May, 2010  
15.00 – 15.30 h.

FREESTANDING PAPER

TITLE: INR out patient heads or tails?

AUTHOR(S): Benoît Chiron, Fabien Claux, Malika Bensassi, Sebastien Cadier  
Patrice Nabbe, Marie Barais, Pierre Barraine, Bernard Le Floch,  
Jacques Mansouratti, Jean-Yves Le Reste

ADDRESS: Dept. Médecine Générale, Faculté de Médecine UBO  
Rue Camille Desmoulins, 29200 Brest-France  
Phone: +33 6 74 35 27 89  
Email: lerestejy@aliceadsl.fr

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**Background:**

About 900,000 people are treated with vitamin K antagonist (VKA) in France with 5000 iatrogenic deaths per year. The International Normalized Ratio (INR) does control this treatment. It is supposed to reduce errors related to the variability of prothrombin time (PT). INR is the result of (PT patient/ PT witness) Potency ISI (potency International Sensitivity Index of thromboplastin). An ISI close to 1 indicates good quality reagents. The samples must be done on citrated tubes, transported at room temperature and centrifuged within 2 hours. Any error changes the value of PT and is amplified by an insufficient quality reagent.

**Objective:**

Knowing the conditions for carrying samples from the patient's home, time delivery and quality of reagents used by laboratories.

**Method:**

Descriptive epidemiological study of prevalence, cross-sectional surveys conducted by liberal nurses, general practitioners and biologists from Brittany (France) in 2008. It examines practices around the sampling and coordination between professionals on managing for results.

**Results:**

Include 295 GPs, 255 liberal nurses, and 46 non-hospital laboratories. 32.5% of INR are outside therapeutic area. Samples are done in inadequate tubes in 5.5% cases, sent in cold storage in 9% of cases and 50% need more than 2 hours to arrive at the laboratory even in urban areas. With ISI average to 1.62, the reagents are of poor quality. The INR delivered by the laboratories are not analyzable in 64.7% cases for those made at home.

**Conclusion:**

The insufficient quality of collection, delivery and reagents cause the impossibility of analysing INR in more than one case on two. Is this finally a logical and understandable explanation of our 5000 iatrogenic deaths per year in France?

**Points for discussion:**

1. Are other countries using auto check PT in Europe?
2. Are GPs using in office PT checking happy with this system?

PRESENTATION 10: Friday 7<sup>th</sup> May, 2010  
14.00 – 14.30 h.

FREESTANDING PAPER

TITLE: Methadone substitution treatment in general practice: utopic or realistic? A qualitative research project.

AUTHOR(S): Lieve Peremans, Jessica Fraeyman, Linda Symons, Guido Van Hal  
Paul Van Royen

ADDRESS: Dept. Primary and Interdisciplinary Care, University of Antwerp  
Universiteitsplein 1, 2610 Antwerp/Wilrijk-Belgium  
Phone: + 32 3 265 29 43; Fax:+ 32 3 265 25 29  
Email: lieve.peremans@ua.ac.be

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#### Background:

Should every general practitioner (GP) help patients on methadone substitution treatment (MST)? Is it a regular medication treatment or isn't it? In the city of Antwerp the local government and the specialised centres want to decentralise the substitution delivery.

Research question: How feasible is MST by GPs in their private practices?

#### Method:

We used qualitative research with focus groups of GPs with and without experience of substitution delivery. There was a theoretical sampling strategy after analysing the first groups. We added in depth interviews and a focus group with GPs working in the specialised centres in the area.

The obstacles and solutions found in the interviews were assessed with stakeholders, selected on criteria of expertise and social impact. The stakeholders first got a survey by mail followed by a telephone interview to discuss the most interesting issues.

#### Results:

Anxiety, lack of competence, knowledge and experience are main obstacles in non-experienced GPs, to help patients with MST. Opioid dependent people have a stigma of aggression and giving inconvenience in practices. Experienced GPs mention a social oriented mission to reduce criminality and that it gives them a good feeling to reintegrate these people in society. Difficult collaboration with psychiatrists in emergencies and a repressive law are obstacles for all GPs.

There is no good practice guideline on the objective of treatment: starting dose, regimen and duration of detoxification are not clear for most GPs.

Physicians working in centres are frustrated by scarce interest and competence of GPs. This prevents referral to these GPs from older stabilised patients with co-morbidity.

#### Conclusions:

MST by GPs is marginal because of a lack of competence and interest. A too repressive law for physicians, lack of good recommendations and support in emergencies are obstacles to give care to stabilised patients on MST with co-morbidity.

#### Points for discussion:

1. Which health care models are beneficial in a long-term follow-up?
2. Who has done research on this topic?

PRESENTATION 11: Friday 7<sup>th</sup> May, 2010  
14.30 – 15.00 h.

FREESTANDING PAPER

TITLE: A qualitative study of lifestyle counselling in general practice in Ireland.

AUTHOR(S): Barry Lambe, Claire Collins

ADDRESS: Research Centre, Irish College of General Practitioners  
4-5 Lincoln Place, 2 Dublin-Ireland  
Phone: +35316763705; Fax: +35316765850  
Email: [claire.collins@icgp.ie](mailto:claire.collins@icgp.ie)

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**Background:**

There is limited information in Ireland on the attitudes of General Practitioners (GPs) and practice nurses to lifestyle counselling and the strategies or approaches they use. Furthermore, there is no national framework or resources to support the systematic and uniform provision of lifestyle counselling.

**Research question:**

To explore the views of Irish primary health care practitioners about behavioural risk factor management in particular to the provision of lifestyle counselling and to identify barriers to behavioural risk factor management in order to inform the development of a risk factor management toolkit for Irish general practice.

**Method:**

A qualitative study was carried out consisting of six focus groups with primary health care practitioners in urban and rural locations in the Republic of Ireland. Two focus groups were conducted with GPs, two with practice nurses, one with a mixed group of GPs and practice nurses and one with a Primary Care Team (PCT). In total, 56 participants, aged 30-64 years, attended the focus groups.

**Results:**

GPs and practice nurses experience considerable barriers to lifestyle counselling. These include insufficient time, patient resistance, lack of funding for prevention and lack of training. Participants were aware of the value of patient-centred lifestyle counselling, however the provision of simple lifestyle information and advice was the predominant strategy used. Both GPs and practice nurses shared similar visions of how a national programme should be structured.

**Conclusions:**

GPs and practice nurses regularly counsel patients about lifestyle behaviours despite considerable barriers and without support structures. It is essential that they are supported to carry out lifestyle counselling as part of a systematic 'whole practice approach' to prevention in general practice that is linked to or builds on existing programmes and activities operating in general practice.

PRESENTATION 12: Friday 7<sup>th</sup> May, 2010  
15.00 – 15.30 h.

FREESTANDING PAPER

TITLE: Hemobstacle.

AUTHOR(S): Isabelle Aubin-Auger, A. Mercier, J.P. Lebeau, L. Baumann  
P. Van Royen

ADDRESS: Dept. Family Medecine, Paris 7 University  
40 rue Carnot, 95230 Soisy sous Montmorency-France  
Phone: +33 683 282 636  
Email: isabelle.aubinauger@sfr.fr

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**Background:**

The faecal occult blood test proved its efficiency in medium risk colorectal cancer population. It allows a significant decrease of mortality due to this cancer of 15 to 18%, if it is repeated every two years among patients from 50 to 74 years old. Mass screening is gradually organized in France. A participation rate of at least 50% is required to obtain a mortality decrease but not already reached in most of French areas. There are numerous obstacles for the screening, on physicians' side as well as on patients' side.

**Research question:**

What are the colorectal mass screening barriers for GP's and patients in France?

**Method:**

Five focus groups of eight to ten physicians in five different French areas have been performed to explore the obstacles of screening with Hemoccult® related to physicians  
24 semi structured interviews to explore the obstacles related to patients.  
A purposive sampling has been done for both GP's and patients. The focus groups were coded with Nvivo software by three researchers. A manual coding was done for the patients interviews by two researchers.

**Results:**

On the GPs' side, the main obstacles were their knowledge, skills and attitudes. They experienced lack of formation, and some of them doubted the screening relevance. Bad personal experience could be an obstacle. GP's complained about inappropriate time for the test during the consultation, lack of time, practical and administrative obstacles. Some GPs experienced difficulties in screening non complaining patients. Most of them developed facilitators for all those situations.  
On the patients' side, the main obstacles was the screening itself together with their health perception. Technical and organizational problems could be other obstacles.

**Conclusions:**

Many obstacles emerged on both GPs' and patient's side. Their identification could improve the mass screening.

PRESENTATION 13: Friday 7<sup>th</sup> May, 2010  
15.50 – 16.00 h.

ONE SLIDE / FIVE MINUTES  
Study proposal / idea

TITLE: Development and Piloting of an Activity Program for Primary School Students for the Improvement of Motor Activity and Cognitive Abilities.

AUTHOR(S): Erika Baum, Myriam Major, Heidi Keller

ADDRESS: General Practice/Family Medicine, University of Marburg  
Dresdener Strasse 34, 35444 Biebertal-Germany  
Phone: +49 6409 7076; Fax: +49 6409 2878  
Email: baum064092007@t-online.de

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**Background:**

Physiological processes in the brain, visualised by new technologies (fMR), have shown that physical activity has a positive impact on brain function. Scientific studies involving motor and cognitive ability tests came to the same positive conclusion.

However, there is a lack of research in controlled intervention studies relating to transfer effects from motor ability programs to cognitive abilities and the feasibility in routine settings.

**Research question:**

Is the evaluation whether the transfer effects of an activity program (e.g. balance) for primary school children lead to the improvement of cognitive abilities (e.g. concentration, memory). This pilot study is part of a national longitudinal evaluation and intervention study, whereby in this particular case all children of a regional Primary school (grade 1-4) will participate. Study start is February 2010.

**Method:**

In a pre- and post-test experimental design and accompanying qualitative research, a randomised group of children of a regional Primary School (6-11 years) will participate in an activity program, while those in the control group participate in the regular curriculum. The first trial of the treatment (5 minutes during each class hour/day) ends after 12 weeks. Both groups will be tested for motor skills, concentration and cognitive abilities at baseline and at follow up, respectively. In addition, body measurements, lifestyle habits and physical activity level will be assessed. Participants will be interviewed and adherence and contaminating effects will be registered.

**Results:**

We can report first impressions about the feasibility of the planned study.

**Conclusions:**

Is the planned study about "healthy school program" with regard to an improvement of motor and cognitive abilities feasible and what precautions should be taken into account?

**Points for discussion:**

1. How can we optimise adherence and avoid contamination.
2. Is such an intervention worth the efforts?
3. Lessons from similar studies?



PRESENTATION 14: Friday 7<sup>th</sup> May, 2010  
16.00 – 16.10 h.

ONE SLIDE / FIVE MINUTES  
Study proposal / idea

TITLE: Effect of a rapid CRP test, a brief intervention and a parent leaflet on the antibiotic prescribing rate in children with non-serious acute illness in primary care.

AUTHOR(S): Marieke Lemiengre, J. Verbakel, F. Buntinx, A. De Sutter

ADDRESS: Dept. of General Practice and Primary Health Care, Ghent University  
De Pintelaan 185, 1K3, 9000 Ghent-Belgium  
Phone: +32-09 332 15 01; Fax: +32-09 332 49 67  
Email: marieke.lemienegre@ugent.be

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Background:

In Belgium, antibiotics are still frequently prescribed for children with a self-limiting illness. Interventions to change this overconsumption are urgently needed to avoid a further increase in antibiotic resistance.

Research question:

Does a rapid CRP test, a brief intervention and a parent leaflet in comparison to usual care decrease the antibiotic prescribing rate in children with non-serious acute illness in primary care?

Method:

After excluding children with serious illnesses using the decision tree developed by Van den Bruel et al.(1), children aged 0-16 years, presenting to primary care, will consecutively be included in a pragmatic clustered randomized controlled factorial trial with 4 intervention arms (rapid CRP test, brief intervention, parent leaflet, usual care). The CRP test implies a quantitative CRP measurement by a drop of blood obtained by a finger-stick. The brief intervention consists of the following 2 questions, posed by the physician: "Are you worried?" and "What worries you the most?". The parent leaflet contains warning signs and symptoms. The physician decides which treatment is offered and if referral is indicated. These decisions will be registered together with tentative diagnosis. Parents are asked to complete a diary (signs and symptoms) until recovery and a questionnaire. The primary outcome measure is the antibiotic prescribing rate. Secondary outcomes are incidence of serious infections, clinical recovery, use of other diagnostic tests and medical services (including reconsultation), communicator style, parent satisfaction and cost-effectiveness.

1. Van den Bruel A, Aertgeerts B, Bruyninckx R, Aerts M, Buntinx F. Signs and symptoms for diagnosis of serious infections in children: a prospective study in primary care. *Br J Gen Pract.* 2007 Jul;57(540):538-46.

Points for discussion:

1. Which would be the best option: randomization of physicians or practices?
2. Is there experience in finger-sticking children? Is this feasible?
3. The brief intervention has never been tested in practice before. The purpose of these questions is

PRESENTATION 15: Friday 7<sup>th</sup> May, 2010  
16.10 – 16.20 h.

ONE SLIDE / FIVE MINUTES  
Study proposal / idea

TITLE: Added Value of Point-of-Care CRP for Diagnostic Triage of Acutely Ill Children in General Practice.

AUTHOR(S): Jan Verbakel, M.B. Lemiengre, F. Buntinx, B. Aertgeerts, A. De Sutter

ADDRESS: Dept. of General Practice, Katholieke Universiteit Leuven  
Kapucijnenvoer 33 blok j - bus 7001, 3000 Leuven-Belgium  
Phone: +32498828605; Fax: +3216337480  
Email: jan.verbakel@med.kuleuven.be

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Background:

Acute illness is one of the most common problems of children attending a GP. Prior research has shown the importance of signs and symptoms as part of a decision tree to diagnose the small proportion of very serious diseases in this group.(1) Serious infections might be further identified or excluded using a Point-of-Care (POC) CRP test.

Research question:

Does Point-Of-Care CRP testing help identify serious infections in acutely ill children and thus reduce inappropriate referral without increasing the risk of delayed diagnosis?

Method:

Prospective Diagnostic Accuracy Study:

Children aged 0-16 years presenting to primary care with an acute illness will be recruited subsequently. After performing the decision tree on all children, the POC test will be performed in all children with a positive test result on the decision tree and on a random sample of the children testing negative on the decision tree. The outcome of interest is hospital admission for at least 24 hours with one of these infections: pneumonia, sepsis, viral or bacterial meningitis, pyelonephritis, cellulitis, osteomyelitis and bacterial gastroenteritis.

We will validate the decision tree in a new population, analyze the incremental value of the POC tests by calculating diagnostic accuracy in children according to their results on the decision tree with and without a positive CRP result, and the independent value of the POC tests by calculating diagnostic accuracy regardless of the result on the decision tree.

(1). Van den Bruel A, Aertgeerts B, Bruyninckx R, Aerts M, Buntinx F. Signs and symptoms for diagnosis of serious infections in children: a prospective study in primary care. The British journal of General Practice. 2007 Jul;57(540):538-46.

Points for discussion:

1. Is the spectrum of patients' representative of the patients who will receive the test in practice?
2. Partial verification bias can be avoided if the whole sample or a random selection of the sample receives verification using the intended reference

PRESENTATION 16: Friday 7<sup>th</sup> May, 2010  
16.20 – 16.30 h.

ONE SLIDE / FIVE MINUTES  
Ongoing study with preliminary results

TITLE: WoManPower, collaborative study proposal.

AUTHOR(S): Heidrun Lingner, Bernard Le Floch, Hulya Yikilkan  
Jean Yves Le Reste, Lieve Peremans

ADDRESS: Dept. Médecine Générale, Université de Bretagne Occidentale  
Rue Camille Desmoulins, 29200 Brest-France  
Phone: +33 6 74 35 27 89  
Email: blefloch1@univ-brest.fr

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Background:

All through Europe we are running out of GPs. We know a lot about why GPs are leaving profession but not why most of them stay in. Stressing positive aspects to young doctors might improve the interest of future GPs for retention in practice.

Research question:

Which are the main positive aspects of GP practice found in literature and are there any differences between European countries?

Method:

Systematic literature review of national and international databases with the following keywords: GP, Family Medicine, career choice, motivation, mobility. Database search were: Cochrane, Pubmed, HAS, GRIS, NICE, NIVEL, WONCA Analysis of the results by a validated scoring system. Summarizing the main ideas into topics.

Results:

We found 288 publications in Cochrane, 349 in Pubmed, 16 in NIVEL, 85 in ISI, 35 in NICE and other databases results will be briefly presented with the main topics. It seems that a lot of research on the theme had been conducted in Canada, Australia, USA and western European countries.

Conclusions:

Additional national literature search and background information on the healthcare system are needed to give a global picture of positive incentives in Europe. We will sample more information by interviewing GPs in different European countries. Those results will be the framework for semi structured interviews. We would be glad if you join us.

Points for discussion:

1. How to collect the grey literature and how to judge it?
2. We would like to discuss the methods of critical appraisal of national articles.

PRESENTATION 17: Friday 7<sup>th</sup> May, 2010  
16.30 – 16.40 h.

ONE SLIDE / FIVE MINUTES  
Ongoing study, no results yet

TITLE: How many patients are treated by antidepressant drugs out of the official recommendations in France?

AUTHOR(S): Matthieu Schuers, I. Auger-Aubin, J.P. Lebeau, E. Levebvre  
T. Thueux, J. Weber, Alain Mercier

ADDRESS: Family Medicine, Faculté de Médecine de Rouen  
22 bd Gambetta, 76000 Rouen-France  
Phone: +33(0)312801947  
Email: alain.mercier@univ-rouen.fr

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Background:

Antidepressants (ATD) drugs are very commonly prescribed in all industrialized countries. Consumption in France is higher than in other European countries. ATD sales have been multiplied by seven during the last 20 years. The reasons for this higher prescription rate are still unknown. 30 to 35 % of these prescriptions seem to be inappropriate and 20 % are prescribed in non psychiatric conditions. A qualitative study has already been run to understand why do GP prescribe, what contextual or pathological facts influence them.

Research question:

To assess how many patient are treated by ATD out of the official recommendations.

Method:

Observational study with a face to face questionnaire. 140 GPs, randomly chosen, will include their first 3 prescriptions with an ATD. Prescriptions began by another physician will be excluded. A sample of 420 prescriptions will be constituted. Each patient case will be screen by a trained researcher, using a specific questionnaire in front of the GP. This questionnaire will be built from the qualitative data and the available literature. This will allow us to determine which condition, which contextual reason possibly explains the prescriptions. If the prevalence of this phenomenon is 20 %, the 95 % confidence interval will have a relative precision of +/- 19,6 %, taking into account the cluster effect.

Expected results:

Qualification and quantification of the diagnostics related to the treatments. Explanation of the contextual reasons and the pathological conditions leading to prescription

Conclusion:

Will those results allow us to explain the gap between guidelines and real practice?

PRESENTATION 18: Friday 7<sup>th</sup> May, 2010  
16.40 – 16.50 h.

ONE SLIDE / FIVE MINUTES  
Ongoing study, no results yet

TITLE: Escape-Quali.

AUTHOR(S): Jean-Pierre Lebeau, I. Aubin-Auger, A. Mercier, D. Pouchain

ADDRESS: General Practice, University of Tours  
30 rue de Courtiras, 41100 Vendome-France  
Phone: +33607390999; Fax: +33254778797  
Email: lebeaujeanpierre@yahoo.fr

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**Background:**

Therapeutic inertia is a major cause of uncontrolled hypertension. In France, 85% of the uncontrolled hypertensive treated patients leave their doctor's office with the same treatment. Understanding the reasons of such a behaviour from the GPs is essential before trying to overcome this inertia.

**Research question:**

How and why does therapeutic inertia happen in hypertensive patients in GP?

**Method:**

Mixed-method approach in analyzing the qualitative data of the ESCAPE Study.

The ESCAPE study is an RCT conducted between 2007 and 2009 in France to evaluate the effectiveness of an intervention aimed at GP on the health and quality of life of high risk hypertensive patients.

Inside this quantitative trial, a qualitative ancillary study on therapeutic inertia reasons was designed. GPs of the intervention group had to answer freely the question: "If the targets were not reached (BP, HbA1c, LDL-c values, and low-dose aspirin for diabetic patients) for this patient, and you didn't make any change in the treatment, could you tell us why?"

The base being closed, we now have data from two thousands doctors' free statement on their attitude – namely inertia - to be exploited.

We're planning to mix a qualitative approach, to find out how and why doctors go for therapeutic inertia, with a quantitative one, to try and determine the respective weightings of the different reasons.

**Results:**

No results yet. The first step - free coding and analysis of the data – has just begun.

**Conclusions:**

Discussion about the method, and incoming ideas, are expected.

**Points for discussion:**

1. How to make a code book valid for subsequent quantitative analysis?
2. What kind of quantitative analysis?

PRESENTATION 19: Saturday 8<sup>th</sup> May, 2010  
08.50 – 09.20 h.

THEME PAPER

TITLE: Respiratory virus infections in children with fever at a general practice after-hours service.

AUTHOR(S): Marijke Kool, M. Monteny, G.J.J. van Doornum, H.A. Moll, B.W. Koes  
M.Y. Berger

ADDRESS: Dept. General Practice, Erasmus MC  
JC Bendorpstraat 27, 3343 DJ Hendrik Ido Ambacht- The Netherlands  
Phone: +31786820361  
Email:m.kool.1@erasmusmc.nl

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**Objective:**

To describe presence of respiratory viruses in children with fever contacting a general practice after-hours service and evaluate the association between presence of a respiratory virus infection and patient characteristics, level of C-reactive protein and antibiotic prescription.

**Design:**

Crossectional analyses of baseline measurements of a 7-days prospective cohort study

Patients: 257 consecutive children aged 3 months till 6 years presenting with fever at a general practitioner after-hours service.

Methods: Nasopharyngeal swabs and blood samples were obtained to determine presence of respiratory virus infections and levels of C-reactive protein. Demographic data, symptoms and signs were assessed by a trained research assistant by measure of a standardized physical examination and questionnaire and by parents in a diary.

**Results:**

A viral infection was detected in 52,9% of all 257 children. In 10,1% multiple viruses were detected. Adenovirus, respiratory syncytial viruses types A-B and para-influenzaviruses types 1-4 were present in more than 10% of all children.

Cough (OR2,6;95%CI:1,4-4,6) and a temperature =38,0°C (OR2,1;95%CI:1,3-3,5) were independent predictors of the presence of a virus (AUC:0,64; 95%CI:0,58-0,71) . Rhinitis (OR2,4; 95%CI:1,0-5,7) and temperature =38,0°C (OR3,8; 95%CI:1,6-9,4) were predictors of the presence of adenovirus (AUC:0,71; 95%CI:0,62-0,80). Attending day care (OR2,6; 95%CI:1,2-5,6), cough (OR2,5; 95%:1,2-5,4), rhinitis (OR2,3; 95%CI:1,0-5,2) and temperature =38,0°C (OR2,4; 95%CI:1,1-5,3) were associated to having respiratory syncytial virus (AUC:0,72; 95%CI:0,62-0,82). Antibiotic prescription was 37,3%.

**Conclusions:**

In more than half of all children presenting with fever a virus was detected.

Most frequently detected viruses were adenovirus, respiratory syncytial viruses and para-influenza viruses. Fever and cough were associated to the presence of a virus. Fever, cough, rhinitis and attending day care were associated to having respiratory syncytial virus. Patient symptoms did not sufficiently discriminate between children with and without a viral infection. Antibiotic prescription was high and not related to the presence or absence of a viral infection.

PRESENTATION 20: Saturday 8<sup>th</sup> May, 2010  
09.20 – 09.50 h.

THEME PAPER

TITLE: Challenges in research in children in general practice.

AUTHOR(S): Hans van der Wouden et al

ADDRESS: Dept. General Practice, Erasmus MC  
PO Box 2040, 3000 CA Rotterdam-The Netherlands  
Phone: +31107043611; Fax:+31107032127  
Email: j.vanderwouden@erasmusmc.nl

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Background:

Children are not small adults. Therefore, research that addresses pertinent clinical research questions with respect to children in general practice is essential. Yet there are a number of ethical, methodological and logistic challenges, that may be different for studies among adults or children.

Research question:

What study characteristics are related to successful completion of patient oriented research in general practice?

Methods:

Survey among investigators involved in primary care research in The Netherlands. Face-to-face interviews were held with investigators of 78 projects, assessing study design and fieldwork characteristics as well as success of patient recruitment. Additionally we reviewed studies in children performed over the last ten years at the Department of General Practice of Erasmus MC, Rotterdam.

Results:

Studies that focused on prevalent cases were more successful than studies that required incident cases. Studies in which the general practitioner (GP) had to be alert during consultations were less successful. When the GP or practice assistant was the first to inform the patient about the study, patient recruitment was less successful than when the patient received a letter by mail. There was a strong association among these three factors.

Studies in children performed at the department of General Practice in Rotterdam provided examples of varying success in patient recruitment.

Conclusion:

Many studies in general practice face recruitment problems. Awareness of study characteristics affecting participation of GPs and patients may help investigators to improve their study design.

Points for discussion:

1. Are findings of our study also applicable to other European countries?

PRESENTATION 21: Saturday 8<sup>th</sup> May, 2010  
09.50 – 10.20 h.

THEME PAPER

TITLE: Enuresis in Portuguese children: prevalence and association with sleeping habits and nightmares.

AUTHOR(S): Catarina Gomes, Silvia Henriques, Alexandra Tavares, Clara Fonseca

ADDRESS: Portuguese Northern Regional Administration of Health  
Alameda Jardins d'Arrábida, 1213 - 1<sup>o</sup>C  
4400-478 Vila Nova de Gaia-Portugal  
Phone: +351966894104  
Email: clarabarrosfonseca@gmail.com

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**Background:**

Enuresis is a common problem among children. Despite its benign course, enuresis causes inconvenience both for children and their families and is a reason for consultations with family physicians. There are few Portuguese studies on the prevalence of enuresis and of its association with sleeping patterns.

**Research question:**

To determine the prevalence of enuresis among Portuguese children 5 and 6 years old; to test the association between enuresis and sleeping habits, nightmares, and family history of enuresis.

**Method:**

A survey was conducted in 2006 among 1599 randomly selected children of 5 and 6 years old, registered in 30 health centres in northern Portugal. Parents or care-takers were asked about enuresis, sleeping habits, nightmares in their children, and about family history of enuresis in both parents. Logistic regression model was used to determine adjusted OR.

**Results:**

The overall prevalence of enuresis was found to be 16.4% (95% CI 14.6-18.2). There was a significant association between enuresis and male gender, family history of enuresis in the parents and the occurrence of nightmares. No association was found between enuresis and sleeping habits (sleeping alone, sleeping with the lights on, sleeping with transitional objects, or the number of hours of sleep).

**Conclusions:**

This study presents some strong methodological aspects, namely a good sample size and response rate (88.8%). A random sample was selected from a population that included all children registered in each health centre. Still, the stratified sample was not proportional to each health centre's total number of children. Despite our random sample, it is known that in studies of children's health, where parental cooperation is required, selection bias may occur. Generalization of the results to the North of Portugal is supported by similar results found in other studies in this geographic area.

**Points for discussion:**

1. Selection bias
2. Recall bias
3. Sleep habits questionnaires



PRESENTATION 22: Saturday 8<sup>th</sup> May, 2010  
10.50 – 11.20 h.

THEME PAPER

TITLE: Interventional large field campaign of preventive medicine: the experience of collaboration of a primary care unit with volunteers in a Greek rural area.

AUTHOR(S): Dimitris Adamidis, Aikaterini Psatha, Georgia Chatzikosma

ADDRESS: Exhinos Health Center, Xanthi General Hospital  
Evmoiro Xanthi, 67100 Xanthi-Greece  
Phone: +306977573181  
Email: adamidis@hol.gr

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Background:

Greek-Pomacs, Greek-Rom, Greek-Muslims and immigrants living in mountain area of Greece have low income, main cultural specialties and speak their own languages; therefore they don't easily use health services.

Research question:

Is "combative scientific" observation a useful tool to promote health status in isolated populations?

Method:

We studied 13,097: Greek-Pomacs, Greek-Rom, Greek-Muslims, Greek-Christians and immigrants from a Greek rural county. Phase 1: Gaining people's trust, studying population and geographical characteristics. Phase 2: Collaboration with "Key persons": teachers, coffee shop owners, religious and local authorities. Phase 3: We visited with the volunteers of Greek Red Cross all villages of the area repeatedly for 10 years (150 Km/day by car or on foot, 3 times/week) vaccinating all children and adults and conducting: physical examinations, body weight, height and BMI, special investigations for skin parasitosis, spirometrisis, laboratory examinations (Haemoglobinopathies, iron deficiency, serum lipids, viral hepatitis).

Results:

81.039 vaccinations changed the vaccination level from 14% to 100% in Pomacs, 0,1% to 67% (Rom), 3% to 81% (Muslims), 52% to 97% (immigrants) and 63% to 97% (Christians). The above results remained 2 years after the end of the campaign. 120,505 paediatric examinations revealed undiagnosed problems in 15% (4% serious, 0.1% fatal if not cured). Skin scabies and pediculosis reduced from 6% to <0.1%. Iron deficiency 12.5%, heterozygous Haemoglobinopathy O 6.5% and b 2%. IgG-HAV 100% >12 years old, HbsAg 6% and former HBV infection 40%. Overweight or obese children: Pomacs=7,7%, Rom=21%, and underweight or malnourished Pomacs=7,9%, Rom=11,5%.

Conclusions:

Combative scientific observation, based on long-term systematic work of both professionals and volunteers, proved to be a useful tool to enter a closed community and improve their health status. When the researcher succeeds in making people realise their needs it's time to end the survey.

Points for discussion:

1. The strategy to enter a closed community and to work with them.
2. When is the appropriate time to end the survey.

PRESENTATION 23: Saturday 8<sup>th</sup> May, 2010  
11.20 – 11.50 h.

THEME PAPER

TITLE: Psychological problems in obese children.

AUTHOR(S): Radost Asenova, G. Foreva, L. Despotova-Toleva

ADDRESS: Dept. General Practice, Medical University Plovdiv  
15° Vasil Aprilov str., 4002 Plovdiv-Bulgaria  
Phone: +359 888 655128; Fax: +359 32 633447  
Email: r\_assenova@yahoo.com

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#### Background:

The consequences of childhood obesity can be broadly classified into medical and psychological consequences. Psychological and social problems are prevalent but often overlooked. They are often “invisible” and require careful and focused history and test evaluation. The most prevalent problems are anxiety/depression and social problems. Obese children are less socially competent, have more behaviour problems, and have poorer self-perception. General practitioners should focus on promoting preventive measures, identifying and treating obesity related to psychological problems.

#### Research question:

The objective of this study was to find out the psychological aspects in overweight and obese children and the general practitioners’ and parents’ involvement in the assessment.

#### Method:

We examined 375 children from IV to VI grade in the city of Plovdiv. 75 overweight and obese children were identified using BMI /Cole et al/. Questionnaire surveys of these children and their parents were done. We used content analyses of the GPs’ records and direct interviews of 34 GPs who take care for children.

#### Results:

We found out that girls had significantly higher complains than boys. The most frequent complains were headache and perspiration.

According to the parents a correlation between obesity and diabetes, hypertension, joint disease and other diseases consist, but no one think about the psychological consequence.

Our data shows that GPs didn’t use specific questionnaires and techniques for assessing psychological problems during the consultation. Psychological consequences in obese children are not established to the same degree as those connected with medical complications.

#### Conclusions:

Psychological problems are underestimated from GPs as well as children and their parents.

#### Points for discussion:

1. Do the GPs evaluate the psychological problems in obese children?

PRESENTATION 24: Saturday 8<sup>th</sup> May, 2010  
11.50 – 12.20 h.

THEME PAPER

TITLE: Do young obese children have a health problem - parents and doctors views about toddlers with overweight and obesity?.

AUTHOR(S): Mina Lateva, Violeta Iotova, Sonya Galcheva

ADDRESS: Dept. Paediatric Endocrinology, Medical University Varna  
Marin Drinov Str. 55, 9002 Varna-Bulgaria  
Phone: +359889505655  
Email: mina\_pl@yahoo.com

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Background:

All over the world overweight and obesity are regarded very seriously by the society. In Bulgaria childhood obesity is getting more discussed, although the general opinion – ‘the more fluffy the better’ is still strong especially for toddlers.

Research questions:

Can general practitioners and parents detect/admit the problem and take adequate measures for its management?

Methods:

The study was conducted among the parents’ and GPs’ of 43 overweighed children (BMI above the 95 percentile) aged 3.5 - 6.5 years from Varna, Bulgaria. Two types of questionnaires were used - for parents with 7 questions and for GPs - with 14 questions. The questionnaires include overall knowledge for obesity and emphasize on the concrete child.

Result:

From the total of 43 children/parents 13.95% (6 of 43) deny having the problem at all. Another 25.58% (11 of 43) deny filling in the questionnaires without openly defining the problem. Most of the parents that have discussed overweight with their general practitioner have not taken any measures to cope. Although BMI charts are available to them, most of the GPs rely mostly on the ‘eye’ method of detecting the obese children. None of the children with borderline values of BMI are perceived as overweighed both from parents and GPs. Most of the general practitioners rarely refer patients to specialists (paediatric endocrinologist, dietician, psychologist etc.) and if they do, don’t find the results satisfying. Children are regularly tested and measured (twice a year for the age group), but are rarely tested in the view of obesity. Most of the methods used for problem management are giving occasional and vague advice for feeding and motor regimen.

Conclusion:

Parents and GPs declare obesity as a medical problem, but its proper management is still illusive. Efforts are starting from both sides but most effective methods need further delineation.

PRESENTATION 25: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: General practitioners – in support of exclusive breastfeeding.

AUTHOR(S): Vanya Nedkova-Milanova, Ts. Valentinova, M. Balashkova  
V. Nedkova, M. Goranov

ADDRESS: Dept. General Practice, Medical University Pleven  
Sv. Kliment Ohridski 1, 5800 Pleven-Bulgaria  
Phone: +359 885455900  
Email: tsvm2002@yahoo.com

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**Background:**

The most appropriate and healthy food during the first 4-6 months of life is breast milk. WHO recommends: "During the first six months of life children should be" exclusively breast-fed "and after this period in order to meet the growing needs of the child's body it is necessary to bring adequate food supply while nursing for two years."

**Research question:**

The aim of this study was to determine knowledge, attitude, role and responsibility of GPs in promoting and supporting exclusive breastfeeding.

**Method:**

The study is a direct anonymous survey among individual 82 GPs working in the town of Pleven and region. Study participants were selected randomly. The survey data were processed with Excel software and statistical packages Statgraphics for Windows XP. The findings and conclusions are set at a level of significance 95%.

**Results:**

General practitioners are well-informed about the benefits of breastfeeding. The majority of them take an active stance on the promotion of natural feeding. One of the main reasons for premature termination of breastfeeding is the lack of adequate social support as far as emotional and educational factors are concerned within the family and by medical officers.

**Conclusions:**

Natural nutrition should be recommended and encouraged not only by obstetrician-gynaecologists and paediatricians, but also by GPs.

During pregnancy, GPs need to inform the young mothers about the benefits of breastfeeding and how to prepare the mammary glands.

GP, as a loyal family doctor, with a holistic approach to health problems of patients, is supposed to encourage the family to provide moral support to nursing mothers.

PRESENTATION 26: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Coverage of Preventive Health Examinations for Children in Plovdiv District.

AUTHOR(S): Rossitsa Dimova, Rumiana Stoyanova

ADDRESS: Health management, health economic and primary care  
Medical University - Plovdiv, Bulgaria  
15a Vassil Aprilov, 4000 Plovdiv-Bulgaria  
Phone: +359 32 602 039  
Email: ros\_dimova@yahoo.com

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Background:

There is a consensus worldwide on the benefits of performing periodic prophylactic examinations in childhood. The primary objective of prophylactic examinations is health promotion and prevention of children morbidity. In Bulgaria prophylactic examinations are performed by GPs. The effectiveness of monitoring and control of the coverage of preventive examinations is unsatisfactory.

Research question:

The purpose was to determine the degree of implementation of preventive examinations for children in Plovdiv District for a five-year period.

Method:

The method was analysis of documents, including documents referring to 500 records of GPs and the official data on preventive health examinations in children registered at RHIF (Regional Health Insurance Fund) - Plovdiv (a total of 112 171) for the period 2004-2008, as well as ESGRAON data (Uniform System of Civil Registry and Administrative Services to the Population). The average number of children from 0-17 years old was 125 783.

Results:

The analysis of data for the period 2004-2008 shows a tendency of slow increase in the coverage of preventive examinations for persons aged 0-17 years from 87.94% to 92.18%. However, the percentage of not-performed prophylactic examinations in childhood is still rather high. Disturbing is the fact that in children aged 0-17 years which are more vulnerable and should be subject to more frequent screening, the percentage of not-performed examinations is greater than that among children aged 8-17 years. This tendency was maintained at about 10% for 2005 and 2006 and at 5% in 2007.

Conclusions:

The analysis of the data revealed that from 8% to 12% of the preventive examinations in that period weren't performed, which gave us the grounds to prepare a detailed questionnaire and conduct a pilot study concerning the determinants limiting the performance of preventive activities for children in Plovdiv District.

PRESENTATION 27: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Nutritional knowledge, habits and attitudes in adolescent school athletes.

AUTHOR(S): Pemra C.Ünalán, Serap Çifçili, Demet Karadenizli, Ani Agopyan

ADDRESS: Dept. Family Medicine, Marmara University Medical Faculty  
Çiçekli Bostan Sok. MESA Koruevleri C4/D2 Altunizade  
34662 İstanbul-Turkey  
Phone: +90 216 3275612; Fax: +90 216 3250323  
Email: punalan@marmara.edu.tr

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**Background:**

Adolescents have higher daily energy intake need either because of growth and development or because of intensive sports and training. In this age period, adolescents socialize therefore diet habits may differ from the home/family based ones.

**Research questions:**

What do the adolescent school athletes know about energy intake? How do they get it? Who do they rely on for suggestions about nutrition?

**Method:**

The data of this cross sectional study was collected with a questionnaire including 40 questions about personal characteristics, nutritional knowledge, dietary habits and attitudes. Four researchers applied the questionnaires during 4 consecutive days (including weekends) in the same central public gymnasium to 160 students (103 female, 57male) face to face. Chi-Square and analysis of variance are used for statistical analysis.

**Results:**

Mean age was 14.7±2.1years (10-20). Fifty percent were volleyball players and the rest were track and field athletes (37.5%) and swimmers (12.5%). Mean period for having at least 3-4 trainings in a week was 2 years. None of them were smoking and 90% were not drinking any alcoholic beverages. Eighty-five percent don't know the amount of daily caloric intake, 33.1% tell that protein is the main source of energy, according to 32,5% it is vitamin and minerals, according to 22,5% it is glucose. Girls significantly identify glucose as the energy source more than boys (p=0,005). Before the sports competition 25% use complementary products such as vitamin, mineral, aminoacid and carbohydrate tablets, special sports drinks, 27,5% use these products continuously. Thirty-three percent miss meals in a day. Most of them (58,1%) identified their mother as being the person most influential in their diet habits. Fathers (22.5%) and coaches (19.4%) were mentioned rarely.

**Conclusions:**

Adolescent school athletes need nutritional information and their mothers and coaches should be encouraged to change their diet habits and setting healthy eating behaviors.

**Points for discussion:**

1. Can we use a valid and reliable nutrition scale to collect data instead of a questionnaire?
2. What are the limitations of the study?

PRESENTATION 28: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Lactation: what do GPs really know about?

AUTHOR(S): Charilaos Lygidakis, Dimitris Adamidis, Anastasia Lygera  
Marina Dimitraki, Carla Marzo, Stella Argyriadou

ADDRESS: GP/FM Vocational Course, GP/FM Vocational Course  
Corte de Galluzzi 8, 40124 Bologna-Italy  
Phone: +393405753297  
Email: lygidakis@gmail.com

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**Background:**

The advisory role of GPs during the lactation period is of great importance. In Greece and Italy there is a 4-month rotation in paediatrics, nonetheless in Italy GPs have no paediatric patients since their role is undertaken by Family Paediatricians. An evaluation of the knowledge of GPs seems to be essential to implement educational lessons on this topic.

**Research question:**

To assess the knowledge of GPs and GP trainees regarding lactation.

**Method:**

A structured self-administered questionnaire was distributed to 274 GPs and GP trainees in Greece and Italy (123 and 151 respectively). Demographics and their personal experience and viewpoints about lactation were queried. Furthermore, 40 questions were asked assessing the participants' knowledge regarding successful lactation techniques and the impact of breast-feeding on both mothers' and children's health.

**Results:**

Age and years since the specialization seemed to have a negative impact on the overall score ( $r=-0.56$ ,  $p<0.001$ ;  $r=-0.55$ ,  $p<0.001$ ). Common mistakes included the breast-feeding period (12.4% correct answers), the way of ensuring that a baby is being fed (26.3% correct) and recognising lactation as a contraceptive method (21.9% correct). Participants failed to respond that breast-feeding can decrease the risk for thyroid cancer and diabetes in mothers (74.5% and 70.1% respectively). In Italy, women who breast-fed their children seemed to have better scores ( $r=0.40$ ,  $p=0.032$ ). Greek GPs and trainees achieved significantly higher scores than their Italian colleagues (GPs: Mdn=30 vs. 21,  $r=0.70$ ,  $p<0.001$ ; trainees: Mdn=25 vs. 22,  $r=0.50$ ,  $p<0.001$ ). Questions regarding mother's health differed remarkably especially in the GP group (Mdn=13 in Greece vs. 9 in Italy,  $r=0.69$ ,  $p<0.001$ ).

**Conclusions:**

Our study found significant differences in GPs and trainees knowledge in the two countries, identified the certain educationally deficient areas, and raised the issue over vocational programmes and post-specialization training, especially considering the free circulation of GPs inside European Union.

PRESENTATION 30: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Adenoid vegetation in general practice.

AUTHOR(S): Valentin Stoyanov, Zhenya Penkova, Zlatko Trifonov

ADDRESS: Dept. General Practice, Trakia University  
11 Armeiska str, 6000 Stara Zagora-Bulgaria  
Phone: +359 888 611104  
Email: drvstoyanov@yahoo.com

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**Background:**

The task of the general practitioner is duly to find out the reason for the frequent visits. Adenoid vegetations often bring about health problems in children aged 1-7. Their hypertrophy causes a number of complications – otitis, rhinitis, bronchitis, etc.

**Research question:**

In the present study we put it as an aim to implement an effective and easy-to-apply algorithm in the everyday practice of a GP, that diagnose hypertrophy of the adenoid vegetations, prevent complications and timely recommend tonsillectomy.

**Method:**

Bulgarian electronic scientific data base were searched with the key words – adenoid vegetation, children, GP, algorithm. Data analysis from GPs files were used for the period 2007-2009.

**Results:**

Although the high prevalence of adenoid vegetations in children few publications about the collaboration between GPs and specialist were found. There is no algorithm accepted in general practice. The data analysis from the files demonstrated that 40% from the children with adenoid vegetation had registered complications - otitis media serosa. The algorithm based on national characteristics of health care system, frequency of attendance of children with adenoid vegetation, age of children, severity of the health problems, complication manifestation was proposed.

**Conclusions:**

In conclusion we put across an opinion that the implementation of the algorithm for adenoid vegetation in children in general practice will improve the health care and decrease the complications. We also reaffirm the need for a modern interdisciplinary approach (GP, otolaryngologist, and pediatrician) and integrated health care.

**Points for discussion:**

1. Who takes the responsibility for setting the indications for surgical treatment - a GP, paediatrician or otolaryngologist?



PRESENTATION 31: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Self-treatment with antibiotics and its determinants.

AUTHOR(S): Donka Dimitrova, R. Dimova, B. Lefterova

ADDRESS: Dept. Health management, Medical University  
15a V. Aprilov str., 4002 Plovdiv-Bulgaria  
Phone: 35932602037  
Email: donka\_d@hotmail.com

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**Background:**

Recently there has been an increased research interest in antibiotic resistance worldwide. In 2009, changes were introduced in Bulgarian legislation regulating over the counter access to antibiotics. However the issue of self-treatment with antibiotics posing risks has not been studied extensively in our country.

**Research question:**

The goal of this study was to establish the prevalence of self-treatment with antibiotics at home and its determinants.

**Method:**

An anonymous questionnaire survey conducted among the population of municipalities Maritza and Plovdiv from July to December 2008. An original tool was designed for the study, which included questions about public awareness on health risks of self-treatment with antibiotics, behavioral patterns and their determinants. 225 randomly selected adults participated in the study (69% female and 82% urban residents) . The average age of respondents was  $42 \pm 16.1$  years.

**Results:**

The data analysis revealed that the majority of respondents considered self-treatment generally improper and shared a rather negative attitude to the frequent use of antibiotics. Nevertheless, 39% reported having actually self-treated themselves once or more frequently during the last year and alarmingly a quarter (25.3%) of participants had also been treating their children with unprescribed antibiotics.

**Conclusions:**

The results of this study confirm the frequent and extensive use, without prescription, of antibiotics in our country, prior to the changes in legislation. Among the most common causes of risky behavior of the population were lack of awareness, lack of timely access to a physician, prior "experience" with known antibiotics and the easy access to pharmaceuticals.

**Points for discussion:**

1. health behaviours
2. self-treatment practices

PRESENTATION 32: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER  
Ongoing study with preliminary results

TITLE: Adverse reactions and allergy on antibiotics in children.

AUTHOR(S): Vlatka Krizmanic, Ljiljana Majnaric

ADDRESS: Dept. General Practic, University J.J.Strossmayer Osijek, School of Medicine  
Strossmayerova 105 B, 31000 Osijek-Croatia  
Phone: +385 91 613 613 3; Fax:+385 31 376 160  
Email: ljiljana.majnaric@gmail.com

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Background:

Adverse reactions and allergy on antibiotics have got a considerable impact on prescription choices. Data on frequency of this medical problem in general medicine patients, especially in children, are rare.

Research question:

to determine prevalence and potential risk factors of adverse reactions and allergy on antibiotics in children (0-18 years), cared by family physician and primary paediatrician teams working in the same urban area.

Method:

Cross-sectional pilot survey. Data were extracted from the health records of 1491 children (769 children of the school age, 7-18 y), all patients in the same Health Center, in the town of Osijek, Eastern Croatia. Additionally, parents of children recorded on adverse reactions on antibiotics were interviewed on adverse drug reactions, by telephone calling. Data were summarized. When study will be enlarged and data precisely proofed, adjusted odds ratios (ORs) and 95% CIs will be calculated for determinants of adverse reactions and allergy on antibiotics in children.

Results:

We found common prevalence of 3,15%. An adverse reaction to occur can be expected mostly in pre-school age (35/46 cases). However, higher prevalence was found in children of school age (4,9%) than in those of pre-school age (1,1%), data probably reflecting the cumulative incidence rates with age. There were all mild-moderate skin reactions, with only one case in need of hospitalization. As factors potentially associated with adverse reactions on antibiotics in children, we found: frequent infections (defined as two and more times yearly) (41,3%), perinatal complications (34,8%), recorded diagnoses on Otitis Media (50,0%), Varicella infection (39,1%) and Atopic Diseases (32,6%), and positive family history on adverse drug reactions, as well (32,6%).

Conclusions:

Adverse reactions on antibiotics are frequently recorded in children. Factors indicating disturbed immune system reaction may account for their occurrence.

Points for discussion:

1. Strategies to avoid adverse reactions on antibiotics.
2. Standardization of data recording.
3. Testing for diagnosis confirmation.

PRESENTATION 33: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Missed pill, management by GP's trainees.

AUTHOR(S): Patrice Nabbe, P. Barraine, M. Barraïs, B. Chiron, B. Le Floch  
Jean Yves Le Reste

ADDRESS: Dept. Universitaire de Médecine Générale, Faculté de Médecine de Brest  
22 avenue Camille Desmoulins, 29200 Brest-France  
Phone: 02 98 83 51 31; Fax:02 98 83 51 41  
Email: nabbe.patrice@wanadoo.fr

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Background:

In France, abortion for Young women (less than 20 years) is rising in a constant number for the global population. Our hypothesis: a misunderstanding about oral contraception by GP's can explain the misusing of the forgetting oral contraception by women. The lack of initial formation in medical school is probably the first reason.

Research question:

How GP's trainees are managing a forgotten hormonal oral contraception?

Method:

Quantitative study. Population: GP's trainees in second year. A practical clinical situation is given with the open question: how would you manage this case? Analysis of answers is given on five items: 7 days -12 hours rule, next morning pill, condom use, pregnancy diagnosis. On each verbatim a quantitative evaluation is done for two primary care competencies usable: communication and person centred approach.

Results:

N=63. 99.7 % of answers. Correct answers: 7 days rule: 21 %, 12 hours rule: 69 %, next morning pill: 69 %, condom use: 56 %, pregnancy diagnosis: 56 %.

Conclusions:

a majority of GP's trainees - after their first year - do not know how to manage a forgotten oral contraception. There is a lack of theoretical knowledge but also a lack of competencies approach.

Perspectives:

Improve the training about this recurrent topic in a basic knowledge way and our competencies training system.

Points for discussion:

1. contraception
2. medical training
3. competencies approach

PRESENTATION 34: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

Ongoing study with preliminary results

TITLE: The role of cognitive style and coping behaviour in developing mental health disorders in adolescents affected by parental alcohol problems.

AUTHOR(S): Masa Serec, Marko Kolsek, Nena Kopcavar Gucek

ADDRESS: Dept. of Family Medicine, University of Ljubljana, Faculty of Medicine  
Vrazov trg 2, 1000 Ljubljana-SI-Slovenia  
Phone: +386 1438 69 14; Fax: +386 1438 69 10  
Email: masa.serec@mf.uni-lj.si

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Background:

A conservative estimate is that 7.7 million children and adolescents are affected by parental alcohol problems (12.4 % of all the children and adolescents) in the EU-15 countries. They are considered as a great risk group for developing an addiction disorder and other mental disorders. It is assumed that poor mental health outcomes could be related with (dysfunctional) cognitive styles and coping strategies, which hasn't been proven yet.

Research question:

Which differences can be found regarding mental health between affected and unaffected adolescents?

Are coping mechanisms and cognitive styles of affected adolescents related to their mental health outcomes?

Method:

We will present the results of the (currently still ongoing) cohort field study. The sample consists of adolescents affected by parental alcohol misuse and a control group of unaffected adolescents. Affected adolescents should have lived with at least one parent with an alcohol problem for at least six months in the past two years. Data is being obtained by postal paper-and-pencil questionnaires, including the following measures: sociodemographic data, mental health, (psycho)somatic complaints, health behavior, parental health, family variables, cognitive styles and coping.

Results:

Preliminary results show, that approximately 20 % of affected children have some difficulties in mental health. There is no significant difference in mental difficulties between the groups of affected and unaffected adolescents, but there is a numerical difference in expected direction. Results of a larger sample, which will be presented at the meeting may reveal that this difference is significant.

Preliminary analysis of affected group also suggests that adolescents with poorer mental health outcomes have a more negative cognitive style and dysfunctional coping strategies.

Conclusions:

Dysfunctional cognitive styles and coping strategies of affected adolescents are related to poorer mental health outcomes. Restructuring their dysfunctional cognitive schemes and strengthening their coping behavior may be of great importance in dealing with them.

Points for discussion:

1. The role of general practitioners in helping Chapaps.
2. Further research in this field.

PRESENTATION 35: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Gratification and motivation for practice of general practitioners in a 10-years period of healthcare reforms in Bulgaria.

AUTHOR(S): Andrei Zabunov, V. Madjova, P. Mancheva, S. Hristova

ADDRESS: Dept. Family Medicine, Medical University  
Bld. "Christo Smirnensky" 1, 9010 Varna-Bulgaria  
Phone: +359889316179  
Email: a\_zabunov@mnet.bg

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Background:

GPs' motivation for good practice is the corner - stone guarantee for a high quality in primary healthcare. For the last 10 years - the period of healthcare reforms in Bulgaria, the public appreciation is permanently unsatisfactorily with a tendency for worsening. GPs share the similar appraisal, which reflects on their motivation to work, supported by series of negative events like reducing the number of practicing GPs and increasing of vacant rural and urban GPs' practices, reorientation of GPs to the carrier of specialists, pharmaceutical representatives or working abroad, higher mean age of GPs approx. 48 years, including practicing retired doctors, permanently insufficient financing of PHC and etc.

Research question:

To assess the attitude to working conditions and readiness for a change among 98 GPs in Varna and the region and to compare them with the results of a similar investigation in 2003

Method:

Across sectional study was made using a structured inquiry relating gratification of the participants as practicing GPs /assessed by Likert scale/ and two open questions about the basic reasons for frustration and the hypothetic willingness for a change in the carrier plus demographic data.

Results:

We revealed in 23% relative increase of GPs, sharing no gratification and demotivation for practicing family medicine and in 18% rise in their attitude to no carrier change. Striking impression makes the fact of feminization of the profession and the GPs' mean age of 50 years.

Conclusions:

Our results indicate a diminution of the attractiveness of family medicine as a career for young doctors. There is an urgent need of radical changes in the rules and working conditions for a better self-esteem, public prestige and motivation for work of GPs.

Points for discussion:

1. What are the main problems in PHC in the last 10 years in your countries?
2. What are the last studies in your countries regarding GPs motivation and gratification by their work?

PRESENTATION 36: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Hypertension and risk factors in children and adolescents.

AUTHOR(S): Lachezar Marinov, V. Madjova, B. Varbanova

ADDRESS: Dept. Paediatrics, Medical University of Varna  
55 Marin Drinov str, 9000 Varna-Bulgaria  
Phone: +359899670525  
Email: marrinovs@abv.bg

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**Background:**

Hypertension and the related hard cardiovascular pathology is an essential health problem nowadays. It was proved that hypertension, overweight and obesity, hypercholesterolemia, low physical activity and smoking, altogether with the genetics factors, are major risk factors for the development of atherosclerosis.

**Research question:**

The aim of the present survey is to summarize the contemporary concepts of major risk factors and their importance for the development of hypertension and cardiovascular risk.

**Method:**

The sample population was 5253 (2610 boys and 2643 girls) teenagers from Varna aged 14 - 18 from 20 randomly selected secondary schools in Varna, which was a representative number - 32% of students at that age. The measurement of blood pressure (BP) was done in the classroom, in the morning hours using standard methodology with mercury apparatus and by the author himself. The risk factors were studied by means of standardized interview. Arterial hypertension was identified at average levels of systolic BP (SBP) or diastolic BP (DBP) over 95 percentile for the relevant norm measured in three different cases.

High but normal blood pressure (HNBP) was identified at average levels of SBP or DBP between 90 and 95 percentile, measured in three different cases.

**Results:**

The frequency of AH with teenagers from town of Varna, aged 14 – 18 on the basis of BP normal levels according to age and sex is 2.57%, the frequency of HNBP on the basis of BP is 2.48%. It was proved that teenagers suffering from AH and HNBP exhibited a higher frequency of family history for cardiovascular disease, obesity and overweight.

The most powerful risk factor for the development of AH is family background followed by obesity.

**Conclusions:**

The study carried out proves the existing problem of AH in teenage years, its relation to other major cardiovascular risk factors and the urgent need of prevention.

**Points for discussion:**

1. Regular blood pressure control of children, especially those with family members with cardiovascular disease.
2. Promotion of preventing programme

PRESENTATION 37: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER  
Ongoing study with preliminary results

TITLE: Implementation of a new integrated model for improving the quality of life of disabled children and their families into general practice.

AUTHOR(S): Paraskeva Mancheva, V. Madjova, A. Zabunov, Sv. Hristova

ADDRESS: Dept. Family Medicine, Medical University  
Bld. "Christo Smirnensky" 1, 9010 Varna-Bulgaria  
Phone: +359887876292  
Email: p\_mancheva@abv.bg

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**Background:**

The major goal of each healthcare reform is better disease prevention and improving the quality of life of the sick. In countries with insufficient financial resources the care of disabled children is a serious problem for their families and their general practitioners. A new integrated model for improving the quality of life of such children was implemented in Varna region in North-Eastern Bulgaria.

**Research question:**

Are the specific needs of disabled children identified and assessed correctly in the new integrated model of Varna municipality according their families and family physicians?

**Method:**

We made a survey of 177 general practitioners (54.29% representative sample of GPs in Varna region) and 354 parents of disabled children for the period January - December 2009. A questionnaire, a direct interview and SWOT analysis were used.

**Results:**

Analysis data indicate that the specific needs of disabled children according to their families and GPs are well identified but the social services are not enough especially for mentally diseased children. The capacity of existing institutions is quite low and their remoteness is another obstacle for covering all the children living in the suburbs of Varna. Thus a great part of these children are deprived of currently available social services.

**Conclusions:**

Annual evaluation of the results and monitoring by the Commission for children's protection as well as administration of "social assistance" proved to be important steps for the success of the integrated model. A better collaboration between social services, GPs and disabled children's families have to be established using the good experience of other European countries.

**Points for discussion:**

1. What is the experience of other European countries in improving quality of life of disabled children?
2. What is the role of general practitioners in dealing with the problems of disabled children in their countries?
3. What kind of assessments they

PRESENTATION 38: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Primary prevention of osteoporosis begins in childhood.

AUTHOR(S): Svetlana Hristova, V. Madjova, A. Zabunov, P. Mancheva

ADDRESS: Dept. Family Medicine, Medical University  
Bld. "Christo Smirnensky" 1, 9010 Varna-Bulgaria  
Phone: +359886248450  
Email: svetlana\_doc@abv.bg

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**Background:**

Osteoporosis (OP) is an illness with great social significance. The common opinion defines it as a problem of the old people predominantly and its prevention has to begin within the pre-menopausal period. The loss of bone mass with age is a natural process, but its prevention should be started in childhood and adolescence, when a peak bone mass is accumulated.

**Research question:**

Assessment of the knowledge of Bulgarian GPs about the risk factors in childhood, leading to earlier manifestation of OP in life and revealing their attitudes towards lifestyle modifications regarding OP prevention in children and adolescents.

**Method:**

A cross sectional representative survey was performed among 49 GPs (15.03% random sample of family physicians) from the town of Varna. We used an individual inquiry including questions assessing their knowledge, attitudes and behavior towards primary prevention of OP in childhood and adolescents.

**Results:**

Lack of sufficient information about OP and its prevention in childhood was observed in GPs' answers. Few GPs knew that insufficient bone mass in adolescence is an important risk factor for OP as well as lifestyle and concomitant illnesses at that age may seriously influence its progress. Only 30,61% of family physicians have positive attitudes towards primary prevention of OP in their young patients.

**Conclusions:**

The results of the survey showed that the implementation of guidelines referring early detection and management of risk factors for OP in children is necessary. The good knowledge of the problem might improve the communication between GPs, adolescent patients and their parents and thus to lower the risk of developing OP later in life especially in young girls.

**Points for discussion:**

1. What is the incidence of OP in your country?
2. Are all EGPRN members countries have own national program for OP prevention?
3. Share your experience how GPs in your country are involved in OP preventive policy ?



PRESENTATION 39: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER  
Ongoing study with preliminary results

TITLE: Adherence to treatment in hypertensive patients in an Urban Spanish Population.

AUTHOR(S): Esther Mascarell Cortés, Carme Saperas Perez, Silvia Fernandez Miryam Fornieles, Laura De Sans Flores, Luis R. May Malaga

ADDRESS: Dept. of General Practice, Cap Terrassa Est - CST  
Ciudad Real, 31, 08227 Terrassa-Spain  
Phone: +34661051087  
Email: lukitasdoc@yahoo.es

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#### Background:

High Blood pressure (HBP) affects 40% of the adult population in Spain. It is one of the most prevalent pathologies in Primary Care and one of the main cardiovascular risk factors of western population. The management of Hypertension is difficult, being the main reason the non-adherence to treatment which in Spain is more than 50%.

#### Research question:

- Which is the percentage of non-adherence to antihypertensive treatments in our area?
- Which test is most useful to quantify the non-adherence?

#### Method:

Transversal, retrospective, descriptive study showing the adherence or lack of it in the Hypertensive population of our area (CAP TERRASSA EST with an urban population of 25.000 patients)

Inclusion criteria: Hypertensive patients over 18 years-old that did not change their treatment in the last three months.

We began with a group of 2078 HBP patients. We took a randomized sample and divided it in age groups, gender, seniors and working age population, ending with a total of 325 patients.

We contacted them by phone and applied the Morinsky-Grey and Batalla tests (two validated tests that show the adherence to treatment in HBP patients)

#### Results:

We found that with the Morinsky-Grey test we had a 64% of adherence and with the Batalla test only 36%.

30% showed good adherence with both tests.

We found no significant differences in gender groups.

63% of the randomized sample took more than three antihypertensive drugs,

57% took only one medication and 78% took drugs for other reasons.

10% of the randomized sample had an Ambulatory blood pressure monitoring (ABPM) test done.

#### Conclusions:

With the Morinsky-Grey test elderly population had more adherence to treatment than with the Batalla test, being the opposite in younger population. We believe that this is because they are more informed than elderly patients.

#### Points for discussion:

1. Is the Batalla test useful in showing good adherence? Is the Morinsky-Grey test useful in showing good adherence?
2. If not, what can we do to look for non-adherence in HBP patients, is counting pills an option?
3. What do you think is the average ad

PRESENTATION 40: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Health services utilization by immigrant population in Spain.

AUTHOR(S): Miguel-Angel Muñoz, Esther Pastor, Joan Pujol  
Jose Luis del Val, Silvia Cordon, Conxa Violan, Buenaventura Bolibar

ADDRESS: Research, IDIAP Jordi Gol  
Gran Via de les Corts Catalanes 587 àt., 08007 Barcelona-Spain  
Phone: +34 93 482 4124; Fax: +34 93 482 4174  
Email: mamunoz.bcn.ics@gencat.cat

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#### Background:

During the last decade the immigration to western countries grew dramatically and has become of vital importance to determine their impact on health policy

#### Research question:

Are there any differences in health services utilization between immigrant and Spanish born population in the Public Health System in Spain?

#### Method:

Cross-sectional multi-centre study.

We analysed the differences in health services utilization between the total of immigrant population and Spanish born one in a Spanish county.

Information was recruited from primary health care records. Firstly, we detected immigrants who had used primary health care services at least once in the 3 years prior to the inclusion, and then we selected a sample of Spanish born population, paired by age and gender.

A descriptive and bivariate analysis was performed.

#### Results:

We analyzed information from 63.257 patients. Age average was 35,2 years (SD 11,3). Median of consultations was 3 (P25=0; P75=3). The main group of immigrants was Latin-American ones. Immigrants seek more frequently for a consultation than Spanish people. The proportion of people who sought for a consultation over the median were: Spanish 48%, European Union 46%, Maghreb 54%, Rest of Africa 51,6%, Latin-American 52,6% and Asia 46,8%. ( $p < 0.001$ ). An important number of consultations previously programmed were not attended finally by patients, especially in the case of people from Maghreb.

Africans and Latin-Americans were more frequently referred to specialized care and received more complementary explorations than Spanish patients.

Half of Spanish (50,87%) and 42,8% of immigrant people had two or more registered health conditions over the median of the study population

#### Conclusions:

Although immigrant population had a better health than Spanish one, they used significantly more the health services.

It is interesting to note the non-attendance of immigrant population to the consultations previously appointed.

#### Points for discussion:

1. Impact of immigration on health services policy
2. It is needed to differentiate immigration health services utilization depending on the country of origin

PRESENTATION 41: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Factors affecting vaccination coverage in Albanian immigrant and Roma schoolchildren in a Greek county.

AUTHOR(S): Aikaterini Psatha, Stefania Kostopoulou, Dimitris Adamidis  
Nikolaos Skenteris

ADDRESS: Post-Graduate Course «Primary Health Care»  
Dpt of Medicine University of Thessaly Greece  
Evmoiro Xanthi, 67100 Xanthi-Greece  
Phone: +306977573181  
Email: adamidis@hol.gr

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Background:

Populations of different culture don't use properly public health services and especially for prevention therefore they have major health problems due to economic, language and cultural restrictions.

Research question:

Is there a need for intercultural vaccination campaign in immigrants and Rom children?

Method:

Vaccination and socioeconomic data was obtained from vaccination-cards and personal interviews from a representative random stratified sample of 100 Albanian and 100 Roma children (5-12 years). The vaccination index (V.I) was calculated as the mean score of all obligatory vaccinations for every child (on time vaccination=2, delayed=1, none=0). Our findings were compared to the general Greek population of the same county according the "Greek national survey of vaccination level" (Panagiotopoulos 2006). Statistics: ANOVA, Multiple Regression.

Results:

Mean V.I. (95% confidence intervals) was lower in Rom-children 0,80 (0,71-0,90) than in Albanians 1,38 (1,33-1,43)  $p=0,000$ , in children of unemployed parents 1,13 (0,83-1,31) than employed 1,38 (1,35-1,42)  $p=0,006$  and in villages 1,32 (1,27-1,36) than cities 1,43 (1,38-1,47)  $p=0,000$ . No statistical correlation was found with education (low 1,20-1,39 – upper 1,19-1,55) or sex (boys 1,33-1,40 – girls (1,34-1,44). Regression analysis proved that only nationality ( $r=0,72$   $p=0,017$ ), unemployment ( $r=0,17$   $p=0,017$ ) and paternal profession ( $r=0,22$   $p=0,002$ ) have an effect on vaccination coverage.

TABLE: 1 FULLY VACCINATED

	ROM	ALBANIAN	GREEK
DTP-POLIO52%	99%	99%	99%
Hib	4%	26%	87%
BCG	100%	100%	91%
MMR	74%	79%	99%
MENIG.C	45%	89%	81%
HEP.B	66%	95%	97%
HEP.A	58%	58%	42%
PNEUM.	0%	17%	55%

TABLE: 2 VACCINATED ON TIME

	ROM	ALBANIAN	GREEK
DTP-POLIO	27%	97%	95%
Hib	3%	24%	73%
MMR	19%	66%	89%

Conclusions:

Roma and Albanian immigrant children are behind in vaccinations. Intracultural vaccination campaign must be organized locally in order to achieve health equity (equal results) and not only health equality (equal chances).

Points for discussion:

1. Why immigrant and Roma children are behind in vaccinations?
2. How can we organise an intercultural vaccination campaign?

PRESENTATION 42: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Association between *Helicobacter pylori* and gastrointestinal symptoms in children.

AUTHOR(S): Leo Spee, Marieke Madderom, Maaïke Pijpers, Yvonne van Leeuwen and Marjolein Berger

ADDRESS: Dept. General Practice, Erasmus Medical Centre Rotterdam  
P.O Box 2040, 3000 CA Rotterdam-The Netherlands  
Phone: +31 10 7043629; Fax:+31 10 7044766  
Email: l.spee@erasmusmc.nl

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Background:

Recurrent abdominal pain (RAP) and other gastrointestinal (GI) symptoms are common complaints among children. The role of *Helicobacter pylori* in the cause of these complaints remains controversial. Nevertheless, there is increasing pressure on primary care clinicians to screen for *H pylori* infection in symptomatic children.

Research question:

What is the published evidence for an association between *H pylori* infection and GI symptoms in children?

Method:

Medline and Embase databases up to July 2009 were searched to identify studies that evaluated the association between *H pylori* and GI symptoms in children aged up to 18 years. When studies reported on abdominal pain without additional definition, thus not fulfilling Apley's criteria, we grouped these outcomes as unspecified abdominal pain (UAP). Methodologic quality was scored by using a standardized list of criteria, and crude odds ratios (ORs) with 95% confidence intervals (CIs) were calculated and pooled.

Results:

Thirty-eight studies met our inclusion criteria: 23 case-control studies, 14 cross-sectional studies, and 1 prospective cohort study. The overall methodologic quality was low. Pooled ORs for the association between RAP and *H pylori* infection in children were 1.21 (95% CI: 0.82-1.78) in 12 case-control studies and 1.00 (95% CI: 0.76-1.31) in 7 cross-sectional studies. Meta-analysis of the association between UAP and *H pylori* infection in 6 hospital-based studies resulted in a pooled OR of 2.87 (95% CI: 1.62-5.09) compared with 0.99 (95% CI: 0.46-2.11) in 5 population-based studies. Two of 3 studies concerning epigastric pain reported a statistically significant positive association with *H pylori* infection.

Conclusions:

We found no association between RAP and *H pylori* infection in children and conflicting evidence for an association between epigastric pain and *H pylori* infection. We found evidence for an association between UAP but could not confirm this finding in children seen in primary care.

Points for discussion:

1. Do you (GPs in the audience) test and/ or treat children with GI-complaints suspected for *H Pylori*? If yes, why? If no, why not?
2. In children with what kind of clinical picture you suspect or test for *H pylori* infection?

PRESENTATION 43: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Interventional campaign in a Muslim minority in Greece (Greek-Pomacs) to prevent children's home accidents.

AUTHOR(S): Georgia Chatzikosma, Dimitris Adamidis, Aikaterini Psatha

ADDRESS: Exhinos Health Center, Xanthi General Hospital  
Evmoiro Xanthi, 67100 Xanthi-Greece  
Phone: +306977573181  
Email: adamidis@hol.gr

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Background:

Greek-Pomacs live in remote, rural areas in the mountains of northern Greece. They have low income, cultural specialties, and no easy access to health services. Child's death or permanent disability, or disfigurement due to accident recorded in 10% of their families, although home accidents can be prevented by increased awareness of child safety and improvement of home environment.

Research question:

How family doctors can help to prevent home accidents in rural areas?

Method:

Over a 7-year period data was collected regarding all types of home accidents (629 families of Greek-Pomacs, with at least one child  $\leq 6$  years old = 1.511 children). All houses were checked in accordance to Massachusetts home safety scale adapted to the Greek rural environment. We helped parents to check their house safety (kitchen, bathroom, children's room, courtyard) and discussed with them, focusing on rules of safe behaviour when children are in car or in the field. Safety score was calculated, as a whole and individually for each room, and expressed as a percentage of the ideal safe house. Results were explained to the families and practical suggestions proposed in order to improve safety status.

Results:

One year before the intervention 40% of children had had an accident while 25% needed hospitalisation. Safety score was negatively correlated to the number of accidents: score 87=1 accident/year, 75=2, 65=3, 60=4 ( $p < 0.01$ ). Safety score increased after the intervention (before=64, 1 year later=68, 3 years=75, 7 years=81), while accidents reduced (before=40%, 1 year later=38%, 3 years=30%, 7 years=25%), and also hospitalisations (before=25%, 1 year later=20%, 3 years=15%, 7 years=12%)  $r=0,99$   $p < 0,01$ .

Conclusions:

Accidents in children are always a source of concern to any health care professional. Family doctors in rural areas can, by using simple tools (Massachusetts home safety scale), significantly contribute in order to improve the safety of home environment and prevent accidents.

Points for discussion:

1. Advantages and disadvantages of interventional campaign compared to simple advices to prevent home accidents
2. The role of mass media in educating people to prevent accidents
3. Why is more difficult to change dangerous behaviours than change home

PRESENTATION 44: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER  
Ongoing study with preliminary results

TITLE: Osteonecrosis as late complication of antineoplastic chemotherapy in children with acute lymphoblastic leukemia - diagnostic approach and outcome.

AUTHOR(S): Mariya Spasova, A. Stoyanova, I. Moumdjiev, H. Dimitrov

ADDRESS: Dept. of Paediatrics, Medical University - Plovdiv  
15a blvd "V.Aprilov", 4000 Plovdiv-Bulgaria  
Phone: +359 32 602 252; Fax: +359 32 602 547  
Email: merispa@mail.bg

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Background:

The intensive polychemotherapy has significantly improved the prognosis of acute lymphoblastic leukemia in childhood with event-free survival rates exceeding 80%. That is the reason the objectives of contemporary clinical trials are to limit late adverse therapy-related effects. Osteonecrosis is infrequent but limiting child's physical activity and quality of life late adverse effect.

Research question:

To analyze the frequency and outcome of osteonecrosis as a late complication of antineoplastic chemotherapy in children with acute lymphoblastic leukemia.

Method:

We studied a group of 62 children (30 boys and 32 girls) at median age  $6.5 \pm 1$  years with acute lymphoblastic leukemia, treated and followed-up at the Oncohematological ward, Department of Pediatrics, Medical University - Plovdiv, Bulgaria for the 5 year period from 2002 to 2007. All patients received only conventional chemotherapy according to BFM-95 protocol. Antibacterial prophylaxis was generally conducted with Trimethoprim/Sulfamethoxazole, except for high-risk cases, in which Ciprofloxacin and Levofloxacin were used during periods of severe neutropenia. Diagnosis of osteonecrosis was made on clinical and X-ray grounds and confirmed by MRI.

Results:

We diagnosed osteonecrosis in 4 children. Most often involved was the knee joint, followed by hip joint. Probable predisposing factors were: female gender, older age (above 10 years), high-risk treatment arm, Ciprofloxacin antibacterial prophylaxis. In 2 of the children surgical intervention was performed because of the worsening clinical course, and the rest were followed-up.

Conclusions:

Osteonecrosis, mainly of the lower extremities, is infrequent but debilitating late complication of antineoplastic chemotherapy and the general paediatrician should be aware of its early recognition and possible therapeutic interventions.

Points for discussion:

1. How to limit occurrence of osteonecrosis after chemotherapy
2. Differences in diagnostic and therapeutic approach

PRESENTATION 45: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: The second generation immigrant and asthma prevalence.

AUTHOR(S): Michal Shani, Reena Rosenberg, Mona Iancovici Kidon, Yael Band  
Sasson Nakar, Shlomo Vinker

ADDRESS: Dept. of Family Medicine Central District, Clalit Health Service  
56 Chen st., 76469 Rehovot-Israel  
Phone: +972-54-8018687; Fax: +972-8-9454383  
Email: michal.shani@gmail.com

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**Background:**

Immigrants moving from undeveloped countries have shown increased asthma prevalence in their new westernized environment. A study in Israel found a 3 fold higher asthma rate in adults among Ethiopian immigrants when compared to the general population.

**Research question:**

To compare asthma prevalence among Israeli born children of Ethiopian origin to asthma prevalence in non Ethiopian children.

**Method:**

Cross sectional cohort study. Data was retrieved for children aged 6-18 years in four clinics with a large population of Ethiopian origin. For each Israeli born child from Ethiopian origin we matched an Israeli born child of any other origin of the same age and gender, receiving primary care from the same physician at the same clinic. We used a case definition of asthma as any visit to a primary care physician, emergency room or hospitalization related to asthma symptoms or subsequent purchasing of any asthma medication from January 1st to December 31th 2008.

**Results:**

2,434 children were studied. 1,217 children of Ethiopian origin and 1,217 matched controls. There was a perfect match regarding age and gender. 49.4% were male; the average age of both groups was 11.1 years.

More Ethiopian children came from families with a lower socioeconomic status (23.9% vs. 17%,  $p < 0.001$ ), and with significantly lower parental tobacco smoking (5.1% vs. 40.1%,  $p < 0.001$ ). The rate of asthma diagnosis was 92/1,217 (7.5%) among children of Ethiopian origin, compared to 122/1,217 (10.0%) among the control group, OR=0.74 (CI: 0.56- 0.98)  $p=0.032$ . When adjustments were made for tobacco exposure, the adjusted OR for risk of asthma in the Ethiopian children was 0.80, (CI: 0.59- 1.09)  $p=0.16$

**Conclusions:**

Asthma rate of Israeli born children of Ethiopian origin does not seem to differ from other children in their community. This observation supports the theory that early environmental exposures rather than genetic factors, dictate the increase in asthma in immigrant populations.

PRESENTATION 46: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Premature ejaculation: strategies to tackle the topic in family practice.

AUTHOR(S): Marie Barais, Sébastien Cadier, Pierre Barraine, Benoit Chiron  
Bernard Le Floch, Patrice Nabbe, Jean Yves Le Reste

ADDRESS: Dept. Médecine Générale Brest, Université de Bretagne Occidentale  
49 Rue du Château, 29200 Brest-France  
Phone: +33698189681  
Email: marie.barais@gmail.com

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Background:

Premature ejaculation affects 21 to 30 % of men. According to the patients, the family physician is the appropriate professional to discuss an issue such as this one. However few patients received the medical help they need.

Research question:

The aim of our study was to bring to the fore the strategies used by GPs when confronted with this topic during consultation.

Method:

Thematic analysis of semi structured interviews with 11 French GPs, chosen from a list of correspondents of a sexologist. The physicians interviewed had to relate one consultation during which the topic was encountered. Theoretical saturation was achieved. Internal validation was completed.

Results:

The subject was identified while using three types of opening techniques:

1. Premature ejaculation is the accepted purpose of the consultation
2. "Trojan horse" technique
3. Psychological suffering.

Six strategies were identified: systematic questioning, propositions of signs that the patient could feel, sharp attention until the very end of the consultation, humor, facilitation of the patient's verbal expression, taking a functionalist approach so as to play down the patient's view of sexuality. The technical communications were simple: summaries, open questions. The attitude was empathic, warm and authentic. GPs took into consideration the context of the patient's beliefs and preferences while taking into account their cultural and existential dimension.

Conclusion:

Inquiring about premature ejaculation requires some fairly simple communication techniques and two specific core skills of family medicine: a person-centred care and a holistic approach.

Points for discussion:

1. Are you sensible about this topic?



PRESENTATION 47: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER  
Ongoing study with preliminary results

**TITLE:** Management of familial caregivers for patients suffering from neuro-degenerative dementias in general practice. General practitioners and caregivers' perspectives. Comparative study in France and USA.

**AUTHOR(S):** Lucille Pellerin-Kurtz, A. Polet, B. Dickerson, E. Mauviard, T. Thueux  
Alain Mercier

**ADDRESS:** Dept. Family Practice, Faculté de Médecine de Rouen  
22 Bd Gambetta, 76000 Rouen-France  
Phone: +33(0)612801947  
Email: alain.mercier@univ-rouen.fr

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**Background:**

The incidence of familial caregivers keeps increasing related to aging population and a growing number of dementias. The impact on caregivers' health is known. Consequently a comprehensive medical management of caregivers for demented relatives is a major health issue. Considering this situation, exploring GPs expected role, and the determinants of caregivers' management are essential. Solutions differ from a country and Health system to another.

**Research question:**

To understand the perspectives of familial caregivers in France and USA and the determining factors of their management in General Medicine.

**Method:**

Semi directive interviews have been conducted among familial caregivers in Haute-Normandie (France) and New England (USA). The same process has been used among general practitioners. A purposive sampling has been performed. Questionnaires highlighted caregivers' perspectives and opinions as well as practitioners' representations. Firstly, a phenomenological qualitative approach was used for the analysis which has been conducted by three researchers using nvivo8.0 software. Secondly a comparison between French and American results was done.

**Results:**

The study is an on going. The understanding, consciousness and acceptance of care giving situation by caregivers and general practitioners seem to modify caregiver's comprehensive management. Caregivers may be positively or negatively influenced by the care giving. This situation doesn't seem to be enough known by the GPs to decrease caregivers' burden. General practitioners' role seems to stay central but multifaceted and needs to be specifically adapted to each family. Care managers in the USA is usually assessed to be an interesting option. But despite a promoted multidisciplinary access, it is slowed down by social and economical issues.

PRESENTATION 48: Saturday 8<sup>th</sup> May, 2010  
13.45 – 14.50 h.

POSTER

TITLE: Understanding Medical Homes for Patients.

AUTHOR(S): Antje Erler, C. Lilienkamp, A. Constantinidis, Martin Beyer  
F.M. Gerlach

ADDRESS: Goethe University Frankfurt Main, Institute for General Practice  
Theodor-Stern-Kai 7, 60590 Frankfurt am Main-Germany  
Phone: +49-69-63014132; Fax: +49-69-63016428  
Email: erler@allgemeinmedizin.uni-frankfurt.de

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**Background:**

The Medical Home concept was introduced 1967 in the United States for pediatric patients and subsequently has been developed towards the GP-driven Patient-Centered Medical Home. It refers to a partnership approach with patients to provide accessible, patient-centered, coordinated, comprehensive, continuous, compassionate, and culturally effective primary health care. International studies indicate that a relationship with a medical home is associated with better health and lower costs of care.

**Research question:**

We participated in a cross-sectional survey in 5 European countries with a strong primary care system (Netherlands, UK, Denmark, Belgium, Germany) with the aim to investigate current implementation of the Medical Home concept and its value for the care of chronically ill patients. We will present data from Germany.

**Method:**

In each country 36 GP practices and 50 of their chronically ill patients completed written questionnaires. The development of the instruments comprised a literature review, an expert panel consultation, and a consensus procedure. The final questionnaires for GPs, practice organisation, and patients covered 7 predefined dimensions of the Medical Home concept. Telephone interviews were performed with a random sample of 8 GPs.

**Results:**

In Germany, access to primary care for chronically ill patients is generally easy and affordable, and 84% of patients rate their care as high quality. 88% have a personal GP and 64% visit him more than 5 times/yr. Deficits remain concerning the coordination of care, the interdisciplinary cooperation between GP and other health care providers, the use of electronic tools for patient panel management, safe prescribing, etc., and the development of patients' self-management abilities.

**Conclusions:**

Some elements of the Medical Home concept are implemented in German primary care already. Specific problems in the management of chronically ill patients can be identified so that measures to optimize care can be developed and tested in subsequent randomized controlled trials.

**Points for discussion:**

1. The Medical Home is a concept related to the U.S. health system – which elements can be relevant for the improvement of general practice in different European countries?
2. The Medical Home concept stresses personal continuity in primary care and may of

PRESENTATION 49: Saturday 8<sup>th</sup> May, 2010  
15.50 – 16.20 h.

FREESTANDING PAPER

TITLE: A complex intervention on polypharmacy was feasible in primary care: the perspective of healthcare assistants in a cluster-randomized study (PRIMUMpilot).

AUTHOR(S): Anja Ziegemeyer, B. Werner, C. Guethlin, E.W. Haefeli, S. Harder, J. Rochon M. Beyer, A. Erler, F.M. Gerlach, M. van den Akker, C. Muth

ADDRESS: Goethe University Frankfurt Main, Institute for General Practice  
Theodor-Stern-Kai 7, 60590 Frankfurt am Main-Germany  
Phone: +49-69-6301 5687; Fax: +49-69-6301 6428  
Email: ziegemeyer@allgemeinmedizin.uni-frankfurt.de

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#### Background:

For the PRIMUM study (PRioritization of MULTimedication in Multimorbidity; BMBF-grant: 01GK0702) we developed a complex intervention consisting of four components: a checklist-based pre-consultation interview including medication reconciliation by a healthcare assistant (HA), a computerised decision support system for managing medications and alerting on drug-drug interactions (AiD), and a physician-patient consultation on medication-related problems. The feasibility of the intervention was tested in 20 practices (100 patients) in a 12 months cluster-randomized controlled trial.

#### Research question:

To test the feasibility of the intervention for HA.

#### Method:

(1) Short questionnaires including estimation of time expenditure (in minutes) and measurement of overall satisfaction (6-point Likert scale) were completed by HA after each pre-consultation interview. (2) In a structured interview after completion of the intervention, HA were asked to describe their experience with delivering the intervention, problems encountered, and suggestions for improvement. The usability of the human-computer-interface with AiD was analysed directly, in a performance measure (case vignette), and indirectly (question asking). Interviews were transcribed and analysed according to a previously designed coding scheme.

#### Results:

Preliminary results show that (1) HA were “(very) satisfied” with the intervention in 22/24 cases (2/24 n.a.). Estimated time to prepare the intervention was reported in median 5 min. (interquartile range 4-10 min.), to enter medication data into AiD 25 (16-35) and to conduct pre-consultation interview 20 (15-33). (2) In structured interviews, HA felt well prepared for the intervention by the initial training, and reported no major problems but positive experiences with patients. AiD performed well: HA completed the vignettes without external help (16 min. (14-21)); learnability, operability, clarity, practicability and satisfaction were ranked high by HA.

#### Conclusions:

The PRIMUM intervention was feasible for HA. PRIMUMpilot provided valuable information leading to minor modifications of the intervention. Direct measurements revealed an overestimation of time expenditures by HA in short questionnaires.

#### Points for discussion:

1. The evidence for medication reconciliation in patients with polypharmacy is well established, nevertheless, it is time-consuming. Are there other models in European countries to perform it?
2. How can healthcare assistants in GP with different educat

PRESENTATION 50: Saturday 8<sup>th</sup> May, 2010  
16.20 – 16.50 h.

FREESTANDING PAPER

TITLE: Clinical value of height measurement of postmenopausal women in primary care.

AUTHOR(S): Denis Pouchain, Karine Briot, Eric Legrand, Stéphanie Monnier  
Christian Roux

ADDRESS: Dept. General Practice, University Paris Ile-de-France Ouest  
6, rue du docteur Lebel, 94300 Vincennes-France  
Phone: +33625914951  
Email: dpouchain@wanadoo.fr

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Background:

The height loss thresholds useful in clinical practice to detect prevalent vertebral fractures range from 3 to 6 cm. The aims of the study were to report the magnitude of the height loss in a primary setting care in a large population of women aged above 60 years and to analyse the significant determinants of this height loss.

Research question:

When a GP asks a female patient above 60 years for her height, can he trust her?

Method:

Cross sectional study conducted by 1 779 general practitioners. They have recruited the first five patients aged above 60 years, whatever the reason of the consultation. Tallest recalled height by the patient at the age of 20 years, current reported height by the patient at the visit before measurement, and current measured height were assessed. Statistical analyses were performed by multivariate logistic regression.

Results:

In the 8 610 analysed patients (mean age 70.9 years) the mean height loss was -4.5 cm. The current reported height was 2.0 cm lower than the tallest recalled height. 70% of the patients had a height loss  $\geq 3$  cm and 27%  $\geq 6$  cm. The significant predictors of a height loss  $\geq 3$  cm were age (OR = 1.09), back pain (OR = 1.22) previous vertebral fractures (OR = 1.49), and non vertebral fractures (OR = 1.26), kyphosis (OR = 2.07), and osteoporosis (OR = 1.39).

The significant predictors of a height loss  $\geq 6$  cm were previous vertebral fractures (OR = 1.80), non vertebral fractures (OR = 1.13) and kyphosis (OR = 1.9).

Conclusions:

The patient's estimate of the height is not a correct assessment of this parameter. General practitioners have to measure their patients, and consider that the height reported at 20 years and the reported heights by the patient are false.

Points for discussion:

1. What do you do in your practice : ask the patient or measure them?

PRESENTATION 51: Saturday 8<sup>th</sup> May, 2010  
16.50 – 17.20 h.

FREESTANDING PAPER  
Ongoing study with preliminary results

TITLE: Family Doctors' perspectives on Sick Leave and Doctor-Patient Relationship.

AUTHOR(S): José R Loayssa, Antonio Brugos, Roger Ruiz Moral

ADDRESS: Dept. Servicio Navarro de Salud, Centro de Salud de Azpilagaña  
Luis Morondo 1, 31006 Pamplona-Spain  
Phone: +34-948 290890  
Email: jloayssal@papps.org

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**Background:**

To deal with sick leave is seen by Family Doctors (FD) as a difficult task that entails conflicts and as an obstacle for therapeutic alliance.

**Research question:**

The aim of this study is to understand the FD view on this matter and the strategies they are carried out to overcome the problem in the context of a national health service.

**Method:**

Three focus groups with 23 FD (8,8 and 7 per group) and 16 semistructured interviews were carried out. The selection of the participants were made to get a wide variety of perspectives, with this purposes key informants were included. Discourses were audiorecorded, transcribed and analyzed inductively following a three phase process.

**Results:**

The following ideas are shared by participants: Subjective nature of work ability capability, sick leave denial and conflict and trust in the relationship, difficulties for making explicit doctors doubts about patient behaviour, perceptions of patient's low tolerance to discomfort. There are differences regarding the doctor role should be. In order to avoid conflict indirect strategies are used by doctors to promote come patient back to work. The contradiction between loyalty to individual patient and social responsibility is not the main dilemma but doctor perception of lack of control over a decision they are appointed to make and their desire to avoid conflict. They see themselves as bound to accept patient demand despite their doubts about sick leave justification. Disengagement of professional responsibilities and distancing from the patients are frequent results of their suspicious about patient honesty and their lack of control.

**Conclusions:**

The role of the FD as sick-leave responsible in the present circumstances can undermine their professional motivation and their attitude for supporting and helping to patient. Regarding these opinions a revision of sick leave situations and process seems to be an important topic

**Points for discussion:**

1. Is the conflict with the sick leave responsibilities inherent to the family doctor role?
2. What are the determinants of the attitudes and conduct of family doctor?
3. What are the strategies to help the family doctors to cope with this issue?

PRESENTATION 52: Saturday 8<sup>th</sup> May, 2010  
17.20 – 17.50 h.

FREESTANDING PAPER  
Ongoing study with preliminary results

TITLE: Challenges, barriers and facilitators experienced by Irish GPs in establishing diagnostic coding.

AUTHOR(S): Conor Kennedy, Claire Collins

ADDRESS: Dept. Research, Irish College of General Practitioners  
4-5 Lincoln Place, Eire, Dublin 2-Ireland  
Phone: +353 1 676 3705; Fax: +353 1 676 5850  
Email: conor.kennedy@icgp.ie

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**Background:**

Coordinated research and diagnostic coding are both in their infancy in Irish general practice. The three-year 'GPMED Study' aimed to investigate the feasibility of primary diagnostic ICPC-2 coding in the Republic of Ireland with a view to creating a national morbidity database via the introduction of coding to a sample of computerised practices. GP feedback was incorporated into the study.

**Research question:**

What are the challenges, barriers and facilitators experienced by participating GP practices in terms of establishing diagnostic coding in their practice?

**Method:**

An online survey of participating practices (n=25), including detailed open-ended responses, was carried out in October 2009. The survey was divided into four sections: (i) basic practice details (ii) practice coding experience, (iii) data extraction and reporting, and (iv) comments on the GPMED study.

**Results:**

The concept of diagnostic coding is relatively new to Irish general practice. Frustrations with the practice management software (PMS), difficulties with the organisation of ICPC coding structures, the impact on time and the impact on patient care during consultations proved to be the biggest barriers to coding.

Participants displayed a high level of competence in terms using their PMS, a willingness to contribute towards the overall goal of a national morbidity register, a degree of flexibility in terms of adopting the initial additional workload, and perseverance in the knowledge of the existence of a learning curve in terms of diagnostic coding.

**Conclusions:**

There exist both technical and cultural barriers to the establishment of coding throughout Ireland; however, it is evident that the skills and impetus exists to overcome these obstacles.

**Points for discussion:**

1. Have other countries experienced such difficulties introducing coding in general practice?
2. Is ICPC the best option in terms of classification?
3. What are the options in relation to overcoming the barriers to coding in general practice?

