

---

# Verona Meeting

**Thursday 16th to Sunday 19th October, 2003**

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

---

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

- [1:](#)** "The Literature of Cancer," by Elaine Powley from the United Kingdom
- [2:](#)** "Caring for cancer patients - how do patients perceive the role of GPs and specialists?" by Eva Hummers-Pradier from the Germany
- [3:](#)** "The prevention test. A leaflet as an aid in programmed prevention," by Patrick Wyffels from Belgium
- [4:](#)** "To screen or not to screen? What happens when doctors discuss about screening for prostatic cancer in a local community. by Claudio Carosino from Italy
- [5:](#)** "Menopausal Problems and Hormonal replacement therapy in general practices in Germany," by Erika Baum from Germany
- [6:](#)** "Knowledge And Behaviour Towards Skin Cancer In Sakarya- Turkey High School Students" by Tuncay Muge from Turkey
- [7:](#)** "Faecal occult blood testing (FOBT) in computerized clinical records of 561 Italian GPs of SIMG-Health Search (HS) Database", by Salvetti Andrea from Italy
- [8:](#)** "A survey of requests for tests for tumor markers in primary care." by Cosimo De Mola from Italy
- [9:](#)** "Shortening of delays in cancer diagnosis - Could we do better?" by Milica Katic from Croatia

**10:** "What primary care medical staff know and do about cigarette smoking and cancer risk?" by Vildan Mevsim from the Turkey

**11:** "Doctor, I need the pill.," by Lieve Peremans from Belgium

**12:** "Readiness and state-trait anxiety before performance assessment of medical students for clinical skills course," by Banu Ulusel from Turkey

**13:** "Information on the internet: can we trust it?," by Roelf J.C. Norg from The Netherlands

**14:** "Hepatitis prevention with vulnerable urban high-school-students.," by Jochen Gensichen from Germany

**15: Not Presented**

**16:** "Language problems in the general practice consultation: a research and development proposal for technology assisted central interpreting services (TACIS) for multiethnic communities." by Paul Wallace from The United Kingdom

**17:** "A qualitative study of self-reported compliance with medication and lifestyle in COPD: the need for better patient information.," by Rupert C M Jones from United Kingdom

**18:** "Why do general practitioners prescribe antibiotics in the viral respiratory infections? The PAAIR study," by Denis Pouchain from France

**19:** "Frequency of Job-Related Burn-out in Family Physicians working in General / Family Practice: Preliminary Results of an International Study of European Countries," by Jean Karl Soler from Malta

**20:** "Effects of feedback on GP-referrals to outpatient clinics." by Ron A.G. Winkens from The Netherlands

**21:** "NT-pro-Brain Natriuretic Peptide in the diagnosis of left ventricular dysfunction in general practice patients at risk for heart failure.," by Dirk Wetzel from Germany

**22:** "Body mass index and body image perception among postmenopausal women attending a primary health care unit; preliminary results.," by Nihal Aladaq from Turkey

**23:** "What are the findings in colonoscopies requested in Primary Care?," by Soler Guerra, Mercè from Spain

**24:** "Are colonoscopies correctly requested by GPs?," by Puigdemolas Armengol Xavier from Spain

- 25:** "Differentiating target groups for cancer prevention in general practices," by Donka D. Dimitrova from Bulgaria
- 26:** "Lifestyle and health perception changes in first year medical students: early results of a cohort study," by Nese Yeniceri from Turkey
- 27:** "A European study of prescription rules and GPs' behaviors in chronic pain and cancer pain," by Caroline Huas from France
- 28:** "Would educating women with a family history of breast cancer be useful in reducing the incidence rate of this malignancy?," by Valentina Madjova from Bulgaria
- 29:** "Risk of Melanoma and Tourism: A Screening Survey of the Solar Exposure Attitudes in a Region of Northern Greece," by Melissopoulou Haritini from Greece
- 30:** "A survey of the prevalence and incidence of gastrointestinal malignancies in a large area in the South of Italy.," by Nicola Buono from Italy
- 31:** "Pediatric mushroom poisonings in Central Anatolia.," by Ilhami Unluoglu from Turkey
- 32:** "Tools for research in general practice: the experiences of NetAudit," by Pasquale Falasca from Italy
- 33:** "An assessment tool of older people in General Practice," by T. Galopin from Italy
- 34:** "Is there a cut-off for pulse pressure in Type 2 Diabetes Mellitus?," by Pinar Topsever from Turkey
- 35:** "What's the Italian trainees' opinion on research in General Practice?," by Angelo Campanini from Italy
- 36:** "Why do German GPs abstain from cancer screening of their patients - an explorative study using a focus group ," by Gregor Fisseni from Germany
- 37:** "A matrix model for planning research and education in general practice," by Frede Olesen from Denmark
- 38:** "Mammography: decision making in Crete and the UK.," by Maria Trigoni from Greece
- 39:** "Smoking cessation: What are the primary care physicians' responsibilities? What should be done at primary care level?," by Tamer Edirne from Turkey
- 40:** "Assessing new instruments to perform multi ethnical clinical practice," by Alex Luigi Lieto from Italy

[41:](#) "Referrals from primary to secondary care -ten years after," by Tor Anvik from Norway

[42:](#) "General practitioners' role in helping patients to cope with cancer," by Tina Aaen Geest from Norway

[43:](#) "Rehabilitation of cancer patients in Denmark - with particular focus on the role of general practice now and in the future ," by Thorbjorn Hougaard Mikkelsen from Denmark

[44:](#) "The impact on general practitioners of end of life decision-making. A qualitative study (research design and work in progress) ," by Ilinka Haverkate from The Netherlands

[45:](#) "Diagnostic delay in lung cancer. A case study," by Marianne Bjerager from Denmark

---

PRESENTATION 1: Friday 17th October, 2003

09.05 - 09.35 h. FREESTANDING PAPER an ongoing study/work in progress

TITLE: The Literature of Cancer

AUTHOR(S): Elaine Powley

ADDRESS: Lund Head, Nawton - York - North Yorkshire YO62 7RH United Kingdom

E-mail: [elainepowley@doctors.org.uk](mailto:elainepowley@doctors.org.uk)

Background: There is an increasing awareness in medicine of the place of the humanities and the arts in enabling good clinical judgement, management and communication skills. Narrative based medicine may be necessary to complement scientific evidence based practice in the understanding of the experience of illness and in developing personal attributes which aid the consultation process.

Objectives: To consider the use of literary texts, with particular reference to: · the novel: "East of the Mountains" by David Guterson · the play: "Shadowlands" by William Nicholson · the poem: "Outpatients" from "Changing the Subject " by Carole Satyamurti as a resource in teaching communication skills in the management of patients with cancer.

Method: The paper will analyse how: · a study of the content of the texts relates to the dynamics of the experience of illness · the skill of the writers makes what happens and what is felt accessible · informed facilitation of the readers' responses can promote i) a broader understanding of the experience of cancer, ii) intuitive and creative interpretation and action in their clinical practice

This paper is relevant to EGPRN participants because it: · extends the discussion of the role of the Humanities in Medical Education and Practice · is directly applicable to General Practice

---

---

[Back to the top](#)

---

---

PRESENTATION 2: Friday 17th October, 2003  
09.35 - 10.05 h. THEME PAPER results of a project which is finished

TITLE: Caring for cancer patients - how do patients perceive the role of GPs and specialists?

AUTHOR(S): Eva Hummers-Pradier  
Olivier Pradier  
Andreas Ammon  
Dirk Meyer  
Michael M. Kochen

ADDRESS: Georg-August-University - Dept. General Practice  
Humboldtallee 38 - 37073 Göttingen - Germany

E-mail: [ehummer@gwdg.de](mailto:ehummer@gwdg.de)

Background: Treating cancer patients is a complex task and may demand specialist - often multidisciplinary - involvement. On the other hand, general practitioners (GPs) may be best placed to provide easily accessible support and guidance that patients experiencing cancer will need.

Methods: In a 3 month period, all outpatients treated for malignant disease in the oncology and radiotherapy units of the Goettingen University Hospital as well as in the only local community oncologists' practice were invited to fill in a questionnaire. We asked for details about the kind of malignancy and its treatment, and ratings of their current physical and psychosocial well-being. Attitudes and preferences concerning GP and specialist care were elicited as well as satisfaction with the doctor-patient relationship and care received from the own GP and specialist (5-step Likert scales ).

Results: Questionnaires were returned by 532 of 900 patients (59%); 38% of the responders were recruited in the oncology unit, 26% in the radiotherapy unit and 36% in the community practice respectively. 53% of respondents were female, median age was 57 years, 19% had metastatic disease, 17% recurrent cancer. Breast cancer (26%), lymphoma (19%), and colon cancer (7%) were the most frequent diagnoses. Almost all

patients (99%) had a family doctor, 58% stated that their GP was involved in the cancer treatment, and 30% in follow-up reviews (usually together with specialists). Half of the patients had sought help for acute physical or psychosocial problems, most commonly with their family (64%), or GP (56%); few had consulted a specialist (10%) or psychologist (11%). GPs' availability was highly appreciated (mean score 3.92, 95% CI 3.84-4.00) and rated better than specialists (2.96, 95% CI 2.86-3.06). Specialists received higher ratings with regard to their information policy (4.65 (4.59-4.71) vs 4.15 (4.04-4.26). Ratings of the doctor-patient relationship did not differ between GPs and specialists.

Conclusions: In most cases, GPs and specialists work together when treating patients with cancer. Though most patients seem to be quite satisfied with their care, there is room for improvement, in particular with regard to communication, availability and coordination of services.

Relevance to EGPRN: Eliciting patient preferences is important when trying to optimise individual care or healthcare systems. We would like to discuss more detailed results and their implications, and compare them with experiences from other countries.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 3: Friday 17th October, 2003  
10.15 - 10.45 h. THEME PAPER results of a project which is finished

TITLE: The prevention test. A leaflet as an aid in programmed prevention.

AUTHOR(S): [Patrick Wyffels](#)  
Joke van Herck  
Yves Biot

ADDRESS: University of Antwerp, Department of General Practice  
Halledorp 124, 2980 Halle-Zoersel, Belgium.

E-mail: [patrick.wyffels@pandora.be](mailto:patrick.wyffels@pandora.be)

Background: New guidelines on prevention in general practice are published frequently. Their practical implementation is often difficult due to the lack of similarity between different guidelines in different countries. A systematic approach of prevention is also needed. A quality circle was run in our practice and the relevant literature was reviewed. Based on the evidence, we made a simple, handy-to-use leaflet, which we called "the

prevention test", which was designed to be filled in by the patient. It would enable us to identify the preventive actions needed, and to make a plan for programmed prevention.

Objectives: The aim of our investigation was to see if this leaflet would enable us to package the different prevention guidelines in such a way as to enhance their implementation. We also wanted to investigate how well we did in programmed prevention.

Method: We studied Belgian and Dutch guidelines and made up a leaflet with questions for all patients 40 years and older, attending our consultation. It took patients no more than one minute to answer the questions. The answers enabled us to propose actions according to the studied guidelines, including cardiovascular prevention, vaccination for tetanus-diphtheria and influenza, prevention of breast-, cervical and colorectal cancer, osteoporosis, prevention of falls and loss of sight and/of hearing, and the diagnosis of alcohol abuse. The leaflet was used in one practice run by two doctors. We studied the results of the first 100 leaflets.

Conclusion: Patients found the instruments easy to use. The doctors had no difficulties in determining appropriate actions from the patients' answers. The actions were quite easy to implement, for the present use to fill in preventive actions that had never taken place, as well as for the future planning of prevention and to fill in the dates for future investigation. It was also a good test of the preventive actions in our practice, showing good results on cancer screening, and poor results on vaccination for tetanus and investigation of osteoporosis.

Relevance to EGPRN: Primary care plays a leading role in programmed prevention. Our prevention test turned out to be an easy instrument to use, inviting patients to participate, based on current evidence, and leading to preventive actions and preventing programming.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 4: Friday 17th October, 2003  
10.45 - 11.15 h. THEME PAPER results of a project which is finished

TITLE: To screen or not to screen? What happens when doctors discuss about screening for prostatic cancer in a local community.

AUTHOR(S): Claudio Carosino

ADDRESS: Mendelssohn sq. 3, 43011 Busseto (Parma) - Italy

E-mail: [ccarosino@libero.it](mailto:ccarosino@libero.it)

Background: The opportunity to perform population screening for prostatic cancer using PSA testing and other diagnostic tests has been widely debated, and until now there has been no clear consensus about this problem. We are waiting for the results of two large trials, in Europe and in USA.

Objective: To analyze the content of a discussion held in Parma's medical community about a proposal for screening for prostatic cancer, together with the statements and positions of various professional groups involved: general practitioners (GPs), epidemiologists, specialists in oncology and urology, in order to understand their opinions, their worries and beliefs.

Methods: Analysis of the text of 55 e-mails about this theme sent to the mailing-list: "koiné" which consisted at that time of about 160 doctors from the Parma area (mainly GPs but specialists too) between November 2002 and January 2003. We also undertook analysis of tape-recordings of talks during a group meeting organized for planning a big round table on the early diagnosis of prostatic cancer. The analysis also covered the papers presented on this occasion and of tape recordings of the discussions. Study of two articles written for a local newspaper by two colleagues specialists (in oncology and urology) on March 2003 about this theme were also included. All texts were examined as a whole in accordance with the principles of textual data analysis for identifying and gathering emerging and recurrent subjects.

Results: Despite the lack of agreement between scientific positions, some very interesting observations were made on the attitudes of professional groups and individuals facing this specific problem and other wider related themes, such as patients' information and consensus.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 5: Friday 17th October, 2003  
11.15 - 11.45 h. THEME PAPER a project idea (planning phase)

TITLE: Localized prostate cancer - The influence of the disease and treatments on the quality of life.

AUTHOR(S): Sophia Eilat-Tsanani  
D. Steinmetz  
Hava Tabenkin  
J. Shental



The Family Medicine department,  
The Urology department,  
"Ha'Emek" Medical Center,  
Afula,  
Israel

ADDRESS: P.O. Box 226 - 23800 Giv'at Ela - D.N. Ha'a'makim - Israel

E-mail: [eilat\\_s@netvision.net.il](mailto:eilat_s@netvision.net.il)

Background: Prostate cancer is a disease with increasing prevalence. It is the most prevalent cancer in Israel. The rise in prevalence is attributed to an aging population in part and to early detection. Decisions about therapy are made according to the extent of the disease. The options are: operation, radiation and hormonal therapy. All those modes of treatment may have adverse effects: disturbance of urinary and sexual function. As with other malignant diseases, the disease and its treatment raise emotional distress in the patient. Compared with other malignant diseases, the survival rate of prostate cancer patients is high: the mortality in the lower stages of disease is 95% and in the higher levels is 51%. To summarize: Prostate cancer is a disease whose mortality rate is not high and the interference with the quality of life is prolonged. The epidemiology of prostate cancer in man is similar to that of breast cancer in women: Both cancers are the most prevalent, have familial tendencies. Both also show a rise in prevalence, can be detected early and have similar mortality rate. In contrast with the rise in morbidity, in both diseases the rise in mortality is slower. A man with prostate cancer, like in other malignant diseases, is expected to go through events that might raise emotional distress. Prostate cancer therapy may interfere with sexual function and male image. Compared to breast cancer disease, there is no public discussion concerning its consequences and implications of prostate cancer on the patient's mental health. In the situation of patients of low social class, support systems of the kind which exist for women with breast cancer may not be available for men with prostate cancer.

Aims: The proposed study has been designed to investigate the influence of prostate cancer and its treatment on the quality of life and the emotional state of the patients.

Methods: The methods will be quantitative and qualitative. Questionnaires evaluating the quality of life and genitourinary functioning will be administered. An in-depth interview will be held to investigate the influence of the disease on the quality of life, the patient emotional distress, the need for mental support and the willingness to have it. The participants will be men who have been diagnosed as having prostate cancer in the 'Ha'Emek" Medical center.

I would like to hear from the participants about their experience of caring for patients of this kind, and to share ideas about the relevance and importance of the problem raised. I would like to have the participants' feedback on the aims and methods.

---

---

[Back to the top](#)

---

---

PRESENTATION 6: Friday 17th October, 2003  
11.45 - 12.15 h. THEME PAPER results of a project which is finished

TITLE: Knowledge And Behaviour Towards Skin Cancer In Sakarya- Turkey High School Students

AUTHOR(S): Tuncay Muge  
Filiz Nursan  
Dede Cinar  
Pinar Topsever  
Fatma Ucar

ADDRESS: Kocaeli University , Med. Faculty, Dept. Fam.  
Medicine Posta Kutusu 1029  
Yahya Kaptan 41050 - 41050  
Izmit-Kocaeli-Turkey

E-mail: [dalim\\_99@hotmail.com](mailto:dalim_99@hotmail.com)

Background: Skin cancer is the most common malignancy in Caucasian populations. The predominant cause of skin cancer are the skin's susceptibility to the damaging effects of sunlight, including lighter complexion and predisposition to burn, blister or freckle in the sun. Childhood exposure to ultraviolet (UV) light increases the risk for skin cancer as an adult.

Objectives: To describe the knowledge and behaviour of high-school students in Sakarya-Turkey concerning sun protection/skin cancer.

Methods: Sakarya- Turkey high- school students (n=1177, ages 13 to 19, 40.3% girls, 100% white) completed an in-school questionnaire developed by the study group assessing knowledge and behavioural patterns concerning exposure to sun, and skin cancer. Mean knowledge and behaviour scores were compared according to gender using Student's t-tests and prevalence of behavioural patterns was compared using a Chi-square test.

Results: The participating students answered 82.0 % of 13 true/false items and 21.5 % of 2 multiple choice items correctly. Approximately 15% felt a tan looked "healthy" and 43.5% "attractive". 49.4 % claimed to have gathered information about sun protection, and significantly more of these informed students displayed protective behaviour against

skin cancer, like wearing a hat and/or using sunscreen ( $p=0.013$  and  $p<0.0001$  respectively). Reported information sources were: 17.7% family, 36.4% printed media, 7.5% printed teaching material, 3% friends, 24% television/radio. When out, 51.3% never used sunscreen and 87.9% rarely or never wore a hat. The prevalence of 2 or more painful sunburns during the last summer was 12%, the prevalence of sunburn was higher in boys (0.0001). Compared with boys, girls had significantly higher knowledge scores ( $10.18\pm 2.07$  vs.  $10.82\pm 1.82$ ,  $p<0.0001$ ) and were significantly more likely to report using sunscreen (39.9% vs. 59.9%,  $p<0.0001$ ).

Conclusion: The dangerous idea about an "attractive tan" did not seem to affect the awareness of the students about a tan necessarily not being "healthy". The fact of being informed about sun protection positively affected sun protection behaviour, which could also partly be explained with the relatively high knowledge scores among the students.

Relevance to EGPRN: Early education of children/adolescents in terms of protective attitudes and behaviour against skin cancer is important to decrease incidence of skin cancer. Primary health care physicians should routinely reserve some of their counselling time not only to inform and educate parents in terms of sun protection, but also to do so with all children and adolescents.

Conclusion: This study highlights the dilemmas facing patients and doctors when using epidemiological and clinical trials evidence when considering an intervention for prevention for an individual. This study demonstrates that both patients and doctors are developing ways of integrating the different types of knowledge and experience that impinge on an individual in their decision making.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 7: Friday 17th October, 2003  
13.30 - 14.00 h. THEME PAPER results of a project which is finished

TITLE: Faecal occult blood testing (FOBT) in computerized clinical records of 561 Italian GPs of SIMG-Health Search (HS) Database

AUTHOR(S): Salvetti Andrea  
Cancian Maurizio  
Mazzi Marco  
Samani Fabio  
Del Zotti Francesco GPs -Italian College of General Practitioners (SIMG)

ADDRESS: Andrea Salvetti - Via Madagascar 19 - 58100 Grosseto - Italia  
E-mail: [francesco.delzotti@tin.it](mailto:francesco.delzotti@tin.it)

Background: In recent years faecal occult blood testing (FOBT), on an annual or biennial basis, was linked with good evidence to decrease mortality from colon cancer. It is now important to study how many FOBTs are recorded in our clinical records

Objective: To analyse the annual frequency of registration of "at least 1 FOBT", in the clinical record, for patients over 40.

Method: An SQL query was launched in the central server to analyse the frequency of at least 1 request for FOBT in the computerized clinical records of "Health Search" database, where 561 GPs are connected to the Italian Database of SIMG. The query command was run for a 12 months period: 1st of July 2001-30th of June 2002

Results: On a population of 516,189 patients over the age of 40, there were 8,931 (1,7%) patients with at least 1 FOBT in clinical record in 12 months. The age distribution of the test was: 40-49: 1154/134147(0.9%); 50-59: 2366/114881 (2%); 60-69: 2790/104709 (2.7%); 70-79: 1752/90449 (1,9%) ; over 79: 869/72003 (1,2%) There were no important differences between males and females, or among patients from different geographical areas

Discussion: Our results show that the frequency of FOBT requests is very low in our HS database, even for ages (over 50yrs) where there is better evidence for the effectiveness of FOBT for prevention. Perhaps we need more time for implementation of new evidence on FOBT; or we need new strategies for involving GPs and people in this new task

Relevance to EGPRN: National and regional databases of GP clinical records will have an increasing role in colon cancer prevention strategies in Europe. In our meeting, we think it is useful to discuss the pitfalls and better implementation of this strong research tool.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 8: Friday 17th October, 2003  
14.00 - 14.30 h. THEME PAPER

TITLE: A survey of requests for tests for tumor markers in primary care.

AUTHOR(S): Claudio Pasquale Barbato,  
Luigi Caliandro

Giovanni Colucci,  
Gaetano D'Ambrosio  
Dario De Giorgi,  
Cosimo De Mola  
Mario Domenico Dell'Orco,  
Cherubino Inguscio  
Orazio Lippolis,  
Antonio Metrucci,  
Claudio Paci  
Domenico Pasculli,  
Giuseppe Rauzino,  
Vincenzo Riso

ADDRESS: Via Caldarola 27/1 - 70126 Bari - Italy

E-mail: [cdemola@tin.it](mailto:cdemola@tin.it)

Background: Tumor markers (TM) are biological signals correlated to the presence of a neoplasm. Their practical utility is often strongly limited by less than optimal sensitivity and specificity. Data are available that show a great variability in TM utilization in hospitals, . Very little is known about TM requests in ambulant patients by general practitioners (GPs) or specialists.

Objective: To investigate TM utilization in primary care (frequency, aim, appropriateness).

Methods: From September 2002 to January 2003 fourteen GPs from Apulia (South Italy), using the same medical records management software and linked to the Health-Search national database, recorded data about: a) the source of TM requests (patient request, GP decision, specialist suggestion), b) the aim of TM request (screening of asymptomatic patients, differential diagnosis with benign diseases, staging, follow-up), c) the clinical problem (ICD-9 coded) correlated to TM requests. Data were extracted from GPs databases by means of a query procedure which ensured patient anonymity, following Health-Search database specifications. To estimate the appropriateness of TM requests, each request was compared to the guidelines recently proposed by Gion .

Results: During the observation period, 703 requests were made by GPs, including 1555 tumor markers (mean 2.2 TM/request, 1-2 request/week/GP). Most frequently requested TMs were: PSA (25.2%), CEA (15.5%), ?FP (13.1%), CA19.9 (8.2%), PSAfree (7.7%), CA15.3 (6.0%). TM requests were suggested by a specialist in 64% of cases, decided by GPs in 28%, required by the patient himself in 4%. The aims of requests were: screening 25%, diagnosis 28%, staging 4%, follow-up 41%, unknown 2%. Clinical problems correlated with TM requests showed high variability. Evaluation for appropriateness gave the following results: appropriate (38%), doubtful (14%), inappropriate (33%), not assessable (15%).

Conclusions: TM requests in general practice seem to be characterized by: high influence of specialist suggestions, prevalent utilization for diagnostic purpose rather than staging or follow-up, significant prevalence of PSA compared to the other TM, high level of inappropriateness. Further studies are needed to confirm our results on a larger GP sample. Clinical guidelines adapted to general practice and educational and audit programs for both GPs and specialists may be very useful for better TM prescribing in primary care.

Relevance to EGPRN: There are few studies about the use of tumor markers by GPs. A full discussion may be useful given the increasing relevance of oncological problems in primary care.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 9: Friday 17th October, 2003  
14.30 - 15.00 h. THEME PAPER a project idea (planning phase)

TITLE: Shortening of delays in cancer diagnosis - Could we do better?

AUTHOR(S): Milica Katic  
Zlata Ozvacic  
Venija Cerovecki-Nekic  
Vladimir Katic

ADDRESS: University of Zagreb, Dept. of Family Medicine  
"Andrija Stampar" School of Public Health  
Rockefellerova 4 - 10000 Zagreb - Croatia

E-mail: [mkatic@snz.hr](mailto:mkatic@snz.hr)

Background: General practitioners (GPs) are in a unique position to deliver preventive health care to the majority of the general population. Early detection of cancer is essential for improving the outcome of the treatment, and may reduce mortality.

Objectives: To investigate delays in the diagnosis and treatment of cancer in order to see how effective GPs are at early detection.

Method: In June 2003, there were 47 living cancer patients out of a total of 1752 patients registered in one teaching practice. From the medical records of the 47 cancer patients, data were collected on the patients and the course of their disease. We recorded time from

the first presentation of symptoms to the GP to the probable diagnosis (Delay1), and from the diagnosis to hospital admission and final confirmation of diagnosis (Delay2).

Results: In 47 cancer patients (13 males), the age ranged from 25 to 90 years, 51 cancers of 17 various sites was diagnosed (three cancers in one patient and two cancers in two patients) The cancer was localised in 32 cases in the beginning of the hospital treatment. In June 2003, 36 patients were alive without signs of cancer spreading, 10 patients were alive with metastatic cancer, and one patient was in the terminal phase. Delay1 was one month in 36 cases, two months in nine, three in one, four months and more in five cases. Delay2 was one month in 45 cases, two months in 5 and four months in one case.

Conclusion/Discussion: The results showed that there were no significant delays in diagnosing and treatment for the majority of cancer patients . It seems that we failed to identify patients with significant delays and with worse prognosis. In order to investigate and evaluate the effect of delays on survival, a further prospective study involving a broader patient group is needed.

Relevance to EGPRN: There is a wide variation in the way GPs provide early detection of cancer. The relationship between delay and survival is complex, and further research on this topic is needed. To discuss the methodological problems in our European forum would be of great importance.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 10: Friday 17th October, 2003  
15.00 - 15.30 h. THEME PAPER results of a project which is finished

TITLE: What primary care medical staff know and do about cigarette smoking and cancer risk?

AUTHOR(S): Vildan Mevsim  
Citim Dontlu  
Nese Yeniceri  
Nilgun Ozcakar  
Dilek Guldal

ADDRESS: Dokuz Eylul Universitesi Tip Fakultesi Aile Hekimligi AD 35340 Izmir - Turkey

E-mail: [vildan.mevsim@deu.edu.tr](mailto:vildan.mevsim@deu.edu.tr)

Background: Smoking is still widespread among health workers and cancer related to cigarette smoking is also an increasing problem in the world.

Objective: To investigate the knowledge, behavior and attitudes of primary care medical staff about cigarette smoking and cancer risk.

Method: A cross-sectional analytic study was carried out. A questionnaire with 82 questions was administered to 142 of 214 staff who were in charge of the Buca District Health Centers on the day of the study. The questionnaire had three parts, including knowledge, behavior and attitude parameters. For each group of parameters, a composite index was developed. Data were analysed on SPSS 10.0 package program by Pearson, chi-square and correlation tests.

Results: 31% of participants were physicians, 23.2% were nurses 35.2% were midwives and 10.6% male-nurses. 36.6% of medical staff were current smokers, 12.0% were ex-smokers. The mean scores of knowledge, behavior and attitude parameters were  $20,65 \pm 4,81$ ,  $6,26 \pm 3,51$  and  $9,73 \pm 2,54$  in order. There were no statistically significant relations between attitude, knowledge and behavior of participants. Although 50% of medical staff on average did not know the role of cigarette as risk factor for various cancers, physicians had better knowledge than the rest ( $r=-0.296$   $p=000$ ). There was no relation between knowledge and cigarette smoking. Non-smokers had better attitude scores than smokers.

Conclusions: Since there is no relation between knowledge and cigarette smoking, and non-smokers have better attitudes for preventing and decreasing the effects of smoking, some other ways must be considered to increase awareness and sensitivity of health workers about smoking and cancer.

Relevance to EGPRN: It may be possible to set an European agenda to increase the role of health workers in the prevention of cancer considering other ways than the promotion of knowledge.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 11: Friday 17th October, 2003  
15.45 - 16.15 h. FREESTANDING PAPER

TITLE: Doctor, I need the pill.

AUTHOR(S): Lieve Peremans  
Jan-Joost Rethans



Paul van Royen  
Joke Denekens

ADDRESS: University of Antwerp - Department of General Practice Universiteitsplein 1  
- Antwerpen-Wilrijk - Belgium

E-mail: [lieve.peremans@ua.ac.be](mailto:lieve.peremans@ua.ac.be)

Background: To improve the implementation of guidelines, it is better to develop a training kit that fits in with current daily practice and the needs of general practitioners. Also for the guideline 'oral contraception' a training kit will be developed. No information is available about the performance of the general practitioner during the first contraception consultation.

Aim/objective: To learn how Flemish general practitioners deal with the first contraception consultation.

Method: We used standardized patients as the best method to assess the performance of general practitioners (GPs) in daily practice. One hundred GPs, selected randomly from the data base of the Flemish College of General Practitioners received a letter with information about the project and requesting their participation. Only fourteen GPs refused to participate the project. Thirty GPs got a visit from one of the three standardised patients. On basis of a validated checklist, the three girls scored their visits to the GPs, and they recorded the circumstances and the duration of the consultation. In order to have more information about their experiences, the students participated afterwards in a small focus group.

Results: A total of twenty-eight consultations were available for analysis. On the content level of the consultation, GPs scored moderately. They only rarely asked about the patients' attitude to safe sex, and less than half of the practitioners took a gynaecological history. None of the physicians took a personal history to exclude pregnancy, and only one-quarter asked about contra-indications. None of the physicians did a physical examination. The simulated patients were given enough information about correct pill use, but little on factors associated with pill failure, or the interactions with other medications. In only ten percent of the cases did the prescription correspond with the guidelines. Nonetheless, the simulated patients felt very satisfied with the kind reception they received from the GPs.

Conclusion: The correct medical handling of the first contraception consultation could be better, but the atmosphere of the consultation was in line with patients' expectations. To improve the expertise of GPs, a training kit should stress the importance of full history taking and prescribing behaviour.

Relevance for EGPRN: The research presented here was developed during earlier EGPRW meetings. We are interested in feedback and discussion on the use of

standardised patients, GP consultation patterns and provision of contraceptives in other European countries.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 12: Friday 17th October, 2003

16.15 - 16.45 h. FREESTANDING PAPER results of a project which is finished

TITLE: Readiness and state-trait anxiety before performance assessment of medical students for clinical skills course

AUTHOR(S): Banu Ulusel  
Nese Yeniceri  
H.Cahit Taskiran  
Dilek Guldal

ADDRESS: Dokuz Eylul Univ.Medical School Dept. Family Medicine Nar-Bel Sitesi  
Muzaffer Sk. C17 / 22 Narlidere Izmir- Turkey

E-mail: [ulusel@isbank.net.tr](mailto:ulusel@isbank.net.tr)

Background: The Dokuz Eylul University Department of Family Medicine is teaching clinical interviewing skills, history taking and physical examination to the first three year medical students. At the end of the year, second and third year students' performance is assessed by OSCE.

Objective: To assess clinical skills examination related state anxiety, readiness for the examination and trait anxiety in second and third year medical students

Method: A questionnaire, including State-Trait Anxiety Inventory (STAI) and three Likert scale questions about students' self perception of readiness for and information about the exam and the task, was applied to 132 second and 111 third year students taking the examinations.

Results: Participation rates were 91.67% and 87.39%. Readiness, state and trait anxiety scores for second and third year classes were calculated. Second year students had higher state and trait anxiety scores ( $p=0.000, p=0,004$ ). There was no difference in readiness scores between classes. Second and third year students showed positive correlations for state and trait anxiety ( $r=0.360 p=0.000, r=0.439 p=0.000$  respectively), readiness and state anxiety ( $r=0.407 p=0.000, r=0.305 p=0.003$  respectively). Readiness and trait anxiety were not significantly correlated for second year students while third year

students showed positive correlations between readiness and trait anxiety ( $r=0.258$   $p=0.012$ ). In both classes students who did not know what was expected of them had higher state anxiety (ANOVA  $p=0.001$ ,  $p=0,034$  respectively). On the other hand those who were not ready for the exam in second year had higher state ( $p=0,000$ ), while those in third year had higher trait anxiety ( $p=0,018$ ).

Discussion: Self perception of readiness for the exam and knowing what was expected for the task had significantly less impact on the students' state anxiety before the clinical skills examinations. Second year students' higher state and trait anxiety scores and the stronger correlation between readiness and state anxiety may be indirectly related to the exam method, since third year students took a similar exam the year before. The higher trait anxiety score of the " not ready " third year students suggests a perception difference related to personality.

Conclusion: Anxiety is known to effect performance and professional effectiveness in the long run. Teaching students the methods to cope with stress would provide life-long benefit . The students' success should also be analysed to test the validity of subjective ratings and the function of anxiety.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 13: Friday 17th October, 2003  
16.45 - 17.15 h. FREESTANDING PAPER

TITLE: Information on the internet: can we trust it?

AUTHOR(S): Roelf J.C. Norg  
Nadia El Bakkali  
Onno van Schayck  
J. André Knottnerus

ADDRESS: Capgroep Huisartsgeneeskunde - University Maastricht P.O. Box 616 - 6200  
MD Maastricht

E-mail: [morg@ncrvnet.nl](mailto:morg@ncrvnet.nl)

Background: Many patients visit their doctors nowadays with background information gathered from the internet. These informed patients could place doctors in an awkward position if the information would differ from the opinion of their doctors. Therefore initiatives are underway to assure the quality of the information e.g. by giving quality

certificates to websites. Examples are organisations such as the World Health Organisation or the Health on the Net organisation (HON).

Aim/Objectives: Inventorisation of the quality of medical information on the internet. Exploring the usefulness for patients of noting the quality certificates.

Method: As an example of medical information in general we chose a frequent complaint which is often treated as a 'private matter': male micturition problems. 28 lay and professional terms relating to male micturition problems were entered in the two most used internet search engines. The first 40 'hits' (i.e. results) were used for the analysis. The information was analysed by means of a modified DISCERN scoring list. A general score (0-10) was given based on items like transparency of sources of the information and funding, readability. A separate score (0-10) was given for the amount and correctness of the information provided. Websites with a certificate from the Health on the Net organisation were compared with non-certified sites (Mann-Whitney U test).

Results: The 2240 hits referred to 342 websites with information on male micturition problems. Mean general score was 7.72 (SD 1.60); certified sites: 8.52 (SD 1.02); non-certified sites: 7.53 (SD 1.64) ( $p < 0.001$ ); Mean score for amount and correctness of information was 6.40 (SD 3,20); certified sites: 7.95 (SD 2.30); non-certified sites: 6.07 (SD 3.27) ( $p < 0.001$ ).

Conclusion: In general the quality of the information on male micturition problems is satisfactory. Certified sites provide in general better than non-certified sites. The information provided is mostly correct. Whether this can be generalised to other medical problems and diseases is open for further research.

Relevance to the EGPRN: Doctors in general, and GPs especially, should not be afraid for the information derived from the internet with which patients consult them. We could refer to certified sites. The certification initiatives from the WHO and others should be promoted.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 14: Friday 17th October, 2003  
17.15 - 17.45 h. FREESTANDING PAPER preliminary results

TITLE: Hepatitis prevention with vulnerable urban high-school-students.

AUTHOR(S): Jochen Gensichen (1,2)  
O. Bellinger (1)

G. Münch (1)

E. Geadah (1)

S. Stark (1)

F.M. Gerlach (2)

(1) Stadtgesundheitsamt Frankfurt / M

(2) Institut für Allgemeinmedizin, Universitätsklinikum Schleswig-

Holstein - Campus Kiel

ADDRESS: Stadtgesundheitsamt Frankfurt / M - Braubachstr. 18-22 60311 Frankfurt / M  
- Germany

E-mail: [gensichen@allgemeinmedizin.uni-kiel.de](mailto:gensichen@allgemeinmedizin.uni-kiel.de); [oswald.bellinger@stadt-frankfurt.de](mailto:oswald.bellinger@stadt-frankfurt.de)

Background: 50.000 patients per year with new hepatitis-B-infections in Germany (26% under 25 years). 1500 death per year due to hepatitis B. Hepatitis A is a common travel-related disease. Hepatitis C incidence is 5000 patients per year. Risk for liver-cirrhosis is a relevant health burden. Hepatitis B vaccine is an effective prevention. Up to 70% of the adolescent population have no vaccination - i particularly adolescents with low educational status.

Objectives: To increase knowledge and motivation for hepatitis-B-vaccination of urban high- school students.

Intervention: Three-hours interactive learning education programme led by social worker and general practitioner (GP) involving adolescents (13-16 years). Module I: Poster-presentation of liver-functions as a "liver-factory". Students completes it like a jigsaw. Module II: Handouts with vectors of infection. Students learn transmission and protection by role play. Module III: Group discussion focussed on iv. drug abuse and hepatitis C.

Method: Pre-post trial with multiple-choice-questionnaires asking knowledge about liver-function, hepatitis and prevention. We generated a knowledge-score (14 points). We asked about willingness for vaccination using a 5-point-score (never - as soon as possible). Descriptive data analysis.

Results: We met 68 students in pre-test-lessons in four high-schools. Questionnaires of 45 pupils were entered in a pre-post-analysis. 23 drop-outs because of non-completed questionnaires. Increase in knowledge-score: 4.3 to 10.4. Increase in willingness "as soon as possible": 3.3 % to 34.9%. Details will be presented at the conference.

Relevance to EGPRN: This interdisciplinary public health intervention involves GPs, accesses vulnerable high-school-students, improves their awareness of risk behaviour and may increase vaccination-rate for hepatitis B.

-----  
---

[Back to the top](#)

---

---

PRESENTATION 15: Not Presented

---

---

[Back to the top](#)

---

---

PRESENTATION 16: Saturday 18th October, 2003  
09.00 - 09.30 h. FREESTANDING PAPER

TITLE: Language problems in the general practice consultation: a research and development proposal for technology assisted central interpreting services (TACIS) for multiethnic communities.

AUTHOR(S): Paul Wallace  
T.Greenhalgh,  
R.Harrison,  
D.Jones  
P.Gill,  
E.Green,  
F.Griffiths,  
A.MacFarlane

ADDRESS: Department of Primary Care and Population Sciences,  
Royal Free and University College London,  
Rowland Hill Street London NW3 2PF - United Kingdom

Email: [p.wallace@pcps.ucl.ac.uk](mailto:p.wallace@pcps.ucl.ac.uk)

Background: The consultation is the core of general practice, and good communication is the key. But throughout Europe, we live and practice medicine in an increasingly multicultural and multilingual society, in which avoidable health inequalities by ethnic group are well documented. Interpreting and advocacy services are an important dimension of a culturally competent health service, but there are very substantial problems with conventional services of this kind in general practice. Developments in information and communications technologies offer the potential to provide readily available, centralised but remotely accessible language services, with the potential to deliver prompt services in a large range of languages. However, important questions need to be answered about the acceptability and effectiveness of such services to the different players - patients, doctors and interpreters.

Aims and objectives: To explore the feasibility, acceptability, practicality, comparative cost and scalability of Technology Assisted Central Interpreting Services (TACIS) in a range of general practices in areas where language problems are prevalent.

Methods: The initial phase will consist of the development of a model TACIS providing centralised translation/advocacy services in two or three languages to around 50,000 patients registered with some 25 general practitioners in around 6 general practices This phase will include a detailed process evaluation. A second phase, to be developed subsequently, will explore the issues of spread and sustainability further. We intend to incorporate an experimental design into the development project, to enable us to make comparisons as appropriate between conventional interpreting services and different aspects of the proposed TACIS. A variety of qualitative and quantitative methods will be used, together with appropriate economic modelling and evaluation methods to assess the relative costs. We will explore the views of key stakeholders about interpretation and advocacy services for ethnic minorities, describe and evaluate the process of the establishment and operation of TACIS in primary care, explore and document the costs and human resource issues around delivering TACIS and identify critical success factors for the provision of TACIS in primary care.

What do we hope to get out of the presentation at EGPRW: We are interested to elicit the experiences of our European colleagues relating to language services in their countries, and to explore potential international collaborations for TACIS.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 17: Saturday 18th October, 2003  
09.30 - 10.00 h. FREESTANDING PAPER

TITLE: A qualitative study of self-reported compliance with medication and lifestyle in COPD: the need for better patient information.

AUTHOR(S): Michael E Hyland (1)  
Rupert C.M Jones  
Karen E Hanney (2)

(1) Department of Psychology, University of Plymouth, Plymouth, PL4 8AA, UK  
(2) Respiratory Research Unit, Peninsula Medical School, 1 Davy Road, Derriford, Plymouth, PL6 8BX, UK .

ADDRESS: Roborough Surgery - 1,  
Eastcote Close -  
Roborough Plymouth PL6 6PH - United Kingdom

E-mail: [rupertjones@ukgateway.net](mailto:rupertjones@ukgateway.net); [roboro@cwcom.net](mailto:roboro@cwcom.net)

Background: Compliance with asthma medication is known to be poor, but less is known about compliance in COPD either to medication or lifestyle change.

Aim/Objectives: The aim of the study is to examine the patient's perceptions of the factors that influence their concordance with inhaled therapy in COPD as well as concordance with health related behaviours (smoking, exercise and diet).

Methods: Five focus groups of 29 diagnosed COPD patients who had not attended pulmonary rehabilitation were recruited from secondary and primary care, severity varying from mild to severe. For each group, the moderator asked patients what they had been told and what they actually did with regard to medication, smoking, exercise and diet.

Results: All patients, except one, reported high intentional compliance with medication but some patients expressed concerns about technique. All patients reported being told to stop smoking, but patients varied as to whether they believed that smoking was harmful or not. Some had stopped smoking, some tried to cut down, and others continued as normal. Patients had not been offered constructive help to quit smoking. Patients had been told to exercise but were given inadequate information why this was helpful. Patients were unsure how much they should exercise, and were unsure whether breathlessness during exercise was harmful. Patients had been given minimal advice about diet.

Conclusions: Compliance with medication in COPD is good, probably because, unlike asthmatics, these patients are chronically symptomatic. Information given by health professionals about lifestyle modification was poor. COPD patients require better education to manage their disease effectively.

Relevance to EGPRN: COPD is a common progressive lung disease, which affects over 20% of smokers. It is a major and growing burden to both patients and primary care.

-----  
---

[\*Back to the top\*](#)

-----  
---

PRESENTATION 18: Saturday 18th October, 2003

10.00 - 10.30 h. FREESTANDING PAPER results of a project which is finished



TITLE: Why do general practitioners prescribe antibiotics in the viral respiratory infections? The PAAIR study

AUTHOR(S): C. Attali  
Denis Pouchain  
Dominique Huas

ADDRESS: French college of teachers in general practice  
1 ter, Rue du Midi - 94300 Vincennes - France

E-mail: [DPouchain@wanadoo.fr](mailto:DPouchain@wanadoo.fr)

Context: There is a discordance in antibiotic prescribing between the guidelines worked out on the current evidence base and actual ambulatory practice.

Question: What are the major reasons which lead general practitioners to prescribe antibiotics in presumed viral respiratory infections, despite the evidence that antibiotics are ineffective in these types of infections ?

Hypothesis: GPs' practices generate scientifically valid strategies based on their own experimental knowledge and reflection during their own actions.

Method: Quantitative and qualitative study using the technique of "the critical incident". In this study, the critical incident in question relates to the complex situation where the non prescription of antibiotics according to accepted guidelines is not easily applicable. It is hypothesised that in such cases, some critical incident occurs which makes the GP decide to prescribe. Two types of critical incidents were defined : A: Critical incident with favourable outcome (CIF). The non antibiotic prescription after GP's strategic adaptation with verbal or non-verbal acceptance by the patient. Critical incident with unfavourable outcome (CIU). The prescription of an antibiotic because of failure of the accepted non-prescribing strategy, or the abandonment of the accepted non- prescribing strategy by the GP.

Results: 60 teaching GPs included the first CIF and the first CIU encountered each month for 6 months. 206 critical incidents were collected, of which 184 were analysable : 83 CIF and 101 CIU. Quantitative results :

CIF n = 83 (%) CIU n = 101 (%) p Patient in good health 64 (76,7%) 59 (57,5%) < 0,05  
Patient tired or very tired 19 (23,3%) 42 (41,5%) < 0,05 Patient deemed to be at increased  
risk from infection 5 (7,1%) 18 (17,9%) < 0,05 Doubt about viral origin 1 (1,3%) 16  
(15,5%) < 0,05 Antibiotic prescription due to personal conviction of the GP 11 (14,9%)  
38 (37,2%) < 0,05 Explanation of the decision to the patient 79 (95,3%) 62 (62,9%) <  
0,05 Satisfaction of the doctor about his/her decision 79 (94,2%) 51 (47,2%) < 0,05

Qualitative results concerning the medical context of the consultation, the GP/patient relationship, GP's feeling after the consultation, his/her perception of the patient's degree

of satisfaction, and the strategies used to try to follow the reference frame of nonprescription will be presented and discussed during the presentation.

Conclusion: Beyond the quantitative aspect, the PAAIR study gives qualitative data elucidating the reasons for over-prescription of antibiotics related to the conditions of actual practice in primary care. We would like to discuss how to implement the findings of this study in CME.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 19: Saturday 18th October, 2003  
10.45 - 11.15 h. FREESTANDING PAPER

TITLE: Frequency of Job-Related Burn-out in Family Physicians working in General / Family Practice: Preliminary Results of an International Study of European Countries

AUTHOR(S): Hakan Yaman  
Jean Karl Soler

ADDRESS: Malta College of Family Doctors - Dept. of Health Malta  
"Josephine" St. Catherine Street Attard BZN13 - Malta

E-mail: [jksoler@synapse.net.mt](mailto:jksoler@synapse.net.mt)

Background: Burnout is a reaction to chronic, job-related stress. It is estimated that between 30-40% of physicians suffer from burnout at a level sufficient to affect their personal or professional performance. As far as we can tell no one has yet documented rates of burnout in general practice in any other European Countries.

Objectives: The aim of this study is to quantify burnout in European FPs/GPs (Family Doctors/General Practitioners), and try to identify factors which predict burnout in the study population.

Method: Randomly assigned FPs/GPs from participant countries have been asked to participate in this study. The randomisation and sample selection process has been co-ordinated by a key FP/GP in each Country, selected from the participants of the Gdansk (Poland) EGPRW meeting, or their delegates. Participating doctors have been asked to complete a questionnaire that has two parts, and which has been piloted successfully and validated. Part one is a self-prepared questionnaire with questions about demographic information, with questions on working place, working tenure, training, workload, remuneration, job satisfaction, alcohol consumption, smoking, use of psychoactive

medication, sick leave, etc. Part two is the Maslach Burnout Inventory, Human Services Survey, a conceptualization of burnout as a syndrome characterized by three dimensions: emotional exhaustion (EE), depersonalisation (DP) and decreased sense of personal accomplishment (PA).

Results: The results of three countries (Italy, Malta and Sweden) have been processed in this preliminary report. Participants from Italy (n=149; 111 male, 38 female) had higher EE [30.3+/-10.92 (3-54)] and DP [10.9+/-5.88(0-26)] scores and lower PA [35.0+/-7.79(7-48)], compared to Maltese (n=129; 109 male, 20 female) {EE[23.3+/-12.33(0-54)], DP[7.0+/-6.02(0-29)] and PA[38.0+/-6.71(19-48)]} and Swedish (n=113; 56 male, 57 female) { EE[25.5+/-10.95 (0-51)], DP[7.9+/-4.98 (0-24)] and PA[39.8+/-4.98 (27-48)]} colleagues [F(2,370)=13.02,p<0.01; F(2,367)=13.64,p<0.01 and F(2,366)=16.08,p<0.01 respectively]. By evaluating the countries' cut-down scores for higher frequency for burnout subscales (>26 for EE, >12 for DP and <32 for PA); 67.6% of Italian respondents had higher EE frequency, 33.6% had higher PA frequency and 32.2% lower PA frequency; Maltese family physicians had 37.7% higher EE, 20.2% DP and 0% lower PA frequency and Swedish participants had 47.6% higher EE, 19.1% DP and 0% lower PA frequency. Satisfaction scores also showed Italian family physicians [3.1+/-1.22(0-6)] to be less satisfied than their Maltese [4.1+/-1.43(0-6)] and Swedish [4.2+/-1.24(1-6)] colleagues [F(2,385)=31.51,p<0.01]. Conclusions: A higher proportion of participants, in general, had higher burnout scores. Italian respondents seemed to be more burned out and less satisfied with their current job, even where working conditions were similar to their colleagues living in Malta and Sweden. Examining further social and environmental factors might help to elucidate this.

Relevance to EGPRN: Determination of most common determinants of burnout will support appropriate points of intervention and prevention strategies to fight this mental health problem. Discussing this in a European forum is important.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 20: Saturday 18th October, 2003  
11.15 - 11.45 h. FREESTANDING PAPER

TITLE: Effects of feedback on GP-referrals to outpatient clinics.

AUTHOR(S): Ron A.G. Winkens  
Peter Pop  
Richard Grol

ADDRESS: Dept of General Practice - University Maastricht PO Box 616 - 6200 MD  
Maastricht - The Netherlands

E-mail: [ron.winkens@hag.unimaas.nl](mailto:ron.winkens@hag.unimaas.nl)

Background: There is evidence suggesting that implementation strategies are needed to make doctors adhere to guidelines. We implemented guidelines on rational referral behaviour by stimulating their use through written individual feedback.

Aim/Objectives: Our aim was to assess the effect of the feedback on the rationality and eventually the numbers of referrals by GPs. Considering the contents of the feedback we especially expected changes in the rationality of referrals.

Method: In a randomised trial a random half of all ( $\pm 90$ ) GPs in the Maastricht region received feedback on referrals to outpatient clinics for internal medicine in a period of 2 1/2 years. The other half of GPs acted as controls. Data on first referrals were recorded from 1998 until 2001. We assessed the rationality of referrals by comparing actual referrals with information in existing guidelines.

Results (if there are any yet): GPs received 4 feedback reports. In total, there is a reduction in the number of referrals over the period 1998-2001, different from the (stable) national referral trends. The number of first referrals dropped from 1642 to 1455 per year. In the intervention group there is a 15% reduction (759 to 646), compared to 8% in the control group (883 to 809). In the intervention group the percentage of non-rational referrals declined, in contrast with the control group ( $p = 0.011$ ).

Conclusions/Discussion: Both the rationality and volume of referrals changed after the feedback. The volume reduction was not significant, probably due to a change in the control group due to the triage system by the dept. of internal medicine, activated shortly after the start of our trial. This acted as a threshold for referrals for all GPs.

What do you hope to get out the presentation at EGPRN/Relevance to EGPRN?: Dutch health care is organised as a gate-keeping system; GPs act as gatekeepers for specialist care. Discussion would be welcomed on the usefulness of this intervention for countries without such a system.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 21: Saturday 18th October, 2003  
11.45 - 12.15 h. FREESTANDING PAPER an ongoing study/work in progress  
preliminary results

TITLE: NT-pro-Brain Natriuretic Peptide in the diagnosis of left ventricular dysfunction in general practice patients at risk for heart failure.

AUTHOR(S): Dirk Wetzel(1),  
Christoph Herrmann-Lingen(2)  
Claus Luers(3),  
Lutz Binder(4),  
Claudia Pouwels(4)  
Eva Hummers-Pradier(1),  
Michael M. Kochen(1),  
Burkert Pieske(3)

(1) Dept. of General Practice and Family Medicine,  
(2) Dept. of Psychosomatic-Medicine,  
(3) Dept. of Cardiology and Pneumology,  
(4) Dept. of Clinical Chemistry, Goettingen University Hospital

ADDRESS: Georg-August-Universität - Allgemeinmedizin Humboldtallee 38 - D-37079  
Göttingen - Germany

E-mail: [dwetzel@gwdg.de](mailto:dwetzel@gwdg.de)

Background: Natriuretic peptides are candidates for detecting left ventricular dysfunction. However, the performance of natriuretic peptides was suboptimal in some studies focussing on systolic dysfunction, possibly due to high left ventricular filling pressures, of which both systolic and diastolic ventricular dysfunction can be the cause. Diastolic ventricular dysfunction is common among patients at risk and it is associated with increased mortality.

Objectives: To assess the usefulness of pro-BNP in diagnosing asymptomatic systolic or diastolic ventricular dysfunction in general practice (GP) patients with hypertension, diabetes and/or coronary heart disease (CHD).

Methods: Prospective cohort study on 800 patients with hypertension, diabetes and/or CHD without clinical overt heart failure. Patients are recruited by their GP, and undergo a physical examination, blood test for pro-BNP, a 6-minute-walk-test and an echocardiography (including assessment of diastolic function). Projected follow-up-period is two years.

Preliminary results: So far, 250 patients underwent baseline examination, from 152 patients; complete data sets are already available. 137 of these had normal systolic function (ejection fraction = EF > 50 %). Pro-BNP in these subjects did not correlate with EF ( $\rho = -0,064$ ,  $p = 0,45$ ). Highest pro-BNP levels were found in patients with CHD (median 195 pg/ml), followed by the subgroup of patients with hypertension alone (98 pg/ml), while patients with Diabetes had the lowest pro-BNP levels (54 pg/ml). All pro-

BNP levels in these subgroups differed significantly from each other. Mildly impaired diastolic function seems to be common and to be of different frequency in the subgroups, but whether there are associations with pro-BNP levels needs more detailed analysis.

Discussion/Relevance to EGPRN: The preliminary findings might indicate that pro-BNP plasma levels are depending on diastolic ventricular function and thus pro-BNP could be helpful in assessing systolic and diastolic ventricular function in general practice patients at risk. Moreover we want to get feedback on our project: · Similar projects in other countries? · Suggestions for the evaluation, especially concerning the Follow-Up period? The presentation will focus on the design of the study and baseline data.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 22: Saturday 18th October, 2003  
12.15 - 12.45 h. FREESTANDING PAPER

TITLE: Body mass index and body image perception among postmenopausal women attending a primary health care unit; preliminary results.

AUTHOR(S): Nihal Aladag  
Pinar Topsever  
Tuncay Müge Filiz

ADDRESS: Yuzbasilar M. 2. Cad. Asiyan Sitesi A Blk. D:8 Degirmendere 41950  
Kocaeli - Turkey

E-mail: [nihal\\_aladag@yahoo.com](mailto:nihal_aladag@yahoo.com)

Background: Body image relates to how we think and feel about our bodies. Many factors, like presence of an illness or transition from one life cycle to another (e.g. menopause), can affect our body image perception.

Objective: To evaluate body mass index (BMI) and body image perception in postmenopausal women attending our primary health care unit.

Methods: 52 postmenopausal women (age 45-77 years, menopause duration 1-35 years) without any malignancies or ongoing psychiatric illness, after giving verbal informed consent, were cross-sectionally interviewed with the body cathexis scale. Furthermore, a short questionnaire assessing sociodemographics as well as personal medical and reproductive history was completed. Anthropometric measures like height, body weight, waist circumference were taken and BMI was calculated as weight/height<sup>2</sup>. Body fat

in % and kg was measured via bioelectrical impedance (TANITA). The subjects were divided into two groups according to body image scores with a cut-off of 2 indicating poor body image. Data were analyzed via descriptive methods and presented as % and mean±standard deviation.

Results: One patient dropped out because of incomplete questionnaire data. The general characteristics of the remaining 51 patients were: age 54.8±6.3 years, weight 68.3±10.4 kg, BMI 28.8±4.2 kg/m<sup>2</sup>, overweight/obese 84.3% (n=43), body fat 35.0±5.9 %, fat mass 25.1±7.5kg, age of menopause 47.1±4.6 years, surgical menopause 17.6% (n=9), menopause duration 8±6.9 years and body image score 3.4±2.3. Of the 51 patients 46 (96.1%) were married whereas 3 were single and 2 were widowed. Most of the participants were housewives (n=32) and 24 were high school graduates. Thirty-three (64.7%) of the participants had never used hormone replacement therapy (HRT) whereas 4 were currently using it. While 15 (29.4%) had no complaint, 36 (70.6%) subjects complained about at least one menopausal symptom (hot flushes, nervousness, sleep and mood disturbances and diaphoresis). Thirty-six (70.6%) subjects had an acceptable/good body image (score > 2), 42 (82.4%) women were suffering from one or more chronic illness.

Conclusion: These preliminary results revealed that most of the postmenopausal women were overweight/obese and had one or more chronic illness. Besides, most of them did not use HRT and had menopausal symptoms. Nevertheless, their body image perception was not negatively affected.

Relevance to EGPRN: Primary health care is the first place-to-look for all persons seeking health care, including postmenopausal women. The fact that problems occurring with menopausal state, such as menopausal symptoms, weight gain and concomitant chronic illnesses, can alter the thoughts and feelings of our patients, should not be neglected in primary health care.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 23: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER

TITLE: What are the findings in colonoscopies requested in Primary Care?

AUTHOR(S): Cuberas Mas,Alba  
Griño Guimerà, Araceli  
Fornieles Medina, Miryam  
Soler Guerra, Mercè

Garcia-Falces Bernaus, Noemí  
Belmonte Castan, Ernest  
Boadas Mir, Jaume

ADDRESS: CAP Sant Llätzer - Consorci Sanitari de Terrassa Calle de La Riba nº 62 -  
Terrassa 08221 (Barcelona) - Spain

E-mail: [29353acm@comb.es](mailto:29353acm@comb.es)

Background: Colonoscopy is a method available to family physicians in Primary Care to study digestive symptoms or to screen for colorectal cancer.

Objectives: To investigate what are the common clinical indications for requesting a colonoscopy by family physicians, the correctly indicated cases and the results obtained.

Method: Retrospective and descriptive study at an urban Primary Health Care Centre. All patients over 15 that had a colonoscopy requested from April 2002 to April 2003 were enrolled. Clinical records and colonoscopy reports were reviewed. Measurements: age; gender; reasons for request and evaluation of the correct indication using the ASGE guidelines (American Society Gastrointestinal Endoscopy) ; existence of diagnostic approach; urgency of the request (normal, priority or urgent); waiting-time for the colonoscopy and final diagnosis; later referral to the specialist.

Results: 182 colonoscopies were requested. 103(56.6%) female, mean age 59.64(SD:16,78); The reasons were: 63(34.6%) faecal blood presence (+/-stools changes), 34(18.7%) only stools changes, 22(12.1%) chronic diarrhea, 18(9.9%) iron deficiency anemia investigation, 9(4.9%) colonic polyps surveillance, and 4(2.2%) family history of colorectal cancer. In 148 cases (81.3%) no diagnostic approach was found. Priority was the commonest urgency level (69.2%) and 94% were correctly indicated according to ASGE guidelines. The results were: 53(29.1%) normal, 54(26%) polyps, 27(14.8%) haemorrhoids, 17(9.3%) colonic diverticulosis, and 6(3.3%) cancer. Waiting-time after the priority request was 50 days (SD:24) and 49(26.9%) of cases were referred to a specialist, 22 of these for polyps. None of the cases following the cancer diagnostic approach was cancer and none of the cases which finally were diagnosed as cancer had been suspected.

Conclusions: Colonoscopy was used correctly, although often there was no diagnostic approach even in cases of cancer diagnosis. Normal colonoscopy or benign pathology was the more frequent result. Late referral to a specialist was infrequent. The Priority request was commonest, maybe due to the great waiting-time existing.

Relevance to EGPRW: Primary care plays an important role on the prevention of so many pathologies. Do we have time to think about it? Are we conscious of the results of a colonoscopy we request and then the follow-up of the findings, mainly of the premalignant findings such as polyps? Do we investigate the family history of colorectal cancer?



---

---

[Back to the top](#)

---

---

PRESENTATION 24: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER

TITLE: Are colonoscopies correctly requested by GPs?

AUTHOR(S): Puigdengolas Armengol, Xavier  
Carrillo Muñoz, Ricard  
Aguilar Margalejo, Anna  
Mascort Roca, Juanjo  
Sanavia Guerrero, Marta  
Santiago Perez, Laura  
Gili Riu, Mar

ADDRESS: ABS Florida Sud - Plaça Ocellets s/n 08905 L'Hospitalet de Llobregat  
(Barcelona) - Spain

E-mail: [26304fpa@comb.es](mailto:26304fpa@comb.es); [absfloridas.hos.cp.ics@gencat.net](mailto:absfloridas.hos.cp.ics@gencat.net)

Background: Primary Care role is essential in prevention and early diagnose of colorectal neoplasia. Open access to colonoscopies (FCS) by GPs, should be the most efficient way to detect malignancy without abusing this investigation.

Aim: To describe pathology diagnosed from FCS requested in a Primary Health Centre (PHC). To analyse the appropriateness of using FCS (assessment based on the criteria of the American Society for Gastrointestinal Endoscopy (ASGE)).

Method: A cross-over study, set in an Urban PHC with an open access to FCS. Review of clinical records analysing: personal data, clinical and family history of digestive pathology, reasons for requesting, appropriateness of indication, waiting-time for FCS , endoscopic diagnosis, subsequent follow-up.

Results: 103 FCS were requested by GP in our PHC during 2002. 90% were performed. The reason for not performing them was patient's failure to show up. 62,5% females. Mean age: 61 years (SD 16,10, range 21-85) Main reasons for FCS: rectal bleeding 48%, constipation 18% and iron deficiency anemia 17%. 81,6% of FCS were appropriately indicated (based on ASGE recommendations) and 5% were not. 56% had not had a digital rectal examination reported before FCS (24% of rectal examinations done were pathological). The character of petition was urgent in 17%, preferential in 26% and routinary in 56%. Mean waiting time for FCS performance was 475 days (SD 28,9 range

7-150): 55 (DS 31,2) for normal request, 47,6 (DI 27,5) for preferent and 31 (SD 13,2) for urgent. Endoscopist diagnoses: haemorrhoids 67%, polyps 16,3%, neoplasia 3,3% No neoplasia nor malignant polyp was detected in patients under 50 years old.

Conclusions: · Physical examination before FCS should be improved. · Most rectal bleeding is caused by haemorrhoids. People under 50 years old, without alarm symptoms, should be explored first by proctoscopy and reserve FCS if necessary (as recommended in some practice guidelines) · Waiting time for FCS is excessive (especially for urgent/preferential request)

Relevance of EGPRN: The analysis of our experience allows us to improve our clinical practice as well as sharing the experience with other European colleagues interested in PC prevention and early detection of colon neoplasia.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 25: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER preliminary results

TITLE: Differentiating target groups for cancer prevention in general practices

AUTHOR(S): Donka D. Dimitrova  
Radost S. Asenova  
Nevena G. Ivanova

ADDRESS: 15 A V. Aprillov Street - 4000 Plovdiv Medical University Plovdiv -  
Department of General Medicine

E-mail: [donka\\_d@hotmail.com](mailto:donka_d@hotmail.com)

Background: The identification of risk groups is an essential part of the strategies for cancer prevention and has great influence on the community and the public health system. The teaching practices are an indispensable part of undergraduate and postgraduate programs in general medicine of the Medical University - Plovdiv. Their work is often considered as a referent model for professional behavior.

Objective: To identify how general practitioners organize their preventive activities. How the information kept in the records is used to identify the target groups. To what extent do general practitioners use structured data and specific software to search for the presence of one or a combination of various risk factors.

Method: A postal questionnaire survey of 41 teaching general practices of the Medical University - Plovdiv during July 2003.

Results: Of the teaching practices surveyed 76% (31/41) responded. 59% were individual and 41% were group practices. All the practices (100%) used age, gender and past history of patient's diseases as indicators for identifying target groups for cancer prevention. Thirty two percent of the practices kept paper records and did not keep specific structured data of the risk factors (behavioral, environmental, social etc.) influencing their patients' health status. They relied on their knowledge of the patients and their families and occasionally took free-text notes on some patients. 44% of the practices kept electronic records and indicated that they could quickly and easily search the database for information on a specific patient or a group of patients. The data kept in a structured and searchable format depended on the software used: structured data of the patients' demographic characteristics and social status (44%), searchable data of past and present diseases of the family members (24%), highly structured data about the smoking and alcohol consumption (7%). 17% of the practices used software that allowed them to search and combine more than one indicator.

Discussion: The use of searchable electronic patient records significantly help general practitioners in planning and performing group preventive activities. The study reveals that even practices that are used to working with free-text paper records consider future changes in their organizational culture.

Relevance to EGPRW: Identifying target groups is crucial for cancer-preventive strategies aiming at high effectiveness.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 26: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER preliminary results

TITLE: Lifestyle and health perception changes in first year medical students: early results of a cohort study.

AUTHOR(S): Nese Yeniceri  
Banu Ulusel  
Zafer Sisli  
Sevgi Dogruer  
Dilek Guldal

ADDRESS: Dokuz Eylul Universitesi Tip Fakultesi aile Hekimligi AD 35340 Izmir - Turkey

E-mail: [ailedeu@yahoo.com](mailto:ailedeu@yahoo.com)

Background: Medical students' lifestyles or health habits may change during the medical school years by living conditions or social environment as well as medical knowledge.

Objective: To examine the lifestyle, health habits and health perceptions changes of students during the medical school years.

Method: A self-administered questionnaire, on various health behaviour and habits during the current and the previous year, was handed out to 141 first year students at the end of the second semester. Data were analysed by paired samples t-test and Mc Nemar's  $\chi^2$  on SPSS 10.0 package program.

Results: Participation rate was 92.91%. At the end of the year, the number of students who consume instant coffee, fast food, alcoholic drinks, who brush teeth regularly, have problem falling off to sleep and whose BMI is within normal range significantly, those who smoke and consume tea insignificantly, increased. Those who have breakfast, and consume fruit and/or vegetables regularly decreased significantly. Among the 37 current smokers, 16.2% started at medical school, 43.2% smoke more than before. The smokers' average amount of smoking increased, insignificantly. Students rated their health status compared with the previous year as much better (4.8%), better (2.4%), almost the same (47.6%), worse (40.5%) and much worse (4.8%). Instant coffee consumption increased and daily sleep time decreased significantly in those who stated a negative health status change.

Discussion: The medical students have been through many changes regarding their health behavior and perception in their first year at the university. Influencing factors of this situation may be either insufficiency of medical curriculum or social, physical and economic environment. Since tomorrow's doctors should be role models for patients, it is also important to monitor the trends in health behaviour of medical students who will be involved in future health care.

Relevance to EGPRN: Changes in medical curriculum aimed at health promotion and/or special programmes for general practitioners responsible for health care of university students should be considered.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 27: Saturday 19th October, 2002  
15.50 - 17.00 h. POSTERSESSION

TITLE: A European study of prescription rules and GPs' behaviours in chronic pain and cancer pain.

AUTHOR(S): Caroline Huas

ADDRESS: 31 rue Letort - 75018 Paris - France.

E-mail: [carohuas@wanadoo.fr](mailto:carohuas@wanadoo.fr)

Background: Morphine efficacy is known as painkiller and proved in cancer pain. But general practitioner's often do not prescribe morphine to relieve cancer pain and even less often in non cancer pain.

Aim: Qualitative study to determine: - morphine prescription rules in European countries - general practitioners' behaviour when prescribing morphine to treat cancer and non cancer chronic pain.

Methods: A questionnaire was elaborated and tested on two French general practitioners. The questionnaire was translated into English and tested on a British GP. Data collection was undertaken by the author as a ten minutes semi structured interview during the EGPRW meeting in Avignon at the beginning of May 2002 where the main theme was management of pain.

Sample: All the EGPRW national representatives, and where necessary an additional GP in current medical practice.

Results: - 30 European GPs from 23 different countries were interviewed. One of the GPs who was not in clinical practise was interviewed only about morphine prescription rules in his country. - 14 of the 30 GP interviewed had not received any training on pain or on painkillers. - All GPs interviewed were permitted to prescribe morphine- Bulgarian GPs were only permitted to renew, but not initiate, a morphine prescription. - 28 out of 29 GP's interviewed had already prescribed morphine for cancer pain. 25 initiated the prescription. - 19 out of 29 had already prescribed morphine for chronic pain, of whom 14 had initiated a prescription. - In 25 out of 29 GPs prescribing morphine for chronic pain, the indication was for musculoskeletal pain.

Conclusion: Morphine is used in every European country included in the study and all GP's are permitted to prescribe it. Rheumatic indications were the main indication for morphine in chronic pain. Morphine prescription rules seem quite homogeneous within European countries. But the mean dose of morphine prescribed has not been studied. Why not carry more studies on morphine' efficacy when treating cancer pain to precise indications?

Relevance to the EGPRW: As this study was carried during an EGPRW meeting, the results should be of considerable interest to the members.

---

---

[Back to the top](#)

---

---

PRESENTATION 28: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER results of a project which is finished

TITLE: Would educating women with a family history of breast cancer be useful in reducing the incidence rate of this malignancy?

AUTHOR(S): Valentina Madjova  
Violina Taskova

ADDRESS: Department of family medicine, medical university blvd "hristo smirnensky"  
1 - 9010 - Varna, Bulgaria

E-mail: [madjov@mbox.actbg.bg](mailto:madjov@mbox.actbg.bg)

Background: The national oncological register in Bulgaria showed a rising incidence rate of breast cancer in the last 5 years. It is seen in all cancer types in women - 24.16%. In the North - Eastern Bulgaria (Varna region) breast cancer is 55.8 per 100 000 persons, one of the highest incidence in the country. In 31.1% of the patients the cancer is diagnosed in III - IV stage.

Objectives: To evaluate the usefulness of a package of information for educating women with a family history of breast cancer in order to improve the early diagnosis in the community.

Method: Using a before - after descriptive study.

Results: 324 women with a family history of breast cancer in 27 GP practices completed three types of questionnaires for one-year period: baseline, satisfaction and final about anxiety, risk perception and attitudes to cancer screening. Of all patients 265 (81.79%) completed the 3 questionnaires.

Conclusions: The main outcome measures from this descriptive study were: patients satisfaction, knowledge, worries related to breast cancer, risk perception and attitudes towards screening. The women were highly satisfied in both groups - at low and at high risk. They estimated the information as excellent or very good in 89.19% and 91.98% of

women would recommend it to their friends or other women. Their knowledge improved significantly and the worries about breast cancer slightly decreased.

Relevance to EGPRN: Primary care physicians play a leading role in the screening for breast cancer. There are few publications on educating women about breast cancer. Discussion in the European forum of EGPRN would be useful for GP practices in Bulgaria and would help the GPs to improve the information packages for women after the recommendations of their European colleagues. The "information aid" would reduce the anxiety of the patients and possibly would decrease the late diagnosis of the breast cancer in Bulgaria as a consequence.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 29: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER an ongoing study/work in progress

TITLE: Risk of Melanoma and Tourism: A Screening Survey of the Solar Exposure Attitudes in a Region of Northern Greece

AUTHOR(S): Argyriadou Stella  
D. Makridis  
Melissopoulou Haritini  
H. Lygidakis  
Health Center of Chrissoupolis, Greece

ADDRESS: Health Center of Chrissoupolis - Kyprou 7 Chrissoupolis 64200 - Greece

E-mail: [harimeli@otenet.gr](mailto:harimeli@otenet.gr)

Background: Melanoma is considered to be one of the most malignant cancers and is related to various factors such as Ultraviolet (UV) radiation, recurrent sunburn, phototype etc. During summer holidays around 130 million tourists from Northern European countries visit the Mediterranean- Greece receives around 14 million people.

Aim: Detection of sunburned tourists from previous years. Recognition of magnitude of knowledge acquired by preventive campaigns related to harmful effects of sun exposure. Identification of behavior of the tourists towards sun and sun-protection methods, which may be adopted in order to avoid sun-related skin damage.

Method: Our sample consisted of 802 travelers from Northern European countries, who had finished their vacation, and were departing from the airport "Megas Alexandros"

during August to September 2002. A structured questionnaire, with demographics, family history of skin cancer, and questions about identification of the phototype, was used. Moreover there were questions about the hours of sun exposure, the use of sunscreen, the pattern of its application and its Sun Protective Factor (SPF) were also requested.

Results: Women present higher prevalence of sunburn ( $p=0.046$ ), they use sunscreen more frequently ( $p=0.001$ ) and are more scrupulous than men ( $p=0.000$ ). A higher incidence of sunburn was observed in people with education up to 12 years, ( $p=0.000$ ) and the mean of SPF used was 17.3 ( $sd=8.98$ ). Multiple regression analysis showed that skin types and previous sunburn were found to be significantly associated with high probability of sunburn ( $p=0.000$ ). Tanning tendency ( $p=0.017$ ) and freckles ( $p=0.021$ ) were strong predictive factors of sunburns.

Conclusions: Previous sunburns appear to be related with increased danger of sunburn in the future, result that highlights the importance of greater awareness from General Practitioners. Intensification of screening clinical examination as well as avoidance of risk factors particularly to people with phototypes I and II, who represent the most sensitive group of people, is of utmost importance.

Relevance to EGPRN: Primary prevention through identification of people at high risk, as well as by educational campaigns aiming to modify solar habits and to promote protective measures is a long-term approach to avoid sunburn as a risk factor for melanoma.

-----  
---

[\*Back to the top\*](#)

-----  
---

PRESENTATION 30: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER an ongoing study/work in progress

TITLE: A survey of the prevalence and incidence of gastrointestinal malignancies in a large area in the South of Italy.

AUTHOR(S): Nicola Buono  
Ferdinando Petrazzuoli  
Alfonso Sauro,  
Filippo D'Addio  
Fausto Scalzitti,  
Annibale Renzo Mastroianni  
Domenico Sortino,  
Pietro Lo Greco  
SNAMID Caserta ITALY ; ^ EURACT ; ° EGPRW.



ADDRESS: Snamid Caserta - Via Tartari, 5 - 81030 Prata Sannita CE - Italy

E-mail: [nicolbuo@tin.it](mailto:nicolbuo@tin.it)

Background: Gastrointestinal malignancies are very common in Western Societies. More specifically colorectal cancer accounts for about 10-15 % of all malignant tumors with a 5 year survival after diagnosis of less than 50%. Each year over 650.000 new cases are diagnosed in the world. In Italy, its incidence is continuously rising: in the last few years, new cases were about 30.000/ year and over 18.000 patients have died from this type of cancer.

Aim: To find out the prevalence and the incidence of gastrointestinal malignant tumors in a large area of the Province of Caserta (South of Italy) over a period of three years (1999/2002) and to find out if there were clear differences between the two groups of patients in relation to the different types of tumors.

Methods: This study has been carried out looking at a population of about 42.000 patients of 28 General Practitioners in the Province of Caserta, all with electronic clinical patient records.

Results: Among a total of 488 malignant tumors, 165 (33.81%) patients had gastrointestinal tumors: 89 are males (average age  $67.70 \pm 14.06$ ) and 76 are female (average age  $68.52 \pm 14.76$ ). Colorectal malignancies prevalence was 18,4%: hepatic : 5.6% (primary and secondary), while gastro-oesophageal malignant tumors prevalence was 7,4% . The incidence of new cases in the year 2001 was 20% for colorectal cancer, 8.12% for the liver cancer (primary and secondary) and 6.25% for the gastro-oesophageal cancer.

Conclusions: Our study has not shown any significant difference between genders in the prevalence and incidence of gastrointestinal tumors and no significantly statistic difference occurred between urban and rural populations. Probably, environmental factors have little influence in the occurrence of these diseases while alimentary habits, more or less the same in the two groups, have a strong influence in the development of these malignancies.

Relevance to the EGPRN: EGPRN delegates may be interested in discussing this topic and may also be interested in a proposal for a comparative European study.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 31: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER preliminary results

TITLE: Pediatric mushroom poisonings in Central Anatolia.

AUTHOR(S): İlhami Unluoglu<sup>1</sup>  
Arif Alper Cevik<sup>2</sup>,  
Ozcan Bor<sup>3</sup>  
Muhittin Tayfur<sup>4</sup>,  
Adnan Sahin<sup>2</sup>

<sup>1</sup> Osmangazi University Medical Faculty (OGUMF) Dept.of Family Medicine, Eskisehir / Turkey

<sup>2</sup> OGUMF Dept. of Emergency Medicine

<sup>3</sup> OGUMF Dept. of Pediatrics

<sup>4</sup> Baskent University Health Sciences Faculty Dept. of Nutrition and Dietetics, Ankara / Turkey

ADDRESS: Osmangazi University Medical Faculty Dept. of Family Medicine 26480  
Eskisehir-Turkey

E-mail: [iunluog@ogu.edu.tr](mailto:iunluog@ogu.edu.tr); [iunluog@yahoo.com](mailto:iunluog@yahoo.com)

Background: Mushroom poisonings (MPs) have increased all around the world over last 30 years. The poisonings can be caused by natural or cultivated mushrooms. More than half of all MPs are in children. However, fatalities are uncommon.

Objectives: The aim of the study is evaluation of pediatric MPs in our region we serve.

Method: The cases who are between 1-17 years of age and presented to Osmangazi University Hospital Emergency Department (ED) and diagnosed as MP between January, 1991 - December, 2002 were evaluated for gender, age, presenting month, city, first noticed symptoms, vital sign, laboratory findings, hospitalization period, complications and mortality.

Results: 64 cases were included in the study. 36 cases were female (56.3%). The mean age was 8.65 (SD:4.31). There were 29, 22, and 12 cases in age groups of 1 - 7, 8 - 12, 13 - 17 respectively. May and June were the most common presenting months with 46 cases (71.8%). 61 cases (95.3%) were suffered from natural mushrooms (NM). The most common first noticed symptoms were from gastrointestinal system (GIS) (51 cases, 70.6%). 67.2 percent of cases presented to second level health centers when the first symptoms started. Fifty nine cases were admitted to the hospital, 4 cases were observed in the emergency department observation unit, and one case transferred to another hospital. Hospitalization period was between 0-9 days, mean: 2.81 (SD:1.71). 5 patients died. All mortalities were NM poisoning, from a city (Kutahya, p=0.006). Their first

symptoms were GIS symptoms, and they presented with confusion, coma and GIS symptoms to our ED. 4 fatal cases were admitted into the other hospitals between 2-5 days period. There is no difference between age groups for final outcome.

Conclusion: NM are the main resources of MP in children. Cultivated MP did not show any bad outcome in pediatric group. We believe that all mortalities become with delayed presentation to our facility.

Relevance to EGPRN: Education of public about not consuming NM and health personnel working in the first and second level health centers about treatment measures and transfer of the cases who eat NM in high risk regions is important to decrease mortalities.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 32: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER an ongoing study/work in progress

TITLE: Tools for research in general practice: the experiences of NetAudit

AUTHOR(S): Pasquale Falasca  
Angelo Stefanini  
Barbara Mengolini  
Francesco Del Zotti

ADDRESS: Servizio epidemiologia Ausl di Ravenna via De Gasperi 8 - 48100 Ravenna - Italy

E-mail: [lino@epiinfo.it](mailto:lino@epiinfo.it)

Background: There is a considerable need for research in general practice, for continuous education, and for the assurance of the doctors' performance quality (reduction of the variability and improvement of appropriateness). Clinical audit is described as one fundamental tool indispensable for the functioning of clinical governance so that GPs develop the abilities to manage and share the outcomes of notable clinical activities. Epi Info, which is a package of free software for epidemiologist, constitutes a valid support for the developing research in the network. It is simple for the non-expert to use and allows for sharing of the data.

Objectives: To demonstrate that the development of short searches (2-3 hours) of Audit by GPs on the Internet can be usefully supported by simple methodology and descriptive research computer (Epi Info) tools.

Method: In order that GPs in the "Net Audit" group were able to perform research in clinical audit, the following points present the overall procedure: - comparison of ideas and choice of the right one; - protocol creation and discussion in all members list; - volunteer test (number of patients and amount of workload); - creation of the View in Epi Info and related data base according to the protocol; - sending the View of Epi Info and SQL script to members; - data entry and database file collection; - centralized Epi Info analysis and semi-finished feedback in the Epi Info website; - writing the report and publishing the results in the review of the Quality and the Qualities in General Practice (www.rivistaqq.it - QQ) website.

Results: In the course of the last two years, the group have executed 8 audits, with the total participation of 208 GPs (60% from the North Italy, 21% from Centre and 19% from the South), and have examined 4.700 patients of the total population of 291.689. The results of intermediate elaborations of the audits, like the semi-finished informative feedback for the doctors (statistics, diagrams and tables), are published on the Epi Info Italian website (www.epiinfo.it) and the final version may be found in the QQ review.

Conclusions: Our work allowed for the identification of some techniques that GPs can carry out in short time, with simple tools (flowchart, web tutorial of Epi Info). It allows periodic verification of clinical performance itself; as well as writing documentation to spread techniques of clinical audit. This scientific documentation should contain the premises of GPs' research, some methodological notes of the audit, a short handbook for Epi Info users; all these applying to the real already carried out audit. Relevance to EGPRN: European organisations could make use of these simple tools for the appraisal of GPs performance and for the support of GPs card research in different countries, to exchange experiences and share results.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 33: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER results of a project which is finished

TITLE: An assessment tool of older people in General Practice

AUTHOR(S): T. Galopin,  
G. Danti  
G. Vangelista,

L. Ferrante  
E. Bonollo,  
F. Montesanti  
(CSeRMWF, Verona-Italy)

ADDRESS: general practitioner, ASL 20, Verona, Italy

E-Mail: [danti.guido@tiscalinet.it](mailto:danti.guido@tiscalinet.it)

Background: Much has been written about the relations between fitness, functional ability and chronic diseases and in the elderly. Aims: Our aim was to study the validity of an assessment tool of older peoples' fitness and functional disability and, on the other hand, the presence of chronic and causative conditions. Finally, to plan programs of physical activity for the elderly, selected on the basis of their risk conditions.

Design and Setting: We used a multidimensional test built from evidence we found in the literature. We have invited by phone and studied 124 over-75 autonomous old patients (45.1%M - 54.9%F). The subjects were selected with the method of simple randomization. Results: 84 (67.7%) subjects were physically inactive. 93 (75%) reported some degree of functional disability (FD). 90.5% of sedentary old subjects present alteration and/or deterioration of their functional status compared to only 42.5% of the active elderly. The prevalence of cognitive impairment (CI) and depression (DE) was 12.1% and 8.1%, respectively. We compared the results with the diagnosis GPs had made on their own patients and we considered the reliability of their diagnosis in relation to the test. Sensitivity and specificity of GPs' diagnosis of FD was 50.5% and 83.9% respectively, of diagnosis of CI was 86.7% and 89.9% and of diagnosis of DE was 30.0% and 82.5%. 32 (25.8%) subjects had falls in the year preceding the study, 32 (25.8%) had impairments of stem and legs mobility; 25 (20.2%) had persistent visual disorder, 11 (8.9%) had malnutrition and 47 (37.9%) urinary incontinence. The risk of falls was related to the first three conditions - RR were 1,73 (CI 0,95-3,12), 1,55 (CI 0,82-2,92), 1,90 (CI 0,92-3,93) respectively - but not to urinary incontinence (RR 0,74; CI 0,38-1,43). We divided the sample into homogeneous groups in order to plan specific programs of physical activity. These are: sedentary and functionally compromised elderly with conditions such as physical disability, risk of falls and depression.

Conclusions: In our study the assessment test allows us to improve our recognition of some risk conditions. These conditions allowed us to plan physical and rehabilitative group activities, which are well oriented to individual needs.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 34: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER an ongoing study/work in progress

TITLE: Is there a cut-off for pulse pressure in Type 2 Diabetes Mellitus?

AUTHOR(S): Pinar Topsever  
Neslihan Aydin  
Tuncay Muge Filiz  
Serpil Salman

ADDRESS: Kocaeli University, Medical School - Family Medicine Cetin Emec  
Bulvari,  
Suyani Sokak Yali Apt. Nr 18/9 81070 Suadiye - Istanbul - Turkey

E-mail: [topsever@superonline.com](mailto:topsever@superonline.com)

Background: The Framingham study reported pulse pressure (PP), i.e. the difference between systolic and diastolic blood pressure, to be an independent risk factor for cardiovascular disease for the general population, with a normal range of 40-60 mmHg. Furthermore, diabetes mellitus has recently been used synonymously with atherosclerosis.

Objectives: To investigate the relationship of above-mentioned PP range with metabolic control and clinical parameters in Type 2 diabetic patients.

Methods: A cross-sectional study was conducted screening the records of 194 type2 diabetic patients (m/f: 75/119, age  $58,9 \pm 10$  years, body mass index (BMI)  $29.1 \pm 4,5$  kg/m<sup>2</sup>, diabetes duration  $10.2 \pm 4.4$  years, A1c  $7.8 \pm 2.3\%$ , PP  $61.8 \pm 19.4$  mmHg, mean arterial pressure (MAP)  $108. \pm 15$  mmHg) for sociodemographic, metabolic and clinical parameters. PP was calculated as SBP-DBP and MAP as DBP + 1/3 PP. The presence of hypertension (HT) and isolated systolic hypertension (ISH) were defined according to JNC 6th report criteria. Patients were divided into two groups: with a PP threshold of 50 mmHg (group 1: PP < 50 mmHg; group 2 PP  $\geq$  50 mmHg). The mean measurements of postprandial blood glucose (PBG), HbA1c, cholesterol, triglyceride (TG), albuminuria and chronic complications were compared between the groups using Student's t-test and c<sup>2</sup>-test. Values were presented as mean  $\pm$  standard deviation. A p value of 0.05 was considered statistically significant.

Results: Group 2 was significantly different in terms of higher age ( $p < 0.0001$ ), PBG ( $p = 0.009$ ), A1c ( $p = 0.018$ ), TG ( $p = 0.023$ ), more prevalent albuminuria ( $p < 0.0001$ ), HT ( $p < 0.0001$ ) and ISH ( $p = 0.024$ ). The 50 mmHg PP cut-off was also found to be significantly associated with being above group mean of MAP ( $p < 0.0001$ ).

Conclusion: A PP value of 50 mmHg, which lies well within the normal range defined for the general population, in type 2 diabetic patients, seemed to discriminate those with poor

from those with good/acceptable metabolic control. This suggests the need for further studies to define a normal range for PP in type 2 Diabetes Mellitus.

Relevance to EGPRN: Being an easily reproducible, valid, time and cost-effective parameter, PP might be considered as a marker for cardiovascular risk in the follow-up of type 2 diabetic patients in primary health care.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 35: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER results of a project which is finished

TITLE: What's the Italian trainees' opinion on research in General Practice?

AUTHOR(S): Angelo Campanini  
Claudio Carosina

ADDRESS: 43036 Fidenza PR - Vicolo Zuccheri, 1 - Italy

E-mail: [Campange@tin.it](mailto:Campange@tin.it)

Background: Medicine is changing and, with it, General Practice. That is why research in GP will have to explore new territories.

Objective: To understand what the trainees attending vocational GP training courses , think of research and how they intend to face it in their future profession.

Methods: We organized seminars on research during the vocational GP training courses. Regularly, after a preliminary lesson, we suggested as group practice, the singling out of important, interesting research themes/subjects/areas/topics in GP. We gathered the results obtained by the different working groups and we listed the suggested themes subdividing them in homogenous categories. We compared our results with those of a research published in Italy in 2001. This research analyzed all the themes of the GP studies published from 1996 to 2001 in BMJ, FP, BJGP. At the end of the last three seminars, three focus groups were held among the trainees on the suggested themes.

Results: Cardiovascular themes were, by far, preferred to other clinical areas with 21 proposals (9 on hypertension). Pneumatological pathologies were suggested 15 times. Psychiatric pathologies were quoted 17 times (7 on depression). 28 proposals concerned the use of drugs. The relational/organizational area was present in 33 themes. The

analysis of the 3 focus groups tapes underlined the mistrust that Italian University and hospital worlds feel towards research in GP. The main concern regards the difficulty of putting together the patient's daily care with the researcher behaviour more inclined to analyze the population as a whole. Research becomes "something more" that GPs carry out after having solved other important problems.

Discussion and Conclusions: Many research themes singled out by the trainees are the classic themes of GP (hypertension, diabetes, depression...) with an increase of interest in the gastro/intestinal tract, in the metabolic area (obesity) and in the health education/prevention area. EMERGING THEMES: sexual themes; alternative medicine; relational/organizational area ( home care and GP's burn-out). Relevance to EGPRN: To know if "research" among trainees is perceived as a core competence of GP.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 36: Saturday 18th October, 2003  
14.20 - 15.30 h. POSTER an ongoing study/work in progress

TITLE: Why do German GPs abstain from cancer screening of their patients - an explorative study using a focus group

AUTHOR(S): Gregor Fisseni  
Annette Golücke  
Heinz-Harald Abholz

ADDRESS: Abteilung Allgemeinmedizin - Universität Duesseldorf Moorenstr. 5 - 40225  
Duesseldorf, Germany

E-mail: [Abholz@med.uni-duesseldorf.de](mailto:Abholz@med.uni-duesseldorf.de)

Background: In Germany GPs are paid partly by fee-for-service; preventive activities as screening are especially well paid. In spite of this the rate of cancer screening stays very low: 20% in men ( Colon, skin and prostate cancer) and about 40% in woman ( colon, skin, cervix and mamma carcinoma). In other fields German doctors "follow" the incentives of reimbursement: They do more when paid better.

Objectives: To understand the reasons for that finding.

Method: There are a few - theoretically based hypotheses: 1. German doctors follow a very individualized style of doctoring letting the patient ask for a service. 2. German



doctors have no community orientation. 3. German doctors do not believe in screening effectiveness for the individual patient. But we do not know if these are right or if other reasons can be found that are much more important. Therefore a focus group of 7 GPs - all active in teaching - was invited to discuss the following questions: 1. What is your strategy of handling the "screening business"? 2. Why do you do it the way you do it? 3. What do you think is the strategy of your fellow GPs and for what reason? 4. Should we change "our" strategies? The discussion in the focus group - limited to 1 hour and 15 minutes - was recorded on mini-disc. Afterwards, 2 raters who took part in the discussion and one rater from outside independently analysed the material a grounded theory approach according to Mayring was used looking for explicit and implicit topics, ideas and judgements that are guide our approach toward preventive medicine.

Results: will be presented Conclusion: We hope to find a base for further, quantifying research as well as some intervention strategies.

Relevance for EGPRN: To learn about other "medical cultures" and their implications for cancer screening.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 37: Saturday 18th October, 2003

15.40 - 15.50 h. ONE-SLIDE/FIVE MINUTES an ongoing study/work in progress

TITLE: A matrix model for planning research and education in general practice.

AUTHOR(S): Frede Olesen

ADDRESS: Research Unit for Gen.Pract.;  
Inst. of Family Medicine Vennelyst  
Boulevard 6 - DK-8000 Aarhus C - Denmark

E-mail: [fo@alm.au.dk](mailto:fo@alm.au.dk)

Background: The last few years have seen a resumption of the discussion of the theoretical core content of the discipline of family medicine to be researched and taught in pre- and postgraduate education.

Aim: To present a matrix model for teaching and research in family medicine and to demonstrate how this matrix can improve the balance in the research and teaching agenda.

Results and discussion: The GP's tasks range from health promotion to palliative care and relief of grief in connection with any health problem, e.g. cancer. To fulfil this task the GP needs theoretical knowledge of the discipline of family medicine and needs appropriate tools to help in diagnostic and therapeutic work.

The theoretical knowledge can be classified in three main dimensions

- o A biomedical dimension, i.e. the narrow medical aspects of any disease.
- o A psychological dimension, i.e. the patient's reaction to disease, e.g. the patient's health perception and way of coping with disease and loss.
- o A social and contextual dimension, i.e. the patient's cultural background and interaction with his/her network.

The foundation for providing good medical care is to have

- o access to an appropriately organized health care system; this implies that GPs should intervene in health care planning.
- o medico-technical tools to perform appropriate diagnostic tests and undertake therapeutic interventions.
- o good interpersonal relations with the patients, e.g. based on continuity of care and good communication skills.

Good clinical practice, from health promotion to palliative care, is based on theoretical competences and appropriate tools. These competences and tools form part of the proposed matrix model which will be presented at the meeting. The presentation will also give examples of the utility of the model in planning a research and teaching agenda.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 38: Saturday 18th October, 2003  
15.50 - 16.00 h. ONE-SLIDE/FIVE MINUTES a project idea (planning phase)

TITLE: Mammography: decision making in Crete and the UK.

AUTHOR(S): Maria Trigoni<sup>1,2</sup>,  
Christos Lionis<sup>1,2</sup>,  
Frances Griffiths<sup>3</sup>  
Eileen Green<sup>4</sup>

1. Regional System of Health and Welfare, Crete, Greece.
2. Clinic of Social and Family Medicine, University of Crete, Greece.
3. Warwick Medical School, University of Warwick, UK
4. Centre for Social and Policy Research, University of Teeside, U.K

ADDRESS: Evag. Markogiannaki 46 - Agia Aikaterini Heraklion Crete - Greece

E-mail: [Martrig1@yahoo.com](mailto:Martrig1@yahoo.com)

Background: There is growing interest in the consumption of high technology in health care, particularly its appropriateness, availability and allocation, for example the variation in use of mammography in different European populations. Recent health service reform in Greece has recognized primary care as cornerstone of the health system and priority given to improvement in quality of care and reduction of health inequalities. Although shared decision making by patients and doctors has been advocated, little is known about lay preferences and participation in this process. There is no national strategy in Greece for breast cancer screening and evidence that health promotion and disease prevention are neglected. The study method presented is similar to that used in a recent UK study, presented at EGPRN.

Aims: 1. To explore the diversity of attitudes of women and primary care physicians towards mammography screening, and how decisions are reached in health care consultations in Crete. 2. To undertake comparison with the UK study to increase understanding of the influences on the decision making process and to contribute to comparative study research method development.

Methods: This study involves interviews with women in midlife and primary care physicians and recording of relevant consultations. Women aged 45-64 years from diverse background and health experience will be recruited, and physicians from both the University Hospital and rural health centers of Crete. Interviews will explore attitudes, knowledge, beliefs and practices relating to the detection of breast cancer and perceived influences on health decision making. Consultations will be analysed to understand actual decision making. Comparison will be made between the interview data and consultation recordings. In addition, data on policy and practice in the UK and Crete in relation to mammography will be collected to contribute to the developing comparative study.

Expected results: Data collection is in progress.

Implication of study for general practice: This study will inform the policy and provision of mammography screening in Greece and contribute to the development of methodology for comparative studies relevant to general practice in Europe.

What we hope to get out of the presentation at EGPRN: This study is in its initial stages; feedback on methodology is welcome.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 39: Saturday 18th October, 2003  
16.00 -16.10 h. ONE-SLIDE/FIVE MINUTES a project idea (planning phase)

TITLE: Smoking cessation: What are the primary care physicians' responsibilities? What should be done at primary care level?

AUTHOR(S): Tamer Edirne  
Fusun Ersoy

ADDRESS: Kirikale Univ. Medical School -  
Dept. Family Practice Ziraat Mühendisleri Sitesi 3.  
Blok No:24 Yildiz/Cankaya- Ankara 06550 - Turkey

E-mail: [fusunersoy@mail.koc.net](mailto:fusunersoy@mail.koc.net)

Background: Smoking and related disorders like lung cancer and chronic obstructive pulmonary disease are life-threatening public health problems in Turkey, as in the rest of the world. Lung cancer is the most common cancer type in Turkey and chronic obstructive pulmonary disease leads to great morbidity and disability, loss of manpower, high levels of treatment costs. Encouragement of smoking cessation and counselling at primary care level seem crucial for prevention of those diseases.

Objectives: We aimed to discuss the role of primary care physicians and their team in making people give up smoking. In Turkey, smoking is common among physicians and other health care personnel. We think that first of all they need to be good models for patients who come to have health care and counselling. There are several studies in Turkish and international medical literature that compare the smoking cessation counselling practice of smoking and non-smoking physicians. We planned a similar study in primary care setting to describe the requirements that primary care team must meet for a successful smoking cessation counselling program.

Methods: We prepared a questionnaire form to assess the primary care physicians' and their team's attitudes and opinions concerning smoking. We plan to add some other methods by discussing and by taking into account the suggestions during the EGPRN meeting.

Results and conclusions: We do not have any results yet because we are at the planning level of our study, but we aim to define the responsibilities, tasks and features of primary care physicians and team, at the end of study. Relevance to EGPRN: We would like to discuss what should be done for an effective smoking cessation counselling program in primary care setting; to describe the responsibilities and tasks of a primary care team. We would like to have the opinions, experiences and suggestions of the EGPRN meeting participants.

-----  
---

[Back to the top](#)

---

PRESENTATION 40: Saturday 18th October, 2003

16.10 - 16.20 h. ONE-SLIDE/FIVE MINUTES an ongoing study/work in progress

TITLE: Assessing new instruments to perform multi ethnical clinical practice.

AUTHOR(S): Alex Luigi Lieto (1)

Francesco Carelli (2)

(1) EURACT Italy - Italian College of General Practitioners

(2) EURACT Council - Italian College of General Practitioners

ADDRESS: Via Brioschi 94 - 20100 Milan - Italy

E-mail: [greenhealth@tiscalinet.it](mailto:greenhealth@tiscalinet.it)

The need is growing for assessing new diagnostic and clinical records to analyse problems arising from patients currently coming from different countries and cultures.

In preparing diagnostic procedures and therapies, it's important to create a system which considers religious, ethnic and cultural differences. In future, we must adapt our clinical skills and strategies to this multi - ethnic and multi cultural variability, introducing - "cultural anthropology" as matter for Basic Medical Education: - Dietary habits - Working style - Sleeping and homogenetic rhythm - Sexual activity - Hobbies We prepared computerised software for care of these increasing problems with our patients. Clinical computerised records with a selection of the more frequent questions and answers to these problems, grouped by pathologies. We used the internet: - to get links with the Health Systems in the countries of origin, and - to get links with the Countries with more advanced knowledge in this field Staff and team: we need cultural mediators and health care staff speaking in mother languages

Relevance to EGPRN: We hope to get feedback from colleagues and to discuss their experience facing research into multiethnic problems.

---

[Back to the top](#)

---

PRESENTATION 41: Saturday 18th October, 2003  
16.20 - 16.30 h. ONE-SLIDE/FIVE MINUTES

TITLE: Referrals from primary to secondary care -ten years after.Tor Anvik

AUTHOR(S): Tor Anvik

ADDRESS: Institute of Community Medicine - ISM, University of Tromsø N-9037  
Tromsø - Norway

E-mail: [Tor.Anvik@ism.uit.no](mailto:Tor.Anvik@ism.uit.no)

Background: The European Study of Referrals from Primary to Secondary Care was published by the Royal College of General Practitioners in 1993. The study presented data from 860,000 encounters between patients and their general practitioners from 15 European countries in 1990. One finding was that on average 5.1% of encounters led to a referral. There was a wide variation between countries, with French doctors referring 2.6% while Norwegian doctors referred 8.2% of patients coming to see them. The author participated in the study in 1990 and has made a pilot registration of 100 contacts in his own practice in 2001 and found that he made a referral in 16% of his consultations. The author has also compiled registrations from 6509 encounters between interns working in a general practice and their patients from 1999 to 2003, and found that the referral rate was 15,6%.

Aim/objectives: To discuss with members of EGPRN whether they feel there is a similar trend in other countries, and if they will consider doing another international registration of referrals.

My hopes: To have input from colleagues in Europe on the trends of referrals in their respective countries.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 42: Saturday 18th October, 2003  
16.30 - 16.40 h. ONE-SLIDE/FIVE MINUTES an ongoing study/work in progress

TITLE: General practitioners' role in helping patients to cope with cancer.

AUTHOR(S): Tina Aaen Geest

ADDRESS: The Research Unit for General Practice Vennelyst Boulevard 6 - 8000  
Aarhus C - Denmark

E-mail: [tag@alm.au.dk](mailto:tag@alm.au.dk)

Background: Patients' ways of coping with cancer may influence not only their quality of life but may also affect biomedical aspects of their disease and their recovery. It has been shown that the GP's can influence cancer patients' coping processes, however only little is known about what GPs know about coping and what they actually do to influence cancer patients' coping processes.

Objectives: To explore and document GPs' theoretical knowledge of coping, their use of coping diagnostics and actual actions to help cancer patients coping with their disease.  
Methods: Patients: To reflect patients views on and needs for the GP's active participation in helping them coping with their disease and the effects it may have on their daily lives, 12 cancer patients aged 70 and above will be interviewed using a semi-structured interview guide. The patients will be selected in co-operation with the staff from the oncology ward at the University hospital in Aarhus. Since coping processes not are related to type of cancer but to psychological and social factors, such as time for diagnosis, prognosis, personality, social network etc., patients with different types of cancer will be included. This also reflects the situation in general practice care. GPs: A strategic sample of approximately 10 GPs will be interviewed about their theoretical knowledge of coping; use of coping diagnostics in their care and treatment of cancer patients; and their attitudes to help cancer patients with matters related to their disease but beyond pure biomedical matters. Status: Literature review on theories of coping and associations between cancer patients coping styles and health related outcomes are going on along with the development of the first interview guides. The project is fully financed and form basis for a PhD-study.

Perspectives: The results from the study will provide data on GPs' knowledge of and use of coping diagnostics, and cancer patients' wishes and expectations for treatment and care in general practice. This will provide a basis for development of pre- as well as postgraduate educational courses aimed at fitting and optimising the theoretical and practical training of GPs in the use of knowledge about coping in patient care. Relevance to EGPRN: The EGPRN meeting can give input to refinement of the theoretical approach in the project and the practical research plan.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 43: Saturday 18th October, 2003  
16.40 - 17.10 h. FREESTANDING PAPER an ongoing study/work in progress

TITLE: Rehabilitation of cancer patients in Denmark - with particular focus on the role of general practice now and in the future.

AUTHOR(S): Thorbjorn Hougaard Mikkelsen  
Jens Sondergaard  
Anders Bonde Jensen  
Frede Olesen

ADDRESS: The Research Unit for General Practice Vennelyst Boulevard 6 - 8000  
Aarhus C - Denmark

E-mail: [thm@alm.au.dk](mailto:thm@alm.au.dk)

Introduction: Rehabilitation of cancer patients is the process in which patients are helped to achieve their maximum physical, psychological and social as well as employment and educational performance after the end of treatment. (This is a preliminary definition and will be investigated through the interviews mentioned below). Rehabilitation is an essential and integrated part of cancer treatment primarily taking place after hospital treatment when the main medical responsibility again rests with general practice. In Denmark, rehabilitation efforts are not systematically organized and need to be measured and evaluated.

Aim: - To investigate to what extent cancer patients are rehabilitated to a well functioning life - physically, psychologically and socially. - To investigate cancer patients' and doctors' evaluation of the rehabilitation process. - To suggest initiatives to improve the rehabilitation process. - Material: The rehabilitation research project includes cancer patients with a life expectancy of more than one year, general practitioners, oncologists and surgeons. Patients and doctors are identified through the Danish health care registries including the Danish Cancer Registry.

Methods: We combine qualitative and quantitative methods including interviews, focus group interviews and questionnaires. The interviews are used to identify problems and their manifestation. Subsequently, questionnaires based on these interviews are used to gain knowledge about the frequency of the identified problems and the connection between specific diagnoses and problematic rehabilitation processes. Thus, the following investigations are conducted: 1) Individual interviews with patients and focus groups with general practitioners, oncologists and surgeons regarding their evaluation of the rehabilitation process, including their proposals for improvements. 2) Questionnaire surveys with patients, general practitioners, oncologists and surgeons regarding their evaluation of the rehabilitation process.



Status: The project is fully financed as a Ph.D. study and is in its initial planning including literature studies, planning of interviews and establishing contact with relevant collaborators.

Perspectives: The research project contributes new knowledge essential to the future administration and practical organization of cancer rehabilitation and planning of CME.

Relevance to EGPRN: The EGPRN meeting can give input to refinement of the theoretical and methodological approach.

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 44: Saturday 18th October, 2003  
17.10 - 17.40 h. FREESTANDING PAPER an ongoing study/work in progress

TITLE: The impact on general practitioners of end of life decision-making. A qualitative study (research design and work in progress)

AUTHOR(S): Ilinka Haverkate  
M. de Haan  
H.W.J. van Marwijk, and others

ADDRESS: VU Medical Centre - Dept of General Practice Belgiëplein 87 - 1066 RC  
Amsterdam - The Netherlands

E-mail: [i.haverkate.gpnh@med.vu.nl](mailto:i.haverkate.gpnh@med.vu.nl)

Background: End-of-life decision-making can be very difficult for physicians. It has been found that 75% of doctors (including general practitioners) reported feelings of discomfort, most frequently referred to as burdensome and emotional, after a patient died by euthanasia.

Objectives: To gain insight in the emotional impact on general practitioners, after they performed euthanasia or assisted in suicide, and to explain the impact.

Methods: Explorative, descriptive focus groups will be held with approximately 30 general practitioners. Five groups will be planned (an estimation), consisting of 5-7 GPs each: 1 group of men > 45 yrs, 1 group of men < 46 yrs; 1 group of women > 45 yrs; 1 group of women < 46 yrs, and a mixed group of GPs who are SCEN doctors (Support and Consultation with regard to Euthanasia in the Netherlands). The focus groups will be

led by an experienced discussion leader (behavioural scientist). A questionnaire was developed. Video tapes will be made and analysed afterwards. Additional interviews will be held with a number (to be determined) of GPs. First, a small pilot study has been carried out among 5 GPs from a department of general practice. A focus group was held with 4 GPs, and an interview with 1 GP

Results pilot study: During the focus group discussion and interview some preliminary themes did emerge: (1) the relationship with the patient, (2) the importance of support from a colleague and others during the process of decision-making and afterwards (3) the growing development of reflection of GPs on the subject, due to experience in practice as well as ageing. Based on the pilot study some changes in the questionnaire guide were made.

Relevance to EGPRW: General practitioners play an important role in terminal care and end-of-life decisions and have the most personal experiences. Little is known about the specific emotional impact on GPs after they performed euthanasia. Discussion in our European forum of the methods of this revised research design would be inspiring and helpful. A question regarding the methods section is: are additional interviews, next to focus groups, necessary?

-----  
---

[Back to the top](#)

-----  
---

PRESENTATION 45: Saturday 18th October, 2003  
17.40 - 18.10 h. FREESTANDING PAPER an ongoing study/work in progress

TITLE: Diagnostic delay in lung cancer. A case study.

AUTHOR(S): Marianne Bjerager<sup>1</sup>  
Torben Palshof<sup>2</sup>  
Ronald Dahl<sup>3</sup>  
Frede Olesen<sup>1</sup>

<sup>1</sup>Research Unit for General Practice, University of Aarhus, Denmark,  
<sup>2</sup>Department of Oncology, Aarhus University Hospital,  
<sup>3</sup>Department of Respiratory Diseases, Aarhus University Hospital, Denmark.

ADDRESS: Research Unit for General Practice - Univ. Aarhus Vennelyst Boulevard 6 -  
8000 Aarhus C - Denmark 45--8942-6019;

E-mail: [mb@alm.au.dk](mailto:mb@alm.au.dk)

Background: Lung cancer is the most common cause of cancer mortality in both males and females in Denmark. Several investigations have shown that diagnostic delay in lung cancer is common. This has partly been ascribed to GPs nihilistic attitude towards diagnosing and treatment of lung cancer due to a perceived unfavourable prognosis. It is our hypothesis that a substantial part of the delay is caused by long waiting times for investigations and by organisational problems in relation to the intersectoral cooperation. Aim: To analyse the causes of delay in the diagnosis of lung cancer and to point out possible areas of improvements within the health care system. The primary focus of the study will be on the delay in the primary health care sector and the delay from admission to treatment initiation. Design: A systematic review from the time of the initial symptom until treatment or decision of not to treat of 100 consecutive lung cancer patients, who were diagnosed after 1. April 2003. Methods: The patients are identified at the time of diagnosis through health registers at the two departments of pathology in the County of Aarhus. They are referred by the local department of oncology, the local department of thorax surgery or by their GP to the study coordinator for inclusion in the study. For each patient a detailed case history is prepared based on medical records, on a semi structured interview with the patient, if the patient's condition allows it, and on a short highly structured interview with the patients GP. The cases will be analysed with a view to identifying general problem areas in which the diagnostic process can be improved. We will distinguish between patients delay, doctors delay and system delay, system delay being defined as waiting times for investigations and waiting times due to administrative procedures after initiation of investigations for cancer. Status: Data collection is ongoing. Preliminary results with specific emphasis on system delay and its reasons will be presented. Relevance to EGPRN: The presenter wants to establish contact with researchers within the same field and hope the results will inspire other researchers.

-----  
---

[Back to the top](#)

-----  
---

[Abstracts of other meetings](#)

*This page was last updated on January 9, 2004*

---



Please e-mail suggestions or comments to the webmaster [Jean Karl Soler](#). [Website hosted by](#)

[Home Page](#) | [Executive Board](#) | [National Representatives](#) | [Meetings](#) | [Abstracts](#) |  
[Courses](#)