EGPRN

EUROPEAN GENERAL PRACTICE
RESEARCH NETWORK

89th EGPRN MEETING

17-20 October 2019

Vigo Spain

Abstract Book

17 - 20 October 2019

Vigo - Spain

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COLOPHON

Abstract Book of the 89th European General Practice Research Network Meeting
Vigo - Spain, 17 - 20 October 2019

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Foreward

"General Practice and the Community: research on health service, quality improvements and training"

When health professionals talk about "The Community", we are talking about a journey from epigenetics and biology to complex social dynamics, where the biography and narrative of specific people, their well-being or illness, converge. We are dealing with patients in situations of deprivation, poverty, social exclusion or stigma, for whom health centers are an important part of the local health system. We are dealing with health care professionals and patients who, using their individual, family and social capacities, become involved in community processes to promote positive changes in their health.

This implies aiming to involve and strengthen the community, so non-health sectors also play an important role, and to revitalize existing resources for health at local level. Professionals move from a predominant or exclusive role in decision-making, to a greater role in facilitating and collaborating in decision-making, empowering the participation of people in communities.

A lot is said about the integration of health promotion activities into clinical practice, but it has not reached an optimum level. In this conference we will analyze this issue from different perspectives.

There are initiatives in health centers, postgraduate teaching units or universities, which promote top quality training in community health, despite the difficulties. However, they are far from being "common practice" and the incorporation of teaching content in undergraduate and postgraduate courses is insufficient.

In the EGPRN's research agenda, the community orientation domain was defined, literature was reviewed and future lines and methodology were proposed. Ten years after its publication, it is still crucial to use solid theoretical models, with well-defined and reproducible content, with known and relevant effectiveness of the interventions.

The EGPRN calls and gathers together professionals from different countries, from health centers from far-afield, very different people and from diverse environments. As well as that, the Galician Association of Family and Community Medicine and of the Spanish Network of Primary Care will be held. As a pre-conference activity, we have organized two stages of the Portuguese Way of St. James (El Camino) along the coast, on October 15 and 16.

Our shared objective for this conference is to stimulate reflection on what we do and what we want to achieve, because we are aware that listening, asking and collaborating are our best diagnostic and therapeutic tools.

Dra. Ana Clavería

Host Organising Committee

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Programme

Thursday, 17th October 2019

08:30 - 11:00	**Pre-Conference Workshop 1: Diagnostic test and optimal cutpoint selection** Location: Room 1 Speaker: Francisco Gude Sampedro (FP). Registration required. Please see: http://tiny.cc/mmzcez
09:30 - 13:00	**EGPRN Executive Board Meeting** Location: Room 8 Only for Members of the Executive Board
11:00 - 13:30	**Pre-Conference Workshop 2: Social determinants of health: The SDH Show** Location: Room 1 Speakers:Rocío García-Gutiérrez Gómez (FP) and Sara Esteves A. Correia (FP trainee). Registration required. Please see: http://tiny.cc/oozcez
12:00 - 14:00	**EGPRN Collaborative Study Group Meetings: PROCOPD** Location: Room 2
12:30 - 16:00	**EGPRN Collaborative Study Group Meetings: Family Voilence** Location: Room 7
13:00 - 14:00	**Lunch** Price not included in conference fee.
14:00 - 17:00	**EGPRN Council Meeting** Location: Room 5-6 Only for EGPRN Executive Board and EGPRN Council members.
14:30 - 18:00	**REAP Workshop: Research in Community Health and health promotion in Primary Care?: Research, participation, implementation and ACTION.** Location: Auditorium Speakers: Sebastià March (sociologist), Carmen Belén Benedé (FP), Viola Cassetti (antropologist) and Marimar Martínez (FP). Please see: http://tiny.cc/8qzcez
16:00 - 18:00	**EGPRN Collaborative Study Group Meetings: The FPDM Study Group** Location: Room 7
17:00 - 18:00	**EGPRN Committee Meetings and Working Groups** - EGPRN Educational Committee - Room 1 - EGPRN Research Strategy Committee - Room 8 - EGPRN PR & Communication Committee - Room 5-6
18:00 - 18:30	**Asamblea REAP** Location: Auditorium
20:00 - 21:30	**Welcome Reception and Opening Cocktail.** Location: Museo Municipal de Vigo “Quiñones de León” (Pazo de Castrelos) Address: Parque de Castrelos s/n. 36213 Vigo Tel: +34 986 29 50 70 / +34 986 29 50 75 Map: https://goo.gl/maps/s3j5kjS85KrkRfnn8 Online pre-registration required. There will be buses from the conference venue to the Welcome Reception venue. At the end of the event busses will depart to the city center.

Friday, 18th October 2019

08:00 - 08:30	**Registration** Location: Main Lobby
08:30 - 08:45	**Opening of the Meeting by EGPRN Chairperson** Location: Auditorium Speaker: Davorina Petek
08:45 - 09:00	**Welcome by Local Host** Location: Auditorium Speaker: Ana Clavería
09:00 - 09:40	**International Keynote Lecture** Location: Auditorium Speaker: Anne MacFarlane, Professor of Primary Healthcare Research at the Graduate Entry Medical School (GEMS), University of Limerick Title: Community Participation in Primary Healthcare Chair: Davorina Petek
09:40 - 11:10	**Plenary Session - Theme Papers** Location: Auditorium Chair: Davorina Petek **Presentations:** • Fostering equitable training programs across Europe - an approach using the CANmeds framework - Ana Luisa Neves • iCAREdata: a scientific research database on out-of-hours primary care - Hilde Philips • Multimorbidity in primary care: Interdisciplinary person centred disease management - Sabine Bayen
11:10 - 11:40	**Blue Dot Coffee** Location: Main Auditorium Foyer
11:10 - 11:40	**Coffee Break** Location: Main Auditorium Foyer
11:40 - 13:10	**Parallel Session A - Theme Papers: Geriatric Medicine** Location: Auditorium Chair: Shlomo Vinker **Presentations:** • Changes in the social support, emotional state and quality of life, after a program of physical activity in the elderly people: clinical trial multi-center randomized - Anna Ruiz • Geriatric community care for the future - the Borgholm model - Hans Thulesius • Prevalence and care for patients with dementia in primary care - Katarina Stavrikj
11:40 - 13:10	**Parallel Session B - Freestanding Papers: Mental Health** Location: Room 5-6 Chair: Sophia Eilat-Tsanani **Presentations:** • Effectiveness of an intervention to reduce benzodiazepine prescriptions in primary care. A cluster randomised controlled trial: The BENZORED study - Caterina Vicens Caldentey • Implementation of a primary care educational and feed-back intervention to reduce Benzodiazepines prescriptions (BENZORED): qualitative evaluation - Isabel Socias • Psychometric properties of the Spanish version of Hopkins Symptom Checklist-25 scale for depression detection in Primary Care - Maria Rodriguez Barragan

13:10 - 14:10	**EGPRN Educational Committee Lunch Workshop: GDPR and you as a GP researcher in Europe.** Location: Room 5-6 Chair: Claire Collins, Lieve Peremans This session will commence with a short introduction of the General Protection Data Regulation (GDPR) and the implications for some areas relevant to your practice and research and for collaborative projects. Small groups will discuss specific aspects and work to elucidate the problems experienced in different Countries. Finally, we will bring our knowledge together to create an awareness of requirements, find solutions where needed and present a blueprint regarding EGPRN facilitation.
13:10 - 14:10	**Lunch** Location: Main Auditorium Foyer
14:10 - 16:10	**Parallel Session C - Theme Papers: Community Orientation** Location: Auditorium Chair: Anna Moller **Presentations:** • Community orientation in the primary care teams of a big city - Victoria Feijóo Rodriguez • Contextual analysis prior to the implementation of an evidence-based complex intervention for the primary prevention of CVD at primary health care and community level: A descriptive qualitative study using adaptive framework analysis - Lieve Peremans • Engaging stakeholders in community-oriented research: experiences from European research programmes - Marilena Anastasaki • “Salubrízate” (Be healthy, my friend), a community intervention. First wave results. - Nestor Javier Sanchez Sanchez
14:10 - 16:10	**Parallel Session D - Research Course Presentations** Location: Room 5-6 Chair: Ferdinando Petrazzuoli, Shlomo Vinker, Mehmet Ungan **Presentations:** • A qualitative study exploring the views and concerns of professionals about the out-of-hours primary care services in Romania. - Anca Lacatus • Accounting for doctors and patients perceptions in telehealth services implementation - qualitative study protocol - Ana Maria • Effectiveness of a group program of respiratory rehabilitation in primary care in moderate or severe EPOC patients. - Liliana Valente • Effectiveness of a group program of respiratory rehabilitation in primary care in moderate or severe EPOC patients. - Sara Correia • Practicing family Medicine in a restrictive contractual environment – a provider’s perspective - Andrea Neculau • VPH infection awareness in women most likely to undergo through cervix cancer screening in Vigo - Marta Mariño Martínez
16:10 - 16:30	**Coffee Break** Location: Main Auditorium Foyer
16:30 - 18:00	**Parallel Session E - Thema Papers: Implementation Considerations** Location: Auditorium Chair: Paul Van Royen **Presentations:** • Comparison of implementation of integrated care for diabetes In Belgium - Katrien Danhieux • Effectiveness of a biopsychosocial multidisciplinary intervention, by the role of fear

avoidance beliefs in non-specific sub-acute low back pain: cluster randomized trial - Romina Raczy Mas
- Phenomenological analysis of eliciting interviewing with COPD patient undertaking a first spirometry examination with french general practitioner. - Maxime Pautrat

16:30 - 18:00	**Parallel Session F - Freestanding Papers: Special Cases/Populations** Location: Room 5-6 Chair: Hans Thulesius **Presentations:** • Delivering Healthcare to Refugees and Asylum Seekers: Learning from General Practice in Sweden, Germany and Italy - Jessica Smith • Effectiveness of a gender-based violence intervention in Primary Health centres in Vigo Area, Spain - Pedro Jose Otero Rivas • Elderly Negligence and Abuse: What Do We Do About It? The Awareness, Experience and Attitudes of Primary Care Physicians - Gizem Limnili
18:00 - 18:10	**Summary of the day** Location: Auditorium Speaker: International Keynote, Prof. Anne MacFarlane Chair: Davorina Petek
18:10 - 19:10	**EGPRN Collaborative Study Group Meetings: EGPRN Collaborative Study Group Meeting - Örenäs** Location: Room 1
18:10 - 19:19	**EGPRN Collaborative Study Group Meetings: HEFESTOS** Location: Room 7
18:55 - 20:00	**Practice Visits in and around Vigo** Location: 6 different options Online pre-registration required, space is limited. Please see https://meeting.egprn.org/page/practice-visits for more details.

Saturday, 19th October 2019

08:30 - 09:10	**National Keynote Lecture** Location: Auditorium Speaker: Jordi Varela, MD, PhD, specialist in Community and Family Medicine and post-graduate in Epidemiology and Statistics (CESAM Paris) and in Hospital Management (ESADE Barcelona) Title: Looking for Value-Based Community Health Chair: Ana Clavería
09:10 - 10:40	**Parallel Session G - Freestanding Papers: Chronic Conditions** Location: Auditorium Chair: Thomas Frese **Presentations:** • Adherence to oral anticoagulant medications, are all medications equal? - Michal Shani • Colorectal neoplasm fast track diagnosis pathways - Santiago Perez Cachafeiro • Hefestos score: Short term prognosis stratification of heart failure decompensations in primary care - Miguel Angel Muñoz
09:10 - 10:40	**Parallel Session H - EGPRN Special Methodology Session** Location: Room 5-6 Chair: Jean Yves Le Reste **Presentations:** • Comparison of explicit values clarification method (VCM), implicit VCM and no VCM decision aids for men considering prostate cancer screening: protocol of a randomized trial - Sofia Baptista • Process mining for the evaluation of fast track diagnostic pathways - Helena Fernandez-Lopez • The chronic diseases that cause multimorbidity, their prevalences and the influence of multimorbidity on medication adherence in İzmir - Makbule Neslisah Tan
10:40 - 11:00	**Coffee Break** Location: Main Auditorium Foyer
11:00 - 13:00	**Parallel Session I - Theme Papers: Miscelleaneous** Location: Auditorium Chair: Ana Luisa Neves **Presentations:** • Barriers and facilitators to for cardiovascular primary prevention in a French rural deprived area: exploration of caregivers' and patients' experiences by using qualitative interviews - Delphine Le Goff • Hotel housekeepers: working conditions and health - a mixed methods study - Joan Llobera • Unmet health needs of adolescents who are newly registered to a training primary health care center - Serap Çifçili
11:00 - 13:00	**Parallel Session J - One Slide Five Minute Presentations** Location: Room 5-6 Chair: Ferdinando Petrazzuoli **Presentations:** • Cohort DESVELA. Analysis of the role of personal skills as determinants of incidence of morbidity, lifestyles, quality of life, use of services and mortality. - Clara Guede Fernández • Ecodiab - Joan Josep Cabre • Effectiveness of a multidimensional geriatric assessment (MAGICm questionnaire) in elderly patitents quality of life in primary care - Ana Clavería

- EvaluA GPS: a co-production research proposal to evaluate the impact of guidelines to promote community engagement in health. - Carmen Belén Benedé Azagra
- Is it possible to detect child abuse by screening in primary care? - Sena Nur Minen
- The Person-Centered Care and its Outcomes in Different European Countries - Goranka Petriček
- The use of intramuscular Benzathine Penicillin for the treatment of acute tonsillitis in the community and its effect on the number of primary care physician visits - Mattan Bar-Yishay
- The 'caring community network': a new integrated community focused care pathway for mental health care. How will it affect care, patients and providers experiences and build resilience? Action study. - Geert Pint

13:00 - 14:00 **Lunch**
Location: Main Auditorium Foyer

14:00 - 15:30 **Poster Session 1: Aging and the Elderly**
Location: Additional Rooms Foyer

Co-ordinator: Tiny van Merode
Chair: Pemra C. Unalan
Presentations:

- Drug prescription according to multimorbidity patterns in elderly population - Concepció Violán
- Educational program for medical and nonmedical staff working in nursing homes - Ljubin Sukriev
- Measuring clinical indicators for cardiovascular diseases. Implementation of the Health Balanced Scorecard in the Health Center of Varis, Greece. - Michael Dandoulakis
- Risk factors associated to falls in valid, no immobilized or bedridden institutionalized elderly - Jesus González-Lama
- Violence against elderly: PHC workers' training needs - Zaida Azeredo
- Violence against the elderly : a Portuguese bibliographic review - Lodewijk Pas

14:00 - 15:30 **Poster Session 2: Chronic Disease and Multimorbidity**
Location: Additional Rooms Foyer

Co-ordinator: Tiny van Merode
Chair: Ilze Skuja
Presentations:

- Active smoker in patients diagnosed with persistent asthma of chronic obstructive pulmonary disease (COPD) - Leopoldo Garcia Mendez
- Advanced heart failure: "You are going to be a burden for others" - Caterina Checa
- Identifying potantially inappropiate medication in excessive polymedicated patients using several deprescribing supporting tools and developing a deprescribing proposal for the GP (LESS-PHARMA Project Protocol) - Francisco Reus
- Multi-risk complex intervention with diabetes mellitus patients in primary care - Francisco Represas-Carrera
- Quality of life of patients with depression and physical comorbidity - María Isabel Fernández San Martín
- Resilience and gender differences in patients with chronic diseases - Zeltia García Couso

14:00 - 15:30 **Poster Session 3: Community Health and Intervention**
Location: Additional Rooms Foyer

Co-ordinator: Tiny van Merode
Chair: Sabine Bayen
Presentations:

- A new community Health law in Romania- what are the integration perspectives with family medicine? - Andrea Neculau

- Determination of Factors Affecting Smoking Cessation Success in Patients Who Applied to Smoking Cessation Clinic - Vildan Mevsim
- Effects of a community intervention in families with a traditional diet. GALIAT Study. - Francisco Gude
- Group workshop of smoking cessation combined with physical activity" - Sara Macías Posada
- Multidisciplinary and community intervention for a healthy back - Alejandra Aguilar-Latorre
- Walk A Mile (Kilometre) In My Shoes - Lisa Hill

14:00 - 15:30 **Poster Session 4: Quality Improvement**
Location: Additional Rooms Foyer

Co-ordinator: Tiny van Merode
Chair: Lieve Peremans
Presentations:

- How do European primary care practitioners think the timeliness of cancer diagnosis can be improved? Results from an Örenäs Research Group study. - Michael Harris
- Linguistic validation of the "gut feeling" questionnaire in Ukraine - Pavlo Kolesnyk
- Mental health primary care quality improvement in Ukraine - Victoria Tkachenko
- Out-of-hour primary care services in Brasov county (Romania) reviewed by its professionals – a qualitative research. - Anca Lacatus
- Problem-Solving Decision-Making scale - translation and validation for the Portuguese language: a cross-sectional study - Micaela Gregório
- “It’s a double-edged sword”: translation and cultural adaptation of a prostate cancer screening decision aid. Qualitative study. - Bruno Heleno

14:00 - 15:30 **Poster Session 5: Primary Care Services and Patient Participation**
Location: Additional Rooms Foyer

Co-ordinator: Tiny van Merode
Chair: Nicola Buono
Presentations:

- Correlation between patients and therapists according to Working Alliance Inventory-Short Revised Scale (WAIsr) - Rosa Belen Perez Ramos
- Efficacy of self-management in the prevention and treatment of respiratory and dermatological pathologies of high health cost: from the evidence to the patient (Self-Health project) - Alba Pons Revuelta
- Predictors of adherence to fasting requirements for laboratory blood testing in primary care. - Philippe-Richard Domeyer
- Problematic Internet Use in Adolescents - Clara González-Formoso
- Shared clinical management of digestive pathology in Ourense: impact on the use of resources and the professional and patient's satisfaction. - Pedro Castro Fernández
- Triaging and Referring In Adjacent General and Emergency departments (the TRIAGE-trial): preliminary results of a cluster randomised controlled trial - Veronique Verhoeven

14:00 - 15:30 **Poster Session 6: Medical Training and Miscellaneous**
Location: Additional Rooms Foyer

Co-ordinator: Tiny van Merode
Chair: Petra Bomberova Kanska
Presentations:

- CONDIABE-XX Study: Analysis of the Gender Perspective in Patients With Diabetes Mellitus Type 2 (DM2) in Spain - Elena Caride
- The role of theory in telemedicine research - Ana Maria
- Use of central nervous system stimulating drugs among medical students - Zehra Dagli
- Waist circumference as a mediator between muscular strength and insulin blood levels in a sample of university students. A mediation analysis. - Alba Soriano-Cano

- What is important to attract medical students to rural clerkships? - Thomas Frese
- What is the best and the worst in Family Medicine teaching? - Elina Skuja

15:30 - 16:00 **Coffee Break**
Location: Main Auditorium Foyer

16:00 - 17:00 **Parallel Session K - Freestanding Papers: Medical Students**
Location: Auditorium

Chair: Sara Ares Blanco
Presentations:

- Developing an innovative teaching program for medicine students to perform proper clinical interview - Lucía Lasilla Fernández
- Medical student's emotional development in early clinical experience : a model - Joseph Marseille

16:00 - 17:00 **Parallel Session L - Freestanding Papers: Data and Database Issues**
Location: Room 5-6

Chair: Torunn Bjerve Eide
Presentations:

- BIG DATA in primary care : the used algorithms have no reproducibility - Jean Yves Le Reste
- Reliability of Health Insurance claim databases to enumerate women not reached by cervical cancer screening on a 6 years follow-up in primary care - Christophe Berkhout

16:00 - 18:00 **“Habilifeira” (Health Fair, 9 clinical spots, 10’)**
Location: Main Auditorium Foyer

Chair: Fernando Lago

17:00 - 17:10 **Summary of the day**
Location: Auditorium

Speaker: Local Keynote Speaker,Jordi Varela, MD, PhD
Chair: Davorina Petek

17:10 - 17:30 **Chairperson’s Report by EGPRN Chair**
Location: Auditorium

Chair: Davorina Petek

17:30 - 17:45 **Presentation of the Poster-Prize for the best poster presented**
Location: Auditorium

by Tiny van Merode, Chair PR & Communication Committee.

17:45 - 17:55 **Introduction to the next EGPRN meeting**
Location: Auditorium

Chair: Davorina Petek

17:55 - 18:00 **Closing**
Location: Auditorium

Closing of Scientific Conference

- D. Jesús Vázquez Almuiña, Health Minister.

- Mr. Julio García Comesaña, Manager of Integrated Health Area of Vigo (EOXI Vigo).
- Dª. Susana Aldecoa Landesa, president of the Galician Association of Family Medicine and Community Medicine (AGAMFEC).
- Dª. Rosa Magallón Botaya, President of the Spanish Primary Care Network (REAP).
- Dª. Davorina Petek, President of the Organizing Society (EGPRN).

18:00 - 19:00	**AGAMFEC Plenary** Location: Room 5-6
20:30 - 00:00	**Social Night with Dinner, Dance and Music!** Pre-booking online essential. Location: Náutico Vigo Rúa as Avenidas, 1, 36202 Vigo, Pontevedra https://goo.gl/maps/eAvt5doBbTDbPkxNA

Sunday, 20th October 2019

09:30 - 12:30 **EGPRN Executive Board Meeting**

Only for Members of the Executive Board
Location: Náutico Vigo

International Keynote Lecture

Community participation in primary healthcare

Anne MacFarlane

Graduate Entry Medical School and Health Research Institute, University of Limerick, Ireland

Community participation in primary healthcare is enshrined in international policies since the 1970s and has been re-emphasised since then, most recently in the 2018 WHO Astana Declaration. The concept comes from a social justice perspective. It emphasises that the participation of communities who experience poverty and social exclusion is essential to the development of primary health care services in order to shape these services and make them relevant to those with the greatest need. This is important if we are to address the well-documented Inverse Care Law.

There is, however, a translational gap between policy and practice. The *stability* of policies for community participation in primary healthcare is patchy. The *implementation* of policies into routine ways of working is patchy. Where implementation has occurred, the *coverage* of community participation initiatives can be patchy– not all community members are involved. The literature shows a pattern of exclusion whereby so-called “hard to reach” groups are not adequately involved in primary healthcare decision-making. This is the case for refugees and migrants who arrive to settle and integrate in host countries in Europe. The recent WHO Strategy and Action Plan for Refugee and Migrant Health (2016) is a call for action to disrupt this pattern of exclusion and improve the health of refugees and migrants.

Drawing on the rich tradition of participatory health research is a valuable way forward because it provides important concepts, tools and techniques for more inclusive research and primary care practice. This presentation will describe innovative examples of success in family practice settings from around Europe. These have brought together refugees and migrants with primary care stakeholders and enabled them to work together to introduce and sustain changes in clinical practice. This evidence can be used to guide and strengthen community participation in primary healthcare, *for all*.

Local Keynote Lecture

Looking for Value-Based Community Health

Jordi Varela

MD, PhD, specialist in Community and Family Medicine and post-graduate in Epidemiology and Statistics (CESAM Paris) and in Hospital Management (ESADE Barcelona).

What are we talking about when we talk about value?
In 2006, Michael Porter and Elizabeth O. Teisberg published “Redefining Health Care. Creating Value-Based Competition on Results”, where they affirmed that payers and providers, including doctors and nurses, are very concerned in demonstrating that they work a lot, and very little, or nothing, in assessing what their work contributes to the health of people and communities.

Michael Porter is famous in the business world for his work on competitiveness based on the value of products and services. He has introduced this concept in the provision of health services, all summarised in a phrase: "Health systems should seek to obtain the maximum possible value for the health of people for every dollar they spend". But to define the value in healthcare, the patient must be introduced into the equation, so, in Porterian terms, the value is the perception that people have about clinical effectiveness and the costs of therapeutic processes.

Clinical effectiveness is measurable from epidemiology (to be readmitted to a hospital fewer times or living longer); value, on the other hand, is reflected by people's experience. We need to ask questions such as: do patients with advanced diseases want to live longer, or they want to enjoy the highest quality of life possible? Depending on the response, we can develop different delivery models.

What is value-based healthcare?
According to NEJM Catalyst, "Value-based healthcare is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes. Under value-based care agreements, providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way.”

How to achieve a Value-Based Healthcare Model
The following six drivers are the key for a primary health care system in order to achieve a value-based healthcare model:

1. Prioritising patient-centred care
2. From clinical pathways to care delivery value chains
3. Promoting the right care and reducing medical overuse
4. Turning a fragmented model into another integrated model
5. Creating the enabling environment for healthcare transformation
6. Fostering community health

How to develop a Value-Based Community Health
Michael Marmot states that if the determinants of health are mostly social, solutions must also be social, so to improve the quality of community life, political systems require economic, housing, education, security and infrastructure programs. Nevertheless, the healthcare system must know how to adjust resources according to the social circumstances of each community and to understand how to provide a health-oriented vision of all the social programs. On the other hand, community health is an intervention model that aims to improve the health of a defined community that should operate from primary care services to adjust their actions to the social reality of each territory.

Pre-conference Workshop

Diagnostic test and optimal cutpoint selection

Thursday, October 17th, 08:30

- Francisco Gude Sampedro (FP).
  Spanish Primary Care Research Network, Galician node (redIAPP). Health Research Institute, Santiago de Compostela.

Justification
Continuous diagnostic tests are often used for discriminating between healthy and diseased populations. For the clinical application of such tests, it is useful to select a cutpoint or discrimination value that defines positive and negative test results.

Learning Objective
To facilitate the task of selecting optimal values in clinical practice. In this workshop we aim to provide participants with information about different strategies for choosing optimal cutpoints in diagnostic tests according to the underlying reason for this choice.

Organization
Participants are recommended to bring their own laptops. They will learn how to use an R package, "OptimalCutpoints", for selecting optimal cutpoints in diagnostic tests.

It incorporates criteria that take the costs of the different diagnostic decisions into account, as well as the prevalence of the target disease and several methods based on measures of diagnostic test accuracy.

Outcomes
The output includes the optimal cutpoint values and associated accuracy measures with their confidence intervals, the graphic output includes the receiver operating characteristic (ROC) and predictive ROC curves. An illustration of the use of OptimalCutpoints is provided, using a real biomedical dataset.

Pre-conference Workshop

Social determinants of health: The SDH Show.

Thursday, October 17th, 11:00

- Rocío García-Gutiérrez Gómez (FP)
- Sara Esteves A. Correia (FP trainee).
  Vasco de Gama Movement.

Auhors

- Rocío García-Gutiérrez Gómez
- Sara Esteves A. Correia
- Ana Azevedo
- Irene Pizarro Sanz
- Marta De Lima Torres
- María Guadalupe Rincón Carmona
- Ana Azevedo
- Marta De Lima Torres

Justification
Whether people are healthy or not, is not only determined by their lifestyle. The Social Determinants of Health (SDH) include the set of personal, social, political, economic and environmental factors that determine the health status of individuals and populations (WHO, 1998). These are multiple, interrelated, modifiable and they also explain most of the health inequities. Therefore, to understand and manage them it is crucial to improve individual and global health.

Learning Objective
To enhance global awareness in SDH and inequities in health care, its conceptual framework and its involvement in prevalent diseases.

To develop skills on how to reduce social inequities in primary care consultations, applying a set of targeted interventions.

Organization
The workshop is designed as a TV show. The participants will be divided into 2 groups that will face many challenges to win a final prize:

1. General knowledge: Answer correctly several questions about SDH (using Kahoot!). The winner can choose between 2 envelopes.
2. Speed: These envelopes have similar content (a video and a short comic). The group who gets the 4 conclusions of the contest first wins.
3. Learning: The team that can differentiate the concepts of inequality and equity better wins.
4. Concepts: In a category each team will start a sequence of related words: the one who gets more words per category wins.
5. Thinking: A complex clinical case will then be assessed by both groups. Each team must find the connection between social and health problems and explain them.
6. Originality: Each team has to find a title that best describes the problem stated in a video. The most original one wins!
7. Take-home messages and winner announcement.

Outcomes
This workshop aims to broaden our community vision and develop practical skills regarding social inequities, as the pillars for a good public health approach.

REAP Workshop

Research in Community Health and health promotion in Primary Care?: Research, participation, implementation and ACTION.

Thursday, October 17th, 14:30

This workshop will be held in Spanish.

- Sebastià March (sociologist)
- Carmen Belén Benedé (FP)
- Viola Cassetti (antropologist)
- Marimar Martínez (FP)
  Research group in Primary Care B21_17R of the Government of Aragon, University of Sheffield, School of Health and Related Research and REAP

The Workshop is aimed at researchers on health services, especially primary care, community health and health promotion.

Learning Objective
Reflection on research in community health interventions and health promotion in which health services participate will be stimulated.

Organization
It will be discussed how we can improve its quality, implementation, or evaluation, as well as how these may became actions of social transformation, by the reduction of inequalities in health and the improvement of individual, family and community capacities. Evidence and tools on community participation and co-production processes will be shared.

The workshop will be eminently practical, collaborative and interactive, and will be taught in Spanish, with the possibility of participating in English and Italian.

Outcomes
We will learn about experiences in Spain and Europe and reflect on them to improve and advance.

AGAMFEC Workshop

“Habilifeira” (Health Fair, 9 clinical spots, 10’)

Saturday, October 19th, 16:00

This workshop will be held in Spanish.

- Fernando Lago Deibe (FP)
  Galician Association of Family and Community Medicine. Vigo Multiprofessional Training Unit in Family and Community Care.

Content

- Retinography
  Tutor: Francisco Javier García Soidán.
- Dermatoscopy
  Tutor: Eva Jacob González, Susy Osinaga Peredo.
- Carotid ultrasound
  Tutor: Ana Cerezo Álvarez.
- Shoulder ultrasound-guided infiltrations.
  Tutors: Rafael Melero González and Andrés Barreiro Prieto.
- Exploration procedures on the spine.
  Tutor: Marta Mariño Martínez.
- Sedation in palliative care. Use of infusers.
  Tutor: Sara Troncoso Recio .
- Epicondylitis and plantar fasciitis
  Tutor: Nicolás Bello Bugall.
- Measurement of cardiorespiratory capacity with Astrand-Rhyming Test.
  Tutors: Nazaret Rubio González and Pablo Domínguez Lijó.

Theme Paper / Study Proposal / Idea

Fostering equitable training programs across Europe - an approach using the CANmeds framework

Ana Luisa Neves

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Keywords: Education and training, GP curricula

Background:
Training in GP/FM varies greatly across Europe, mirroring the significant differences observed in family medicine practice and healthcare system organisation between. Family doctors views are critical to identify the core training components to be included in the development of such curricula, in order to develop more tailored solutions, that better serve patients. In this project proposal, we suggest to use CanMEDS, a framework that identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve, to better identify these needs. A competent physician seamlessly integrates the competencies of all seven CanMEDS Roles (Medical Expert (the integrating role), Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional).

Research questions:
To map the landscape of current theoretical/formal GP training across Europe, as well as the key/core subjects that should be included, according to the CanMEDS framework.

Method:
Participants will be introduced to the Delphi methodology and to the CanMEDS framework, that identifies the overall abilities physicians require to effectively meet the healthcare needs of the people they serve. Participants will identify and score the key educational/training needs of young Family Doctors, blinded to the scoring of other participants by using a web-based tool (www.menti.com). The top-ranking educational priorities will be discussed by the whole group, which will develop a conceptual model, mapping the identified learning priorities in the CanMEDS framework.

Results:
[Project proposal]

Conclusions:
This project proposal aims to give voice to FD's hopes and concerns about speciality training, and map their views against the CanMEDS framework. Using a structured framework will allow to identify specific gaps and training needs, and shared these insights externally with the wider WONCA community.

Presentation on 18/10/2019 09:40 in "Plenary Session - Theme Papers" by Ana Luisa Neves.

Theme Paper / Ongoing study with preliminary results

iCAREdata: a scientific research database on out-of-hours primary care

Hilde Philips, Stephaan Bartholomeeusen, Paul Van Royen, Roy Remmen, Samuel Coenen, Annelies Colliers, Stefan Morreel, Veronique Verhoeven

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Keywords: after hours care, family practice, health services research, continuity of care, acute care

Background:
Out-of-hours (OOH) primary care is a topic of great interest in European countries. Reasons for this are similar across borders: to guarantee continuity of care with decreasing numbers of health care workers and to guard equity in OOHcare for all patients. To fill the knowledge gap in OOHcare research, valid and accessible research data are needed. iCAREdata aims to offer valid and immediately available information from OOHcare.

Research questions:
How feasible is it to collect, store and link data of different OOH services in Belgium and to improve data quality registration?
How useful are aggregated data to inform stakeholders, to evaluate (the quality of) services in OOH care and the effects of interventions?

Method:
As a first achievement, data flows, encryption and encoding were carefully designed and implemented. A solid cooperation with the federal eHealth webservices as a trusted third party was crucial. Ethical approval and approval by the data protection authority was obtained. Clear agreements were established concerning access control. A strict code of conduct was agreed upon. A steering committee was established to guard the procedures.

Results:
First data were collected in 2015. iCAREdata now receives +/- 3000 unique patient contacts per weekend, spread over 14 general practice cooperatives, covering about a quarter of the Flemish population. Aggregated data, directly processed are provided on a weekly basis on https://icare.uantwerpen.be. This portal side offers an overview of, among others, the latest diagnostics, drug prescriptions and workload. iCAREdata project also collects data from emergency departments in hospitals and community pharmacists and will link them to further evaluate OOH primary care.

Conclusions:
Developing a research database on OOHcare is feasible. The iCAREdata project succeeds in an automated output on a weekly basis, offering insights on evolution of morbidity, services and effects of interventions. Careful validation and interpretation of the data is a crucial ongoing challenge.

Points for discussion:
What parties are interested in these data? Possibilities of future financing?

To attract other health care services? Which ones and why?

What do you think should be the research agenda?

Presentation on 18/10/2019 09:40 in "Plenary Session - Theme Papers" by Hilde Philips.

Theme Paper / Finished study

Multimorbidity in primary care: Interdisciplinary person centred disease management

Sabine Bayen, Marc Bayen, Daniel Dreuil, Nicole Bertin, Nassir Messaadi

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Keywords: primary care, multimorbidity,healthcare pathway, interdisciplinary, management

Background:
Person centred, interdisciplinary disease management is important for persons with multimorbidity in primary care. Health care providers of persons with chronic conditions, identified common points of rupture in different health courses, which hinders optimal person centred care. The study determines those common points of rupture and extrapolates recommendations to manage multimorbidity.

Research questions:
What is the nature of these points of rupture in health course with multiple chronic conditions? How to reduce frequent points of rupture to optimise health course and multimorbidity management on long term?

Method:
A qualitative participative study with 4 focus groups, gathering twice, all involved health care provider and patients, was conducted in 2016. Chronic heart failure was first chosen as an emblematic chronic condition to discuss experiences of health course. First, a state of play was drawn for points of rupture. Second, the same focus groups developed 9 concrete recommendations to reduce points of rupture in real life situation. The recommendations were extrapolated to diabetes, Parkinson's disease, cancer, asthma, chronic bronchitis, and obesity.

Results:
Seventy actors of health course determined points of rupture in health course: lack of patient's information and empowerment, delayed diagnosis, lack of empathy, lack of communication between health care providers at home and at hospital, lack of interdisciplinary coordination, delayed expert advice, multimorbidity, frailty and dependence, leading to frequent avoidable hospitalisation. Following guidelines were proposed and will be implemented: early diagnosis, expert advice, diagnosis announcement, succeeding patient's home return, annual follow-up, reinforce home and primary care, secure drug management, information and health education for patients, and favor patient's empowerment to preserve his self-governance.

Conclusions:
Our results will concretely improve management of multimorbidity in primary care. We favour interdisciplinary teamwork, early diagnosis and orientation, reduced frequency and duration of hospitalisations, and patient's empowerment.

Points for discussion:
how to organize the payments of the involved care partners?

How to avoid imbalances in shared care coordination between hospital and town?

Presentation on 18/10/2019 09:40 in "Plenary Session - Theme Papers" by Sabine Bayen.

Theme Paper / Almost finished study

Changes in the social support, emotional state and quality of life, after a program of physical activity in the elderly people: clinical trial multi-center randomized

Anna Ruiz, Glòria Sauch, Jacobo Mendioroz, Pere Roura, Anna Sabata, Irene Cornet, Isabel Gómez, Àngels Casaldàliga, Carme Saldaña, Josep Vidal, Montserrat Fusté, Carme Boix, Berta Rodoreda, Anna Ramirez

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Keywords: Physical activity, anxiety, depression, loneliness

Background:
Social isolation, loneliness and anxiety-depressive states are emerging health conditions in the elderly.

Research questions:
To assess whether a 4 month program of physical activity in a group improves the emotional, social and quality of life situation in a sample of subjects over 64 years old.

Method:
Multi-center, randomized clinical trial of two groups.
Study population: Patients older than 64 years assigned to 3 primary care teams from different locations.
Inclusion criteria: Submit a score <32 on the DUKE-UNC-11 social support scale, or >12 on the Beck Depression Scale, or >10 on the Generalized Anxiety Scale (GAD-7), at the start of the study.
The intervention group participated in a group physical activity program for 4 months, that consisted of progressively walking sessions 2 days a week, 60 - 150 minutes long depending on the physical condition of each participant.

Results:
94 patients met the inclusion criteria. The mean age was 74 years (SD 5.18), 76.6% were women. There were no significant differences at the beginning of the study between the two groups in relation to the outcome of the scales evaluated. Once the intervention was completed, improvement in the quality of life and social support was detected in the intervention group ($p<0.05$). Both groups improved the depression and anxiety clinic but the improvement in the participants of the intervention group was much greater. Those with initial depression improved 8.6 points on the scale, compared to the control that improved 3.3 points, with the final average of 17.4. Those who presented initial anxiety improved 8 points (final average: 7.5 points, cut-off point for diagnosis of anxiety 10), compared to the control that improved 5.1 points.

Conclusions:
The results of this study indicate that the program developed has positive effects on improving the quality of life, social support and depression and anxiety clinic.

Points for discussion:
Prescription of physical activity in medical consultations

Presentation on 18/10/2019 11:40 in "Parallel Session A - Theme Papers: Geriatric Medicine " by Anna Ruiz.

Theme Paper / Ongoing study with preliminary results

Geriatric community care for the future - the Borgholm model

Hans Thulesius, Åke Åkesson

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Keywords: Geriatric care, community care, primary care

Background:
Geriatric care needs increase with growing elderly populations. The Borgholm jurisdiction in the Baltic island of Öland (Kalmar region), has an older than average senior population and had difficulties recruiting primary care physicians (PCPs) resulting in high elderly hospital care consumption.

Research questions:
Could a new model of geriatric care be able to decrease the hospital care needs of Borgholm as compared to the rest of Kalmar region?

Method:
A new model of care was developed in Borgholm 2016-2017 where the PCP list was limited to 1000 patients, daily slots for PCP home care visits could be booked by community nurses or ambulance nurses and PCPs had daily anticipatory care planning contacts with Kalmar hospital staff.

Results:
Between 2014 and 2018 Borgholm home care patients >75 years old increased by 70% vs a 2% decrease for the rest of Kalmar region; similarly Kalmar emergency department visits decreased by 19% in Borgholm vs 9% increase for the rest of Kalmar; Kalmar hospital care episodes decreased 7% in Borgholm vs 13% increase for the rest of Kalmar; Kalmar hospital outpatient visits decreased 8% in Borgholm vs 21% increase for the rest of Kalmar; total care consumption for >75 years old decreased 4% in Borgholm vs a 10% increase for the rest of Kalmar region.

Conclusions:
A new geriatric care model consisting of a comprehensive collaboration between a strengthened primary care and community care, hospital care and ambulance care was associated with a reduction in total care consumption for senior citizens in a rural Swedish jurisdiction.

Points for discussion:
Could this geriatric care model be exported?

If not, what are the obstacles?

Would you like to work as a PCP in such a care model?

Presentation on 18/10/2019 11:40 in "Parallel Session A - Theme Papers: Geriatric Medicine " by Hans Thulesius.

Theme Paper / Finished study

Prevalence and care for patients with dementia in primary care

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Keywords: Dementia, prevalence, care, primary care

Background:
Primary health care, the General Practitioner, plays a critical role for early identification and care of patients with dementia. Early diagnosis of dementia allows starting therapy and improving the quality of life of the patients.

Research questions:
To estimate the prevalence and care of patients with dementia in North Macedonia.

Method:
Forty-six general practitioners (GP) surgeries from 20 cities in Macedonia took part in the project. All individuals age over 65 years with diagnosis of dementia were identified from GP electronic disease registers.

Results:
Based on the diagnosis, 450 (3.5%) patients were identified from a total population of 12926 over 65s. The most common dementia was Alzheimer's dementia 294 (65.3%) followed by vascular dementia 27.11%. The average age of respondents in the study was 77.5 ± 8.2 years, with 50% patients under the age of 79 years, 65.6% were female and 68.4% were with elementary school. In the entire sample, most of the patients diagnosed with dementia 195 (43.3%) said they lived with another family member. The most common risk factor was hypertension (85.1 %), followed by stroke / transitory ischemic attacks (29.3%) and equal percentage, i.e. 26.4% of patients had high levels of cholesterol and diabetes. To 242 (53.8%) acetylcholinesterase inhibitors were prescribed (donepezil, rivastigmine, galantamine), 77 (17.1%) memantine, while 247 (54.9%) another OTC therapy. 227 (50.4%) reported that they did not receive treatment. An additional analysis of the reasons for not receiving treatment was made on this sample of patients who did not receive treatment. It was found that in the majority of these patients (more than 50%) the reason for not receiving therapy was that it was not prescribed, in 142 (62.6%).

Conclusions:
This is the first national representative study of dementia prevalence in North Macedonia. Those data can provide information for healthcare needs people with dementia.

Points for discussion:
subdiagnosed dementia

Challenging stigma and building awarenes

empowering people with dementia

Presentation on 18/10/2019 11:40 in "Parallel Session A - Theme Papers: Geriatric Medicine " by Katarina Stavrikj.

Freestanding Paper / Ongoing study with preliminary results

Effectiveness of an intervention to reduce benzodiazepine prescriptions in primary care. A cluster randomised controlled trial: The BENZORED study

Caterina Vicens Caldentey, Alfonso Leiva, Ferran Bejarano, Ermengol Sempere, Isabel Socias, Francisca Fiol Gelabert, Catalina Mateu, Santiago Alegret, Asuncion Ajenjo, Raquel Rodriguez, Silvia Folch, Marta Mengual

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Keywords: Benzodiazepine, primary care, clinical trial

Background:
Despite recommendations against long-term benzodiacepine (BZD) use, they are often prescribed during months or years in primary care.

Research questions:
To evaluate the effectiveness of a primary care educational and feed-back intervention targeted to general practitioners (GPs) to reduce BZDs prescriptions

Method:
Design: a two-arm parallel cluster randomized clinical trial.
Settings: Primary Healthcare centers from three health districts of Spain: Balearic Islands (IbSalut), Catalonia (Institut Català de la Salut;Tarragona-Reus district), and Community of Valencia (Conselleria de Salut Universal; Arnau de Vilanova llíria district).
Participants: All GPs from the health districts included were invited to participate. Ninety percent of the GPs accepted to participate.
Intervention: GPs received an educational 2 h workshop training about the rationale for prescribing BZDs and deprescribing strategies for long-term BZD users, audit and monthly-feedback about their prescription and access to a support web-page with information to help them and leaflets to give to the patients
Control group: GPs did not receive any component of the intervention.
Outcomes:
Defined daily dose (DDD)/1000 inhabitants/year (DHD) of BZDs prescribed by GP at 12 months.
Proportion of long-term BZD users (>6 months) and in patient aged 65 or more at 12 months.
Statistical analysis: Generalized mixed linear random effect models to account for clustering at the level of healthcare center and all analysis were based on an intention to treat principle.

Results:
We included 749 GPs and 49 (6,5%) were lost to follow-up. Adjusted difference between groups in DHD at 12 months was -3.26 (-4.87;-1.65) p<0,001.
The differences in the proportion of long-term BZD users was -0.39 (-0.58;-0.19) p<0,001 and in patients older than 65 was -0.87 (-1.35;-0.26) p=0,004.

Conclusions:
An educational and feed-back intervention targeted to GPs is effective to reduce BZD prescription in primary care.

Points for discussion:
Prevalence of BZD consumption in different countries

Barriers to deprescribe BZD in clinical practice

Presentation on 18/10/2019 11:40 in "Parallel Session B - Freestanding Papers: Mental Health " by Caterina Vicens Caldentey.

Freestanding Paper / Finished study

Implementation of a primary care educational and feed-back intervention to reduce Benzodiazepines prescriptions (BENZORED): qualitative evaluation

Isabel Socias, Caterina Vicens Caldentey, Ermengol Sempere, Ferran Bejarano, Haizea Pombo, Alfonso Leiva, Francisca Fiol Gelabert, Silvia Folch, Catalina Mateu, Fernando Do Pazo, Santiago Alegret

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Keywords: Benzodiacepine, CFIR, Implementation

Background:
Despite recommendations against long-term benzodiacepine (BZD) use, they are often prescribed during months or years in primary care.

Research questions:
To determine facilitators and barriers that explain the variation in implementation of a primary care educational and feed-back intervention targeted to general practitioners (GPs) to reduce BZDs prescriptions.

Method:
A hybrid type I clinical trial: qualitative data to evaluate the implementation outcomes.
Three health districts of Spain: Balearic Islands, Tarragona-Reus district (Catalonia) and Arnau de Vilanova llíria district (Valencia).
Forty stakeholders (GPs) participated in 5 focus groups, they were selected based on their effectiveness of the intervention results: high (three groups) or low (two groups) and individual interviews to two GP of low effectiveness. The Consolidated Framework for Implementation Research (CFIR) was used to guide collection and analysis of qualitative data. Two researchers evaluated independently the qualitative data of the focus groups by the Codebook and Rating Rules of CFIR.

Results:
Of the 31 CFIR constructs assessed, three constructs strongly distinguished between GPs with low versus high success of the intervention (intervention complexity, individual state of change, key stakeholders engaging), seven additional constructs weakly distinguished (adaptability, external policy and incentives, implementation climate, compatibility, relative priority, self-efficacy, formally appointed internal implementation leaders), ten had insufficient data to assess and eleven were non-related to the success of the intervention.

Conclusions:
We identified the constructs that explain the variation in the effectiveness of the intervention, this information is relevant to redesign successful implementation strategies focused on these constructs to implement the BENZORED intervention in health services

Points for discussion:
CFIR as a theoretic models to evaluate implementation

BZD deprescription

Presentation on 18/10/2019 11:40 in "Parallel Session B - Freestanding Papers: Mental Health " by Isabel Socias.

Freestanding Paper / Ongoing study with preliminary results

Psychometric properties of the Spanish version of Hopkins Symptom Checklist-25 scale for depression detection in Primary Care

Maria Rodriguez Barragan, Ana Clavería, María Isabel Fernández San Martín, Eva Peguero, Magallon Botaya, Patrice Nabbe, Jean Yves Le Reste, Miguel Angel Muñoz

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Keywords: Primary Health Care; Family Practice; General Practitioners; Anxiety; Depression; Depressive Disorder; Questionnaires; Psychometrics; Validation Studies.

Background:
As a collaborative project of the Family Practice Depression and Multiborbidity group of European General Practice Research Network, the Hopkins Symptom Checklist 25 (HSCL-25) scale was identified as valid, reproducible, effective and easy to use. Subsequently, it has been translated and adapted to 13 languages including Castilian. Currently, the scale is being validated in different languages.

Research questions:
What are the psychometric properties of the Spanish version of HSCL-25 (HSCL-25e) for depression detection in Primary Care?

Method:
HSCL-25e was administered to outpatients recruited by their physicians in 6 health centres involved in Spanish EIRA3 study, a trial to promote healthy behaviours in people aged from 45 to 75. Patients complimented HSCL-25 themselves. Sample size was calculated with R package (pROC).
Statistical analysis: responsiveness was analysed with missing data and detecting ceiling and floor effects for the items. Principal Component Analysis (PCA) was done to determine the dimensions of HSCL-25e. Item-total correlation, Cronbach's Alpha (global and dimensions coefficient) and squared multiple correlation were carried out to calculate internal consistency.

Results:
769 patients out of 806 complimented HSCL-25e, 738 answered to all of the items. No patterns of missing answers were found. No ceiling effects, expected floor effect in item 18. Item 17 was the most consistent one and item 24 was the lower one. All items showed positive discrimination index for both cut-off points (1.55 and 1.75).
PCA indicated two factors; 13 items corresponding to depression dimension and the other 12 items corresponding to anxiety subscale. Global Cronbach's Alpha was 0.92 (0.88 calculated for depression dimension and 0.84 for anxiety dimension).

Conclusions:
The HSCL-25e has good psychometric properties when applied to Primary Care population. It has two dimensions as the original version, although the items included are not exactly the same. There are more item coincidences with the French version.

Points for discussion:
What is the reason why some items weight in the unexpected dimension?

What psychometric properties are common in other language versions of HSCL?

What method of data imputation is more valid?

Presentation on 18/10/2019 11:40 in "Parallel Session B - Freestanding Papers: Mental Health " by Maria Rodriguez Barragan.

Theme Paper / Ongoing study with preliminary results

Community orientation in the primary care teams of a big city

Carme Nebot Adell, Victoria Feijóo Rodriguez, Belen Enfedaque Montes, Enriqueta Borras Gallart, Marta Campillo March, Rafel Ruiz Riera

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Keywords: Community health planning; Primary health care; Quality management

Background:
Community Health orientation (CHO) seeks to improve the individual and collective health of people through a multisectoral strategy in which community members are the main protagonists.
In order to promote the development of CHO throughout the city, a Primary Care Management team has incorporated CHO into its Strategic Processes framework, and has developed a strategy to disseminate CHO and integrate it into the usual practice of Primary Health Care Teams (PHCTs).

Research questions:
Incorporating community orientation into the performance of PHCTs promotes networking among the various community actors.

Method:
A multidisciplinary work team was formed in 2014 to define the lines of action that would guarantee CHO in the PHCTs. A plan was designed to identify training, resources and organizational needs. Training, registration tools and methodological support have been provided; the process is evaluated and continuously monitored.
This team works in a network with the rest of the actors in the neighborhoods.
Situation results are reported at the beginning of the strategy (2014) and after 4 years, 2018, to know the change produced in the objectives initially set.

Results:
From 2015 to date, 349 professionals have been trained. Changes have been made to the medical record registration system.
In 2018 there were 32 (68.1%) PHCTs working in neighborhoods whose community diagnosis had been made; in 2014 there were 14 PHCTs with the diagnosis (29.8%).
In 2018, a total of 868 community activities were carried out, whereas in 2014, they were 210. In 2018, 577 professionals participated in those activities and 5.296 hours were allocated on them; in 2014, 231 professionals dedicated a total of 1.155 hours in community activities.

Conclusions:
A community health model prioritized by the territorial management team results in a relevant development of the community orientation of PHCTs.

Points for discussion:
The Community Health Orientation needs to be taken from the management team.

Primary Health care Teams belong to the community and have a deep knowledge of it; this is its strongest asset.

An action plan must be drawn for the coming years to support PHCT in this endeavor.

Presentation on 18/10/2019 14:10 in "Parallel Session C - Theme Papers: Community Orientation" by Victoria Feijóo Rodriguez.

Theme Paper / Almost finished study

Contextual analysis prior to the implementation of an evidence-based complex intervention for the primary prevention of CVD at primary health care and community level: A descriptive qualitative study using adaptive framework analysis

Naomi Aerts, Sibyl Anthierens, Lieve Peremans, Hilde Bastiaens

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Keywords: 'Qualitative research', 'contextual analysis, 'implementation science', 'CVD prevention', 'primary healh care', 'community engagement'

Background:
Cardiovascular diseases (CVDs) are the world's leading cause of mortality. Horizon 2020 project 'SPICES' aims to implement an evidence based complex intervention for the primary prevention of CVD. Context, framed within the chronic care model, is critically important for understanding potential implementation determinants.

Research questions:
With this study, we aimed to map the context during the pre- implementation phase of a complex intervention, entailing risk profiling and communication and behavior change counseling, for the primary prevention of CVD at community and primary health care level.

Method:
For this qualitative study, we first conducted a macro, meso and micro level stakeholder mapping. Primary data were collected through semi-structured interviews (32) and focus groups (4). Document analysis of meeting reports was also applied. Our adaptive framework for analysis was informed by Consolidated Framework for Implementation Science determinants and Normalization Process Theory constructs.

Results:
From our stakeholder mapping we included policy makers (macro level), key figures from healthcare, welfare, insurance, population and health promotion organizations (meso level) and care providers on community and primary health care level (micro level). Stakeholders see SPICES as an opportunity to strengthen CVD risk profiling and risk communication and behavioral change counseling for vulnerable populations. Lay people from welfare organizations and practice nurses can play an important role in linking welfare and healthcare for the primary prevention of CVD. Facilitators of the intervention are its relative advantage, evidence-based design, adaptability to the needs and resources of target communities and the alignment with policy evolutions and local mission and vision. Concerns remain around legal and structural characteristics and intervention complexity, together with time investment.

Conclusions:
This study informed the further development of interventions and implementation strategies. Ongoing stakeholder engagement will be needed to develop sustainability in this multi-dimensional, multilevel and dynamic field.

Points for discussion:
Experiences in other countries with primary prevention on general practice vs. community level

Challenges of a contextual analysis in complex environments

Presentation on 18/10/2019 14:10 in "Parallel Session C - Theme Papers: Community Orientation" by Lieve Peremans.

Theme Paper / Finished study

Engaging stakeholders in community-oriented research: experiences from European research programmes

Marilena Anastasaki, Christos Lionis

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Keywords: community, stakeholders, primary care, research

Background:
Community participation is essential for effective implementation of research programmes in primary healthcare (PHC), but also for appropriate interpretation of results and optimal delivery of subsequent care. Stakeholder engagement undertaken under defined and evaluated frameworks may be key for the establishment of concrete collaboration and communication between communities and other parties involved in research. This abstract aims to report on community and stakeholder engagement methodologies, plans and activities of European research projects conducted in Crete, Greece.

Research questions:
Could a consensus be reached regarding the methods and tools for enhancing stakeholder engagement in community-oriented PHC research?

Method:
Examined programmes included RESTORE (FP7), FRESH AIR (Horizon2020) and VIGOUR (Health Programme). Identified methodologies included Normalisation Process Theory, Participatory Learning and Action, Five Steps of Stakeholders' Engagement, establishment of Stakeholder Engagement Groups under the 9 C's model (commissioners, customers, collaborators, contributors, channels, commentators, consumers, champions, competitors) and Structured Democratic Dialogue. These were implemented to a range of stakeholders, including community members, patients, migrants, Roma populations, healthcare professionals and policy makers. Qualitative research (focus-groups, individual interviews) and Thematic Content Analysis were used for design and analysis of engagement activities.

Results:
In RESTORE, migrants and other stakeholders selected guidelines and trainings supporting cross-cultural communication in PHC consultations, based on their own needs and expectations. Community members, healthcare professionals and healthcare authorities were actively involved in FRESH AIR by identifying local priorities and contextual factors for designing project interventions, providing access to communities and supporting dissemination of project achievements. In VIGOUR, multidisciplinary stakeholders were brought together and formulated a common ambition statement for the future of integrated care in Crete.

Conclusions:
Various stakeholder engagement methods with documented effects are currently available. Their systematic identification, appraisal, synthesis and consolidation may serve with enhancing community participation in PHC, sustaining research results and translating findings into appropriate actions.

Points for discussion:
What are other methods of community engagement in PHC research?

How can they be harmonized and fit to local contexts?

How will this impact PHC research, practice and policy?

Presentation on 18/10/2019 14:10 in "Parallel Session C - Theme Papers: Community Orientation" by Marilena Anastasaki.

Theme Paper / Ongoing study with preliminary results

"Salubrízate" (Be healthy, my friend), a community intervention. First wave results.

Nestor Javier Sanchez Sanchez, Mercedes Hernández-Gómez, Alejandra Martinez Franco, Olaya López Pereiro, Santiago Fernández-Blas, Carlos Corderi, Lucía Estevez Valencia, Karin Meier Cácharo

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Keywords: Community Medicine; Healthy Lifestyle; Aged; Primary Health Care

Background:
Health promotion enables people to increase control over their own health. Spanish life expectancy is the second largest worldwide, so active-aging strategies are needed. Heath education, empowerment and community development are primary care responsibilities.

Research questions:
Can we design, implement and maintain health promotion activities together with elderly community assets?

Method:
It is a research-action-participation project, in which participants will active assets in future editions. An empowerment model was applied, to drive community assets to their own wellness, leaded by volunteers and professionals. Participants are autonomous > 64 year-old. Community active assets are retired professionals who can teach to and learn from participants.
The project was presented to the council and the health management who support us.
A clinical and psico-social evaluation was made before starting the activity which was repeated a year after.
Eight sessions were performed about healthy habits, philosophy, or architecture. Afterwards, participants, volunteers and community assets go for a walk while they can ask questions in a relaxed mood or just have a conversation.

Results:
12 participants (5 women). Overage age 71'58 years old [IC 95% (68,4-74,7)]. 100% living at home, 25% alone. Overage BMI 26'46+-1'99, BP < 140/90 in all cases.
Pre-intervention evaluation: 91'6% enjoy activities with friends weekly, 66'6% go frequently to cinema, 83'3% read usually, 91'6% like visiting new places, 50% drink a glass of wine with meals, 25% occasionally and 25% never, 50% ex-smokers, 8'3% smokers, 83'3% walk diary.
Participants evaluation: every session > 3'5/4. Community assets evaluation: every session > 2/3. Clinical and psico-social postintervention evaluation on going.

Conclusions:
Good results push us up to start up new editions. This is not only about healthy habits, but we organized an edition about influenza (with similar results) and we are working in an edition focused on loneliness.

Points for discussion:
The difficulty to develop these projects due to the lack of support from the administration (time, resources, training,...).

The short-term benefits of these actions.

The importance of a multidisciplinary team to carry them out.

Presentation on 18/10/2019 14:10 in "Parallel Session C - Theme Papers: Community Orientation" by Nestor Javier Sanchez Sanchez.

Web Based Research Course Presentation / Study Proposal / Idea

A qualitative study exploring the views and concerns of professionals about the out-of-hours primary care services in Romania.

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Keywords: out-of-hours services, primary care services, continuity of care, Romania

Background:
Out-of-hour primary health care services in Romania have been operating since 2004. The continuity of primary health care is ensured by family doctors in Out-Of-Hour Centers (OOHC).
There are 352 OOHC in Romania that are organized by family doctors (served by 2000 FDs) and coordinated by the Public Health Authorities.
There is insufficient knowledge of the population about the system, but also of the professionals in the system itself regarding the out-of-hour services in primary care.
The spread of the OOH is not yet responding to the needs of the community. The emergency rooms in hospitals are overcrowded, even though approximately 50% of the cases are non-urgent.
No data, whether quantitative or qualitative, are yet publicly available in Romania of OOHC on national or local level.
It is important to discover the problems experienced by the professionals involved so that we can improve the organization and performance of the OOH Centers.

Research questions:
What are the views and concerns of health professionals and any emergency personnel about the strategy and functionality of the out-of-hours primary care services?

Method:
We chose the Delphi approach, modified according to RAND and meant to bring together the ideas of the various actors in the system, both those who organize the system (the authorities) and those who work as professionals at different levels (emergency rooms, out-of-hours centers or family doctor's offices).
The Questionnaire will try to use a structure-process-outcome analysis of OOH primary health care services (a survey for approx. 14-20 key respondents from different levels).
Next, we will make a comparative analysis (using a computer software like NVIVO or similar) of the answers given to each question, highlighting similarities and differences between the answers and thus getting an image of what the current OOH primary care services is and of the possible solutions to be proposed.

Points for discussion:
What do you think would be the most useful research method to analyze OOH primary care system?

What is the best design for a Delphi debate and the best entries for the questionnaire?

What are the concerns about the functionality of OOH primary care services in other European countries?

Presentation on 18/10/2019 14:10 in "Parallel Session D - Research Course Presentations" by Anca Lacatus.

Web Based Research Course Presentation / Ongoing study no results yet

Accounting for doctors and patients perceptions in telehealth services implementation - qualitative study protocol

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Keywords: Telehealth, telemedicine, videoconferencing, primary health care, referral, qualitative research

Background:
Telemedicine applications, including teleconsultations, can potentially overcome health systems challenges associated with coverage of services. This organizational case study of the rollout of a new service model of teleconsultations, taking into account the evolving national context, includes primary care outpatient clinics and the Cardiology service at a referral hospital in Coimbra. The technology includes videoconferencing with synchronous communication.

Research questions:
What are the physicians' perceptions about the impact of teleconsultations on clinical practice and health care organization?
What are the perceptions of patients referred from primary to secondary care on the doctor-patient relationship and the interprofessional collaboration?

Method:
A qualitative study embedded in a case study design of a 2-year pilot phase will be used, based on semi-structured interviews to the participants. The patients and physicians will be recruited for interviews until thematic saturation is achieved. The participants will be selected purposefully and included in the study on a principle of maximum variation with reference to gender, age and locations (urban/rural). The patients will be recruited in person and via telephone, with the collaboration of the GPs. The interviews will be audio-recorded and anonymized. The transcribed interviews will be stored, coded, and analyzed in MAXQDA, following the steps for conventional content analysis.

Results:
As GPs interact with secondary care specialists, it is important to explore how their decisions to refer patients evolve. Also, as patients demand an increasingly active role in managing their care, it is important to understand how referrals can be attributed to patient expectations.

Conclusions:
This type of study design facilitates the understanding of the phenomenon of teleconsultations that is at the same time context-dependent and influenced by the individual's characteristics. Exploring the way in which this intervention is implemented can provide insight into why it fails or has unexpected consequences, or why it works and how it can be optimized.

Points for discussion:
Critical reflection on overall quality of this protocol and methods to develop real-world intervention studies with relevant stakeholders.

What strategies do we need to consider for this project drawing on the audience's experiences of working in other countries?

What outcomes are most appropriate to measure a change in patient-centred care as a result of this intervention?

Presentation on 18/10/2019 14:10 in "Parallel Session D - Research Course Presentations" by Ana Maria.

Web Based Research Course Presentation / Study Proposal / Idea

Effectiveness of a group program of respiratory rehabilitation in primary care in moderate or severe EPOC patients.

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Keywords: group program of respiratory rehabilitation EPOC Primary care

Background:
Chronic respiratory diseases, mainly chronic obstructive pulmonary disease (COPD), constitute a pathology of great impact in our society given its morbidity and mortality.
The Global Initiative for Chronic Obstructive Lung Disease (GOLD) proposes four components to address this disease: counseling and monitoring of the disease, reduction of risk factors, management of stable COPD and management of exacerbations.6 Within these components Respiratory rehabilitation (RR) is found, which is defined as a multidisciplinary, global and individualized intervention, aimed at stabilizing or reversing the systemic manifestations of the disease.
At the present time, muscular training, education and respiratory physiotherapy (FR) are considered the fundamental components of these respiratory rehabilitation programs, being advisable also to consider occupational therapy, psychosocial support and nutritional intervention.
Most studies do not specify the structuring of the rehabilitation and respiratory physiotherapy program, but many of these have demonstrated the effectiveness of performing a group physiotherapy in COPD patients. It is true that the optimal weekly duration and frequency of a program or what type of patients to be included as candidates is still being studied8 but, the latest consensus suggests that a maintenance of benefits over time has a direct relationship with the duration of the program and recommends a minimum of sessions of 8 to 12 weeks, with a frequency of 2 to 5 weekly sessions of 1-4h duration. They also suggest that the type of patients to be included in these programs would be those with limited dyspnea of a degree equal to or greater than 2 according to the modified scale of the Medical Research Council (mMRC)
Respiratory rehabilitation programs that include respiratory physiotherapy have become a cornerstone of the management of stable COPD patients, reducing hospital admissions and mortality, reducing health costs of the disease, improving dyspnea and fatigue, emotional function and disease control but, despite the great scientific evidence of these programs in COPD patients, there are few centers that have specialized respiratory rehabilitation units in Spain.

Research questions:
It would be effective a group program of Respiratory Physiotherapy in Primary Care, in patients with moderate or severe degree COPD in terms of their symptoms of dyspnea, exercise intolerance and quality of life.

The intervention consists of a Respiratory Rehabilitation program in the form of group classes held through a weekly session of 90 minutes, for 8 weeks (2 months: January and February 2020), taught in spaces enabled for it in each of the Selected health centers.

The Respiratory Rehabilitation program will be carried out in groups of a maximum of 12 patients, and will be taught by the authors of the study, Third and Fourth Year Residents of Family and Community Medicine. It will be especially intended to instruct patients in methods, techniques and lifestyles favorable to their recovery and improvement of their quality of life, so that in the future they can act and perform the techniques autonomously and without help, due to the importance of the temporary and long-term continuity of these techniques.

Presentation on 18/10/2019 14:10 in "Parallel Session D - Research Course Presentations" by Liliana Valente.

Web Based Research Course Presentation / Study Proposal / Idea

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Presentation on 18/10/2019 14:10 in "Parallel Session D - Research Course Presentations" by Sara Correia.

Web Based Research Course Presentation / Study Proposal / Idea

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Presentation on 18/10/2019 14:10 in "Parallel Session D - Research Course Presentations" by Liliana Valente.

Web Based Research Course Presentation / Study Proposal / Idea

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Presentation on 18/10/2019 14:10 in "Parallel Session D - Research Course Presentations" by Sara Correia.

Web Based Research Course Presentation / Study Proposal / Idea

Practicing family Medicine in a restrictive contractual environment – a provider's perspective

Andrea Neculau

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Keywords: family medicine, restrictive health regulations

Background:
Primary care is stated to be a priority in the attention of the Romanian Ministry of Health since the beginning of the Health Reform in 1992.
Despite this statement family doctors, that represent the core of primary care, are expressing their discontentment with their professional status and the services that they can provide to the population.
A series of Health regulations are preventing family doctors to provide the full spectrum of services they are trained for, having as a direct consequence important limitation of access to care for the patients.
An analysis of the barriers to the practice of family medicine is necessary in order to bring the evidence necessary to impose changes in Health regulations.

Research questions:
What are the regulations that are imposing restrictions to the practice?
What are the consequences of the restrictive regulation?
What is the opinion of family doctors about that?

Method:
A qualitative research on a purposive sample of 30 family doctors from different environments (urban, rural), all age groups and regions will participate to a series of focus groups.
To complete the image, a series of in-depth interviews are planned to get a more detailed perspective.

Results:
Estimated results are a mapping of all restrictive regulations and its consequences in the process of care and in the health of the population.
Possible solutions might be identified.

Conclusions:
We expect to find specific problems that can trigger Health regulation changes. Possible need for quantitative studies for the analysis of impact on Healthcare.

Points for discussion:
Study design, the interest for the topic at an international level

Presentation on 18/10/2019 14:10 in "Parallel Session D - Research Course Presentations" by Andrea Neculau.

Web Based Research Course Presentation / Ongoing study no results yet

VPH infection awareness in women most likely to undergo through cervix cancer screening in Vigo

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Keywords: vph, screening, cervix cancer

Background:
Cervix cancer is the 3rd most frequented cancer among word women. It has a well-known natural story, according to what HPV infection (necessary but not enough factor) would develop cervix cancer through 10-15 years of asymptomatic histological changes.
We have two main prevention tools for cervix cancer: HPV vaccine (99.7% of cervix cancer is in relation with HPV infection, according to last researches) and screening.
In Spain exists an opportunist screening program for cervix cancer, that means women have the chance to decide if they undergo through screening or not.

Research questions:
Therefor it seems appropriated that women susceptible for screening should have a strong knowledge about the Papanicolau test (for what it is useful, what is the correct frequency of its realization…), cervix cancer risk factors and ways to protect theirselves.
However, living on the information age, what do women know about cervix cancer in Vigo?

Method:
To find out, we present this descriptive cross-sectional study that will take place in Vigo among October 2019 and February 2020. We want to identify the level of knowledge about different cervix cancer issues and potential individual factors that work as handicap for women to undergo on the screening program.
To achieve our aims, we´ve designed a self-administered, voluntary and anonym survey for sexually active women between 25 and 65 years old. To get into those women, this survey will be available on important social centres like Hospitals, Primary Attention Centres, women associations, University… Data will be analysed with SPSSv19 program.

Presentation on 18/10/2019 14:10 in "Parallel Session D - Research Course Presentations" by Marta Mariño Martínez.

Theme Paper / Ongoing study no results yet

Comparison of implementation of integrated care for diabetes In Belgium

Katrien Danhieux, Monika Martens, Veerle Buffel, Sara De Bruyn, Edwin Wouters, Josefien Van Olmen, Roy Remmen

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Keywords: integrated care, diabetes, chronic care, implementation, scale-up

Background:
Type 2 diabetes is an increasingly dominant disease. Effective interventions for prevention and control are available: identification of people with T2D, treatment in primary care, health education, self-management support and collaboration among caregivers are key elements. In Belgium, the central government has tried to improve care for T2D by, among other initiatives, launching a care pathway and local multidisciplinary networks in 2009 after a successful pilot project. Knowledge on how health care organisation relates to implementation of ICP is unclear. This research is nested in the H2020 project SCUBY.

Research questions:
1. What is the current state of implementation of chronic care for T2D in two regions, compared to the state before and after the pilot project in 2007 in a different region?
2. What is the difference of implementation of chronic care for T2D in relation to practice organisation?

Method:
Three types of primary care practices are defined: monodisciplinary practice in fee-for-service system, multidisciplinary practice in fee-for-service system and multidisciplinary practice in capitation system. Two urban regions, Ghent and Antwerp, in which all 3 types are prevalent where selected as research units.
The Assessment of Chronic Illness Care instrument is based on the Chronic Care model. It will be used for comparison between practices and over time, since the same instrument was used during the pilot project. Data collection comprises observations at the health care practice and structured interviews with different health care workers.

Results:
will be available at the conference

Conclusions:
This study will show the variation in implementation of Integrated Care in Belgium. The study is renewing as it will give insight in the scale-up of integrated care for diabetes in the past 12 years in Belgium. As the evidence on how to scale-up is scarce, the results will help to develop scale-up strategies in this and similar countries.

Points for discussion:
Which comparisons would seem useful to do in the future?

Presentation on 18/10/2019 16:30 in "Parallel Session E - Thema Papers: Implementation Considerations" by Katrien Danhieux.

Freestanding Paper / Almost finished study

Effectiveness of a biopsychosocial multidisciplinary intervention, by the role of fear avoidance beliefs in non-specific sub-acute low back pain: cluster randomized trial

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Keywords: Low back pain; biopsychosocial multidisciplinary intervention; fear-avoidance beliefs.

Background:
Low back pain is a multifactorial condition with individual and societal impact. Psychosocial factors play a larger prognostic roll. Therefore, earlier multidisciplinary treatment strategy (physical, psychological and social/occupational) could be applied to search an improvement in fear avoidance beliefs with positive effect in the evolution of low back pain.

Research questions:
Evaluate the effectiveness of a biopsychosocial multidisciplinary intervention (physiotherapy, cognitive-behavioural and pharmacological therapy) through the changes in fear avoidance beliefs (FAB), in working population with sub-acute non-specific LBP, compared to usual clinical care at 3 and 12 months.

Method:
A cluster randomised clinical trial, conducted in 39 Primary Health Care Centers (PHCC) in Barcelona. Participants between 18-65 years old (n = 369; control group=188, PHCC 26 and intervention group=181, PHCC 13). Control group received usual care, according to guidelines. Intervention group received usual care plus a biopsychosocial multidisciplinary intervention (sessions 10 hours/total). The main outcome was the Fear-Avoidance Beliefs questionnaire (FABQ). Other outcomes: evolution to chronicity. Assessment at baseline, 3 and 12 months. Analysis was by intention to treat and analyst blinded. Multiple imputations.

Results:
Of the 369 enrolled patients with LBP, 421 (84.0%) provided data at the 3 months of follow-up, and 387(77.2%) at 12 months. Mean age of study subjects at baseline was 45.1 (SD: 10.4) years-old and 61.2% were women. At baseline were no differences. Both groups showed a decrease in FABQ (FAB physical and FAB-work) at three months and twelve months, with a significant difference at long-term. At FAB-physical performance, no significant difference over the follow-up time and at FAB- Work a significant difference at 12 months between groups.

Conclusions:
A multidisciplinary biopsychosocial intervention showed a positive effect in fear –avoidance beliefs by improving fear behaviors and avoidance at work.

Presentation on 18/10/2019 16:30 in "Parallel Session E - Thema Papers: Implementation Considerations" by Romina Raczy Mas.

Theme Paper / Finished study

Phenomenological analysis of eliciting interviewing with COPD patient undertaking a first spirometry examination with french general practitioner.

Maxime Pautrat

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Keywords: Spirometry; COPD; Primary care; Interpretative phenomenology analysis; Elicitation Interview

Background:
Spirometry is required for the diagnosis of Chronic Obstructive Pulmonary Disease (COPD). The management of COPD in primary care requires patients to embrace the disease.

Research questions:
The objective of this study is to determine whether the delivery of a spirometry measurement and the communication of the COPD diagnosis in primary care, allows the patients to become aware of their state of health and to accept the disease.

Method:
This qualitative study explored the experience of patients who received a spirometry measurement in primary care allowing the diagnosis of COPD through an Elicitation Interview (EI) one month after spirometry. The interviews were transcribed and analyzed using the method of interpretative phenomenological analysis (IPA).

Results:
10 interviews ranging from 20 to 37 minutes' duration were conducted between June 2017 and July 2018 in primary care practices in the Centre-Val-de-Loire region of France. Patients reported that spirometry was experienced as an unusual act that gave meaning to the symptoms they felt. Patients had both a desire to perform the test well and a willingness to confront their state of health. At the end of the spirometry and the announcement of the results, there was a break with their previous state and an evolution of the cognitive and corporeal elements of their experience. This rupture allowed the patients to be aware of their state of health and to accept the disease.

Conclusions:
Beyond a diagnostic interest, spirometry allows the patients to become aware of their own state of health and their limits and thus to begin to appropriate the disease. Beyond its diagnostic value, spirometry may bear educative potential and support lifestyle changes.

Points for discussion:
COPD management need patients motivation. Some technical act as spirometry could improve this motivation

General practitionners training for technical act could enhance the empowerement by patient on their own health ?

Presentation on 18/10/2019 16:30 in "Parallel Session E - Thema Papers: Implementation Considerations" by Maxime Pautrat.

Freestanding Paper / Published

Delivering Healthcare to Refugees and Asylum Seekers: Learning from General Practice in Sweden, Germany and Italy

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Keywords: Refugees, Asylum Seekers

Background:
Completed in 2018, this study explored how GPs in Sweden, Germany, and Italy are responding to the needs of refugees and asylum seekers. The study was funded by the Winston Churchill Memorial Trust which, through a Fellowship scheme, provides opportunities for people from the UK to travel overseas and bring back learning about pressing social challenges. The EGPRN kindly provided support in accessing GPs to interview.

Research questions:
Primary question:
What can the UK learn from how general practice in Sweden, Germany, and Italy has responded to the needs of refugees and asylum seekers?
Secondary questions:
What are the perceived challenges in delivering general practice to refugees and asylum seekers?
How have these challenges been overcome through policy and/or practice?

Method:
Semi-structured interviews with GPs and other experts in Sweden, Germany, and Italy.

Results:
The GPs interviewed highlighted a number of perceived challenges in meeting the needs of refugee and asylum seeker patients. These included:

GPs' limited influence over the other factors that influence their patients' health and well-being
Cultural differences between themselves and their patients, especially different understandings of mental health conditions
A lack of shared language was a key challenge
And finally, wider issues in the GP sector including staff shortages

The study identified a range of responses to these challenges, including:

Bespoke services for refugees and asylum seekers
Multidisciplinary teams, not limited to clinicians
Cultural mediation between patients and healthcare staff
And pragmatism and workarounds

Conclusions:
General practice can play a vital role in supporting patients whose circumstances make them vulnerable and prevent patients from accessing more expensive acute services. GP services that are successful in meeting refugee and asylum seeker needs will be those that are tailored to the needs of their patient populations and respond to these needs via multi-disciplinary approaches.

Points for discussion:
How are political climates, especially anti-migrant rhetoric, affecting general practice?

What are the barriers to and opportunities for multidisciplinary working within general practice?

How can human rights be embedded within general practice?

Presentation on 18/10/2019 16:30 in "Parallel Session F - Freestanding Papers: Special Cases/Populations" by Jessica Smith.

Freestanding Paper / Finished study

Effectiveness of a gender-based violence intervention in Primary Health centres in Vigo Area, Spain

Aránzazu Dorrego, Laura Otero Gómez, Pedro Jose Otero Rivas, Beatriz Pérez Sánchez

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Keywords: gender-based violence

Background:
Gender-based violence (GBV) is a public health and human rights issue, being highly prevalent (12-51%), repetitive and having a severe impact on women's health, with a high sanitary and social cost. Primary Care has a key role on detection and management. There is low detection and delay in diagnosis. There is a lack of preparation to recognize abuse, especially in the approach and action after detection. Greater awareness and sensitization is required.

Research questions:
Can a brief specific training intervention in gender-based violence imparted to primary health care professionals in their own primary health centre increase knowledge, improve attitudes and skills?

Method:
A cluster randomized clinical trial was carried out in Vigo area primary health centres with at least 20 health care professionals. A basal evaluation was made through a validated inquiry (PREMIS), which they had to retake after 3 months. In the intervention centres a clinical session was imparted. p-value <0.05

Results:
145 out of 264 primary health care professionals participated. There was a 63.5% loss out of 145 professionals. A statistically significant difference was detected in the field of knowledge, increasing an average of 2 points on a scale from 0 to 5 in these aspects: how to make appropriate questions; connections between GBV and pregnancy; why don’t they leave their partners; risk determination and phases of GBV. There was also a decrease in the idea that if the patient does not recognize gender violence, there is very little that can be done. No significant differences were detected in the detection and follow-up.

Conclusions:
Significant differences were found in the knowledge and attitude sections after performing the intervention to the professionals. The results support the implementation of continuous brief training on GBV in primary care.

Presentation on 18/10/2019 16:30 in "Parallel Session F - Freestanding Papers: Special Cases/Populations" by Pedro Jose Otero Rivas.

Freestanding Paper / Finished study

Elderly Negligence and Abuse: What Do We Do About It? The Awareness, Experience and Attitudes of Primary Care Physicians

Özge Özokcu Gürel, Gizem Limnili, Azize Dilek Guldal

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Keywords: Elderly Negligence and Abuse,primary care,awareness

Background:
In recent years, life expectancy has increased with a rise in population of the elderly. At the same time, elder mistreatment also increased. Elder negligence and abuse is a widespread, but also underestimated problem. To be able to react adequately, it is necessary to identify the problem. Since family physician is in constant contact with the elderly, he/she can recognize this problem earlier.

Research questions:
This study aims to determine the experience, awareness and attitudes of primary care physicians about elderly negligence and abuse.

Method:
Cross-sectional study was conducted with family physicians working in Izmir, Turkey. A questionnaire including demographic information, physician's experience about questioning elderly mistreatment and some cases with the possibility of abuse or neglect was used. The cases were prepared to investigate whether or not mistreatment was considered and what to do if considered. Data were evaluated with SPSS Version-23; mean, standard deviation and chi-square, t-test were used.

Results:
Of the 268 participants, 115 were female (42.9%), mean age was 49.76±7.39(min:29 max:67) and mean professional year was 24.82±7.65(min:1 max:40). The ratio of education about the topic was 23.8%. Physicians 99.6% considered mistreatment in at least one case; when they find out 88.8% of physicians take action immediately. The obstacles for physicians questioning the mistreatment were mostly reactions of elderly's relatives/caregivers, lack of institutional support and lack of sufficient time (57.1%,41.0%,59.7%).Documenting was the most common obstacle for managing abuse (46.6%).

Conclusions:
Perhaps the most effective way to prevent elderly abuse is to suspect the existence of abuse and reveal the situation. It is important to identify and be aware of the symptoms of neglect and abuse.

Points for discussion:
How can family physicians prevent elderly abuse and neglect?

Do family physicians really know what to do and take action?

What are the obstacles for physicians questioning and management the mistreatment in other countries?

Presentation on 18/10/2019 16:30 in "Parallel Session F - Freestanding Papers: Special Cases/Populations" by Gizem Limnili.

Freestanding Paper / Finished study

Adherence to oral anticoagulant medications, are all medications equal?

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Keywords: oral anticoagulants, adherence to treatment, chronic treatment

Background:
Oral anticoagulants (OAC) reduce the risk for stroke and death from all causes in patients with non valvular atrial fibrillation (NVAF)

Research questions:
To explore adherence rates to OAC among patients with NVAF and to compare head to head adherence rate of different medications in long term chronic use.

Method:
We conducted a population based cohort study Clalit Health Services, Israel. All patients, 30 years and over, with a diagnosis of NVAF before 2016 and were treated with OAC were included. We included patients that filled at least one prescription per year in the three consecutive years 2016-18. We analyzed all prescriptions that were filled for the medications from January 1st 2017 to December 31st 2017. We considered purchasing of at least 9 monthly prescriptions during 2017 as "good medication adherence".

Results:
26,029 patients with NVAF who were treated with OAC were identified. 10,284 (39.5%) were treated with apixaban, 6,321 (24.3%) were treated with warfarin, 6,290 (24.1%) were treated with rivaroxaban 3,134 (12.0%) were treated with dabigatran. Rates of good medication adherence were 88.9% for rivaroxaban, 84.9% for apixaban, 83.6% for dabigatran and 55.8% for warfarin ($p<0.0001$).
Good adherence with OAC was associated with lower LDL cholesterol and glucose levels. Advanced age was associated with higher adherence rates ($p<0.001$). SES was not associated with medication adherence.

Conclusions:
Adherence rates to DOAC among patients with NVAF are high and are higher than adherence rate to warfarin. It should be taken in consideration when choosing OAC treatment for NVAF.

Points for discussion:
adherence rate and choosing medications

Why there are differences in adherence rate between OAC?

Presentation on 19/10/2019 09:10 in "Parallel Session G - Freestanding Papers: Chronic Conditions " by Michal Shani.

Freestanding Paper / Finished study

Colorectal neoplasm fast track diagnosis pathways

Santiago Perez Cachafeiro, Alejandro Ledo Rodríguez, Ismael Said Criado, Ana Belen Piñon Gamallo, Marta Ocampo Fontangordo, Modesto Martínez Pillado, Juan Turnes Vázquez

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Keywords: Colorectal neoplasm, clinical pathways

Background:
Clinical pathways are health processes used on subjects with suspicion of certain disease that has a known natural history. Whenever is important to timely achieve a diagnosis or a treatment, processes should be clearly organized. Although treatment management is often clear due to the existence of clinical practice guidelines, there is not such standardization about initial criteria for fast track diagnosis pathways (FTD). As a consequence, there is a big clinical variability, hidden under a parallel lack of transparency, which produces inequity. Furthermore, we are not able to compare international nor national FTD practices in terms of initial criteria or process indicators.

Research questions:
Are FTD similar in different areas of Spain? And are they fast enough?

Method:
We conducted a systematic review based on the following MESH criteria ”Critical Pathways"[Mesh] AND "Colorectal Neoplasms"[Mesh] , limited to last ten years (2008-2018) and related to our country (Spain). We collected data pertaining inclusion criteria for FTD percentage of Primary Care referrals, neoplasm diagnosis rate through FTD, and time to treatment.

Results:
We obtained only two studies that accomplished inclusion criteria (FTD related to Spain settings). We also obtained FTD protocols of 8 hospitals from our Autonomous Community through direct contact.
Inclusion criteria for FTD are not standardized. Referrals do not adjust by these criteria (32.9% to 91.2% in our area). In the only study that publish this data, time from Primary Care to colonoscopy decreases 20 days when the patient goes through a FTD; and time to surgery through FTD was 20 days (study a) and 53 days (study b). lower than classic referral in both cases.

Conclusions:
FTD are effective when in place; however inclusion criteria should be standardized and variability should be reduced, particularly regarding times from Primary Care to colonoscopy and from colonoscopy to surgery.

Points for discussion:
Fast Track Diagnosis pathways need for standardization

Lack of homogeneity and lack of transparency in clinical pathways

Presentation on 19/10/2019 09:10 in "Parallel Session G - Freestanding Papers: Chronic Conditions " by Santiago Perez Cachafeiro.

Freestanding Paper / Almost finished study

Hefestos score: Short term prognosis stratification of heart failure decompensations in primary care

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Keywords: score, heart failure, primary care, decompensation, hospitalization, mortality.

Background:
More than half of decompensations of Heart Failure are attended in primary care setting. There is not scores which help to ascertain the short term prognosis in these patients.

Research questions:
To develop and validate a short term score (30 days) to predict hospitalizations or death in patients attended in primary care as a consequence of a decompensation of Heart Failure, based on variables easily measurable in primary care setting

Method:
Prospective multinational cohort study including patients treated because a heart failure decompensation in primary care setting. There were a derivation (Spain) and a validation cohort (nine European countries).

Results:
Derivation cohort included 561 patients, women were 56% , mean age was 82.2 (SD 8.03) years and 31.5% of patients were hospitalized or died in the first month. In the validation cohort 238 patients were included, women were 54%, mean age was 79.0 (10.4) years and 26.9% of patients were hospitalized or died in the first month. According to the multivariate models, sex, age, hospital admission due to heart failure the previous year, and a heart rate greater than 100 beats / minute, orthopnea, paroxysmal nocturnal dyspnea, NYHA functional stage III or IV, saturation of oxygen lower than 90% or an increase in the dyspnea at the consultation with the General practitioner were included in the HEFESTOS-SCORE. The multivariate model including these variables showed a good calibration (Hosmer-Lemeshow p = 0.35) and discrimination (AUC 0.81, 95% CI 0.77 to 0.85). In the validation cohort the model presented an adequate external validation with good calibration (Hosmer-Lemeshow p = 0.35) and discrimination (AUC 0.74, 95% CI 0.67 to 0.82).

Conclusions:
The HEFESTOS-SCORE, based on clinical and demographical variables easily measurable in primary care is a useful tool to stratify the short term hospitalization and mortality in patients attended because a heart failure decompensation

Points for discussion:
It is possible to ascertain the short term prognosis of decompensated heart failure patients using an easy score in primary care

Presentation on 19/10/2019 09:10 in "Parallel Session G - Freestanding Papers: Chronic Conditions " by Miguel Angel Muñoz.

Freestanding Paper / Study Proposal / Idea

Comparison of explicit values clarification method (VCM), implicit VCM and no VCM decision aids for men considering prostate cancer screening: protocol of a randomized trial

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Keywords: shared decision-making, decision aid, screening, prostate cancer, values clarification, decisional conflict.

Background:
PSA test to screen for prostate cancer is considered a preference sensitive decision, meaning it does not only depend on what is best from a medical point of view, but also on patient values. Decision aids are evidence-based tools which showed to help people feel clearer about their values, therefore it has been advocated that decision aids should contain a specific values clarification method (VCM). VCM may be either implicit or explicit but the evidence concerning the best method is scarce.

Research questions:
We aim at comparing the perceived clarity of personal values in men considering PSA screening using decision aids with no VCM versus an implicit VCM versus an explicit VCM.

Method:
Male factory employees from an industrial unit of Northern region of Portugal older than 50 years old will be randomly assigned to one of three groups of a decision aid to support prostate cancer screening decision: (i) decision aid with information only (control), (ii) decision aid with information plus an implicit VCM, (iii) decision aid with information plus an explicit VCM.
Men will be allowed release time from work to attend a session at their workplace. After a brief oral presentation those men willing to participate in the study will fill the baseline questionnaire plus a 5 point-Likert scale question about intention to undergo screening and will then receive the intervention materials to complete.
We estimated a total sample size of 276 participants, 92 in each group.
The primary outcome will be the perceived clarity of personal values assessed by the Portuguese validated translation of the three subscales of the Decisional Conflict Scale. Secondary outcomes will be intention to be screened (before and after the intervention), the total score from Decisional Conflict Scale and self-report of having undergone screening at 6 months.

Conclusions:
Trial registration: NCT03988673 - clinicalTrials.gov (2019/06/17).

Presentation on 19/10/2019 09:10 in "Parallel Session H - EGPRN Special Methodology Session" by Sofia Baptista.

Freestanding Paper / Ongoing study no results yet

Process mining for the evaluation of fast track diagnostic pathways

Santiago Perez Cachafeiro, Ismael Said Criado, Luis Manuel Morán Hermida, Angel Salgado Barreira, Marta Ocampo Fontangordo, Alejandro Ledo Rodríguez, Helena Fernandez-Lopez, Modesto Martínez Pillado, Juan Turnes Vázquez

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Keywords: Process mining, clinical pathways, innovation

Background:
Within the national cancer care strategies, colorectal neoplasm (CRC) is a priority. In a prior experience in Madrid, only 27 out of 112 (24.1%) patients in a fast trak diagnosis (FTD) pathway were diagnosed of CRC. Reasons why patients with CRC do not use FTD are still unknown. We hypothesize that new process analytics techniques, such as process mining, are ideal tools to identify more efficient circuits or clinical pathways in any pathology. We seek to redesign our FTD based on the results of process mining

Research questions:
Is it feasible to use process mining for the evaluation of the efficiency of a Diagnostic Fast Track (DFT) of suspected colorectal cancer?

Method:
Through the process mining technique, a review of the existing DFT in the National Health System will be performed for the diagnosis of CRC suspicion in order to establish all the events that may be related to these processes. The DFT of our environment (Pontevedra-North Sanitary Area) will be analyzed, while new events that may be of interest for its incorporation into this DFT will be proposed. This new DFT will be incorporated in our center into the practice of care for a period of 18 months, after which the diagnostic process of CRC will be re-evaluated through a new process mining.

Results:
The process will be considered efficient if no new avenues of assistance have been generated outside the proposed DFT.

Conclusions:
The systematic proposal will constitute a new paradigm in the continuous evaluation of programs of early diagnosis and dynamics of collaboration between primary care and hospital care.

Points for discussion:
Process mining may be useful for the follow-up and redesign of clinical pathways

Presentation on 19/10/2019 09:10 in "Parallel Session H - EGPRN Special Methodology Session" by Helena Fernandez-Lopez.

Freestanding Paper / Finished study

The chronic diseases that cause multimorbidity, their prevalences and the influence of multimorbidity on medication adherence in İzmir

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Keywords: Multimorbidity, prevalence, medication adherence

Background:
Advances in the field of health; allowing the prolongation of life expectancy with chronic diseases has led to an increase in the coexistence of multipl chronic conditions. This has led to the emergence of the concept of multimorbidity, which is defined as the coexistence of two or more chronic diseases

Research questions:
What are the chronic diseases that constitute multimorbidity, their prevalences and the influence of multimorbidity on medication adherence in İzmir?

Method:
We conducted a cross sectional study of the prevalence of multımorbıdıty in primary care. Participants were aged 18 years and over. We calculated a sample size of needed 973 with confidence level 95%, margin of error 5%. Data were collected via face-to-face interviews. For data collection, three questionnaires were applied; The questionnaire contained items addressing socio-demographic characteristics and selected 19 major chronic diseases, The Morisky Medication Adherence Scale and The International Physical Activity Questionnaire.

Results:
982 participants were included. Mean age was 43.27 (SD 14.75) years. Most of them (35,4%) were between 35-49 years, and 9,4% of them were over 65 years old. 50.1% were females. 64.8% were overweight (BMI≥ 25), 71.1% were physically inactive. 51.3% (n=504) had one or more chronic diseases. The prevalence of multimorbidity was 30,9% (n=303). For the most common chronic diseases, the overall prevalence rates of hypertension, gastric diseases and diabetes mellitus were 23.2%, 16.1%, 12.1% respectively. The prevalence of coexisting hypertension and diabetes was the highest (25% of multimorbid patients). Females showed a greater prevalence of multimorbidity than did males (37.6% vs. 24.1%, $p < 0.001$). Patients with multimorbidity were more physically inactive ($p=0.038$) and overweight ($p<0.001$). The influence of multimorbidity on medication adherence was not found to be statistically significant ($p=0.380$).

Conclusions:
Multimorbidity increasingly challenge healthcare systems, particularly for female, overweight and physically inactive adults in the primary care setting.

Points for discussion:
Treatment guidelines traditionally defined for single conditions

Presentation on 19/10/2019 09:10 in "Parallel Session H - EGPRN Special Methodology Session" by Makbule Neslisah Tan.

Theme Paper / Almost finished study

Barriers and facilitators to for cardiovascular primary prevention in a French rural deprived area: exploration of caregivers' and patients' experiences by using qualitative interviews

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Background:
Cardiovascular diseases (CVD) are the first mortality cause worldwide with 17,5 million death in 2012. The Spices project gathered five countries around CVD primary prevention interventions for populations with low access to prevention and health care system. In France, a rural area where people were poorer and with a low settlement of General Practitioners (GPs) fitted with the project.

Research questions:
What are the barriers and the facilitators for cardiovascular primary prevention implementation from caregivers and patients' point of view of a rural deprived area?

Method:
Semi-structured interviews were conducted until theoretical saturation of data. Purposive samplings of GPs, patients, patients' families, nurses and pharmacists were designed. Five interview guides explored cardiovascular prevention in the setting, actors and capacities for CVD prevention, patients' and healthcare professionals' representations, barriers, facilitators and solutions in implementing CVD prevention. Guides were adapted concurrently to the analysis. A blinded thematic analysis and a mind mapping were achieved for each group.

Results:
13 GPS interviews and 12 patients interviews are achieved. Analysis for patients' families, nurses and pharmacists is finishing up. GPs did not have structured prevention strategies. Some constructed health care professionals' network to address prevention issues. GPs remained isolated from national health programs. They had poor connections with the community. Patients described their feeling of invulnerability despite their risky behaviors until their CVD appeared. They considered living in a rural area protective for CVD regarding stress and junk food despite a higher CVD mortality rate in their area.

Conclusions:
Innovative interventions for Spices should focus on these community specificities and behavioral strategies in contrast with the six national plans addressed to CVD in France. These plans solely focused on dissemination of prevention messages and knowledge which is of little use according to this survey. Analysis for the whole groups will be gathered for the meeting in October.

Points for discussion:
Would another social group be relevant to be interviewed for the topic?

How are other national plans structured? How do they deal with community prevention?

Presentation on 19/10/2019 11:00 in "Parallel Session I - Theme Papers: Miscelleaneous" by Delphine Le Goff.

Freestanding Paper / Almost finished study

Hotel housekeepers: working conditions and health - a mixed methods study

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Keywords: housekeeping, life style, quality of life, primary health care.

Background:
Tourism represents 45% gross domestic product in Balearic Islands.
Working as a hotel housekeeper (HH) has been associated with important morbidity, especially musculoskeletal, chronic pain, an important number of sick leaves, a high consumption of medication, poor psychological well-being and worse quality of life.

Research questions:
Explore perceptions and opinions regarding the HH's work and health problems. Estimate and evaluate HH's health determinants, the exposition to several occupational risk factors, their life styles and health problems and their quality of life.

Method:
Design: mixed methods: 1). exploratory qualitative study (QS) including 10 semi-structured interviews and 6 focus groups; 2). descriptive study (DS): individual interviews and clinical medical records. Inclusion criteria: older than 18 years, had worked during the last summer season in the Balearic Islands. Analysis: QS: transcription and content analysis; DS: descriptive statistical analysis.

Results:
QS: Identified positive aspects of their work: timetables, relationship with coworkers, attending clients. Highlighted negative aspects: working conditions, hard physical workload, stressful duties and insufficiently rewarded. HH associated their health problems with their work; coping strategies: self-medication or visiting their general practitioner.
DS: 1.043 HH included. Mean age 43,3 years, mean working years as HH 10,7 years. Mean rooms/day: 18,1 (±6,5); mean beds/day: 44,6 (±20,7). HH reported often pain during the last summer season: 68,2% (IC95% 65,3-71,0) low back pain; 60,9% (IC95% 57,8-63,8) wrist and hands; 55,3% (IC95% 52,2-58,3) cervical. 41,6% and 35,1% self reported regular and poor health status, respectively.

Conclusions:
HH perceived hard and stressful working conditions, partly justified by the number of rooms and beds made per day. They also perceived health problems related with their work.
Pain was frequently reported by the HH during the last summer season. Moreover, they perceive regular or poor health status, poorer than women from the same social class.

Points for discussion:
Stressful working conditions

Self reported health status

Musculoskeletal disorders, chronic pain

Presentation on 19/10/2019 11:00 in "Parallel Session I - Theme Papers: Miscelleaneous" by Joan Llobera.

Theme Paper / Finished study

Unmet health needs of adolescents who are newly registered to a training primary health care center

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Keywords: adolescent health, preventive services, unmet health needs

Background:
All children can access all levels of state health-care without gate-keeping and charge-free. Primary Care physicians and nurses are mandated to do well-child visits. Yet, many parents, prefer private practices of pediatricians. In spite of this buffet of health-care opportunities, adolescents' health needs might be partially unmet which may result in poor adult health outcomes.

Research questions:
Which health needs of adolescents, newly registered to a training primary care centre, are unmet?

Method:
All children, 0-18 years of age and caregivers who are newly registered to a recently established training primary health-care center were invited in this descriptive study. Care-givers or if old enough the children were interviewed face to face. A questionnaire, developed by the researchers based on well child visit guidelines was used. Descriptive statistics of the data were calculated and chi-square, t-test were used in comparative analysis by SPSS 11.5 program.

Results:
Three hundred and ninety-six children were enrolled, 133(33,5%) were aged 10-18. Majority of the adolescents' height-weight and blood pressure were not measured (67,7%, 81.2% respectively). They also didn't receive any counseling about physical and sexual growth, nutrition, physical activity, reproductive health and substance abuse (75.9%, 71.4%, 77.4%, 84.2 % and 88,0 respectively). Most of them were also not counseled on injuries and violence as well (85,0%, 92,5% respectively). On the other hand, all small infants' mandatory screening tests were done and 97% of the children had been fully vaccinated. Vaccination and well child visits of small children are endorsed with negative performance by MoH.

Conclusions:
Offering various healthcare options doesn't meet adolescents' health needs. Services which are being endorsed by MoH were almost fully covered. Endorsement of counseling topics and encouraging primary care workers to use adolescents' sick visits as an opportunity for preventive services might be offered.

Points for discussion:
To fully evaluate the reasons of unmet health needs, what kind of a study would you suggest?

As an intervention to this problem what kind of a study would you suggest?

Presentation on 19/10/2019 11:00 in "Parallel Session I - Theme Papers: Miscelleaneous" by Serap Çifçili.

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

Cohort DESVELA. Analysis of the role of personal skills as determinants of incidence of morbidity, lifestyles, quality of life, use of services and mortality.

Clara Guede Fernández, María Victoria Martín Miguel, Ana Isabel Castaño Carou, Jesus Sueiro Justel, Gerardo Atienza Merino, Juan Vazquez-Lago, Maria Jose Fernandez Dominguez, Ruth Martí, Rafael Ramos

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Keywords: Personal Skills, Morbidity, Lifestyles,

Background:
Little is known of the role that personal determinants and skills (self-efficacy, activation, health literacy, resilience, locus of control and personality traits) have in the ability to adopt health promoting behaviors and to respond appropriately in the face of adverse situations.

Research questions:
- Are personal skills related to behaviours associated independently with morbidity incidence?
- Are personal skills independently associated with lower mortality-all-causes, better adoption of healthy lifestyles, better quality of life and less utilization of health services?
- Which ones are the opinions and experiences of the population on the relationship between personal skills and their perception of health, lifestyles and quality of life?

Method:
Multicentre cohort study, 3083 participants, 35-74 years/old, from 9 Spanish Health Regions. Follow-up: 5 and 10 years.
Main independent variables: a) Self-efficacy (Sherer's general self-efficacy scale); b) Activation (Patient Activation questionnaire); c) Resilience (10-item version of the Connor-Davidson abbreviated scale); d) Health Literacy (HLS-EU-Q16 literacy questionnaire); e) Locus of control, with the question “I feel that what happens in my life is often determined by factors that are beyond my control”, with 6 response options on a Likert scale; f) Personality (Big Five Inventory of 10 items for the determination of personality traits).
Dependent main variables: Morbidity from selected pathologies, mortality, life style, health resources utilization.
Quantitative Study: Descriptive analysis. Global mortality: incidence and Kaplan-Meier stratifying by different categorical variables and region. Description of the associations in the baseline of the cohort by generalized multilevel linear models. Incidence of morbidity: Cox model for independent variables, adjusted by socioeconomic and demographic covariates. Sensitivity analyses: effect of follow-up losses.
Qualitative study: explanatory type from the phenomenological perspective, supported by Atlas-Ti program, triangulated by different members of the research team.

Results:
study proposal

Conclusions:
The discussion is welcome

Presentation on 19/10/2019 11:00 in "Parallel Session J - One Slide Five Minute Presentations" by Clara Guede Fernández.

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

Ecodiab

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Keywords: Ultrasound, primary care, non-alcoholic steatosis, diabetes mellitus

Background:
Diabetes mellitus (DM) is a disease with a growing incidence and a high impact in global health, as well as, an enormous economical cost. Some studies demonstrates that there is a relation between non-acoholic hepatic steatosis (NAHS) and DM, and it might be a good predictor of the risk of develop DM.

Research questions:
1. Can NAHS be a good predictor of the evolution to DM in a population with high risk criteria?
2. Does exist a correlation between transaminases alteration an the grade of steatosis measured by abdominal ultrasonography (US), according to autoimplemented colorimetric scale?
3. Is there any association between elastographic index and steatosis grade?

Method:
Follow-up cohorts study. Subjects treated in primary care with criteria of high DM risk (FINDRISC scale> 15 points to 10 years). Inclusion criteria: subjects (40-74 years) without DM (ADA criteria) at the beginning of the study.
Exclusion criteria: subjects with clinical criteria for DM, alcohol consumption at high risk and / or viral / alcoholic liver disease
Variables: FINDRISC scale, anthropometric variables, family / personal history DM, body mass index, alcohol consumption (reduced AUDIT), smoking (packets / year), metabolic syndrome criteria (NCEPT ATPIII), blood pressure figures, basal glucose, HbA1c, HDL-cholesterol, triglycerides, Aspartate aminotransferase, Alanine aminotransferase and Gamma-glutamyl transferase, drugs, cardiovascular risk, cardiovascular events, new cases DM. US (normal, steatosis grade I, II, III, IV according to our own scale) Gradation of color chart in relation to grey scale.

Results:
Previsible results of whole study are:
Publications in national / international journals
Non-commercial Patent: color chart
Computer applications to determine steatosis grade (APP) and standardized graduated scale.
Feasibility and Accuracy of elastographic (Fibroscan®) method in Primary Care to predict DM.

Conclusions:
Not applicable

Presentation on 19/10/2019 11:00 in "Parallel Session J - One Slide Five Minute Presentations" by Joan Josep Cabre.

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

Effectiveness of a multidimensional geriatric assessment (MAGICm questionnaire) in elderly patitents quality of life in primary care

Ana Clavería, Fátima Dios-Quiroga, Maika Pallas, Susana Soliño-Lourido, Clara González-Formoso

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Keywords: Geriatric assesment, quality of life, questionnarie

Background:
MAGICm was designed by EGPRN family physicians and nurses and its relation with quality of life has been already demonstrated. There are 11 dimensions (18 items) included in the questionnaire are: daily activities, vision, hearing, falls, urinary incontinence, immunization, depression, social environment, cognitive impairment, nutrition and pain.

Research questions:
Could an individual intervention in each one of the MAGICm dimensions following clinical/care guidelines and mobilizing social support improve their perceived quality of life?

Method:
Design: Multicentre cluster randomized trial.

Participants: ≥75 years old recruited in primary care. Interested participants will be randomized to intervention or usual care, health centre as cluster. 104 patients in each group are needed.

Intervention: The intervention group will receive individual counselling (3 visits). Control group will receive usual care. All participants will be assessed at baseline, 6 and 12 months with and MAGICm and EuroQuol-5D-5L. Activities related to each component of the intervention will be registered.

Main outcome: quality of life measured by EuroQuol-5D-5L. Secondary outcomes: MAGICm dimensions improvement.

Analysis: analysis by intention to treat, analyst blinded. Repeated measures analysis with mixed models will be used.

Points for discussion:
Are you interested in joining us?

Could this assesment improve the collaboration between family pysicians and community nurses?

Presentation on 19/10/2019 11:00 in "Parallel Session J - One Slide Five Minute Presentations" by Ana Clavería.

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

EvaluA GPS: a co-production research proposal to evaluate the impact of guidelines to promote community engagement in health.

Victoria López Ruiz, Viola Cassetti,, Carmen Belén Benedé Azagra, Marimar Martínez Pecharromán, Juana M Janer Llobera, Joan J. Paredes-Carbonell

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Keywords: evaluation, engagement communitary, promote health, implementation research

Background:
Engaging people and communities is central to the improvement of their health and well-being and to reduce inequalities. From 2016 to 2018, the project AdaptA GPS was carried out, to adapt the NICE guideline NG44 “Community engagement to promote health and well-being and to reduce inequalities” to the Spanish context. The project involved 80 professionals from 10 regions of Spain and resulted in the first public health guideline published in the National Catalogue of Clinical Guidance (GuiaSalud) supported by the Spanish Ministry of Health. Drawing from the experience of the AdaptA GPS, EvaluA GPS has been developed to evaluate the impact which a guideline can generate when implemented across different contexts.

Research questions:
To design an evaluation tool and to evaluate the impact of the implementation of the recommendations of the adapted NICE guideline.

Method:
EvaluA GPS is a project co-produced by researchers, practitioners and community stakeholders which aims to:

1. Design an evaluation tool through analysing data from a literature review and qualitative evidence synthesis, a nominal group with key stakeholders and validate it with experts

2. Evaluate the impact of implementing the recommendations of the adapted NICE guideline in 8 community health programmes from 8 Spanish regions using the developed evaluation tool, through a case-control qualitative-quantitative study of before and after the implementation (at 9 and 18 months) in the 8 programmes, with a control group of 4 community programmes.

3. Develop potential scenarios for the implementation of the recommendations in other contexts through analysing the evidence from the case-control evaluation. This will be carried out through a thematic synthesis of the data and the development of an interactive tool to foster its translation into practice in other settings.

Points for discussion:
The evaluation of community engagements programmes is one of the key elements in generating practice-based evidence in health promotion

To build an evaluation tool to evaluate the impact of the implementation of the recommendations of the adapted NICE guideline, qualitative and participatory methodologies are key to ensure coherence in both research and practice and enhance transferability to other contexts

Implementation research is an integrated concept that links research and practice to accelerate the development and delivery of public health approaches

Presentation on 19/10/2019 11:00 in "Parallel Session J - One Slide Five Minute Presentations" by Carmen Belén Benedé Azagra.

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

Is it possible to detect child abuse by screening in primary care?

Sena Nur Minen

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Keywords: child abuse screening in primary care, child abuse detection in primary care, child maltreatment screening in primary care

Background:
Child maltreatment is a global problem with serious life-long consequences. It causes stress that is associated with disruption in early brain development. Maltreated children are at increased risk for behavioural, physical and mental health problems such as perpetrating or being a victim of violence, depression, smoking, obesity, high-risk sexual behaviours, unintended pregnancy, alcohol and drug misuse. Via these behavioural and mental health consequences, maltreatment can contribute to heart disease, cancer, suicide and sexually transmitted infections. Screening children without obvious signs of abuse in primary health care settings could identify children who have experienced abuse.

Research questions:
Is it possible to detect child abuse by screening in primary care?

Method:
Case-control study of children seen at primary health care centers and referral centers for the victims of sexual violence. Cases comprised children who had been reported of being sexually abused and controls comprised children with no such suspicion. Randomly selected parents will be offered to participate in the study. Willing participants will be asked to questionnaire for evaluating behavior, physical and emotional symptoms of children 2–12 years old.
The five questions addressed by :
(1) sudden emotional and/or behavioral changes;
(2) fear of being alone with a specific person;
(3) unusual interest in sex or genitals,
(4) changes in recreational activities; and
(5) presence of anal or genital lesions
Sample size will be set after consulting with statisticians.
Main outcome: To identify children who have been sexually abused.
Secondary outcome: To raise awareness of families about symptoms of abuse

Results:
not yet

Conclusions:
not yet

Points for discussion:
Your thoughts and experiences

Presentation on 19/10/2019 11:00 in "Parallel Session J - One Slide Five Minute Presentations" by Sena Nur Minen.

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

The Person-Centered Care and its Outcomes in Different European Countries

Goranka Petriček, Jan Van Lieshout, Zalika Klemec Ketiš, Zlata Ozvacic Adzic, Venija Cerovecki, Zoi Tsimtsiou, Erika Zelko, Claire Collins, Kathryn Hoffmann, Peter Torzsa, Torunn Bjerve Eide, Sara Ares Blanco, Sven Streit

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Keywords: Person-Centered Care, Outcomes of Care, Family Medicine, European Countries

Background:
Person-centered care (PCC) is widely acknowledged as a core value in family medicine, associated with many positive outcomes of care. There has been no comparison of person centeredness and its outcomes in different European countries

Research questions:
The main objective is to investigate and compare the patient perception of patient-centeredness in different European countries; assess patient, practice and physician factors that influence the level of patient-centeredness; and to relate patient centeredness to outcomes of care.

Method:
Prospective study.
Sampling process: Nationally representative sample of GPs will recruit unselected 50 consecutive adult patients (18 years and over) attending routine consultations.
Immediately after seeing the GP, patients will be asked by reception staff:
to complete two parts of the self-administered questionnaire for patients:
- the FIRST PART of the PATIENT'S questionnaire [includes standardized instruments: the Consultation Care Measure (The CCM), the Patient Enablement Instrument (The PEI), Medical interview satisfaction scale (The MISS-21)]
- and the OTHER PART of the PATIENT'S questionnaire [age, sex, educational level, self-perceived economic status, self-perceived health status, consultation length, how well the patient knows the physician, the type and number of problems the patient wanted to discuss during the consultation].
Patients also need to agree to:
- being followed up by post at 1 month [the FOLLOW UP part - to report changes in main complaint and wellbeing by using the ORIDL measure (Outcomes in Relation to Impact on Daily Life)]
- as well their MEDICAL RECORD DATA being reviewed after two months by physicians [for their reattendance, for investigation and for referral].
Physician and practice characteristics will be also collected by using the questionnaire for PHYSICIANS (physician's age, sex, vocational training, working experience as a general practitioner, educational work, average number of patients seen per day, type of practice).

Points for discussion:
Sampling process of GPs (process and optimal final number)

Would it be better that patients belong to one specific group (chronic patients or elderly patients etc.) in order to reduce confounding factors and make the study more clear

Patient follow-up – GP and patient will have to be identifiable in order to do the follow-up. It adds to the ethical requirements. How to solve that

Presentation on 19/10/2019 11:00 in "Parallel Session J - One Slide Five Minute Presentations" by Goranka Petriček.

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

The use of intramuscular Benzathine Penicillin for the treatment of acute tonsillitis in the community and its effect on the number of primary care physician visits

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Keywords: Tonsillitis, Pharyngitis, Benzathine Penicillin, Penicillin G, Upper respiratory tract infections, Primary care

Background:
Upper respiratory tract infections are a common reason for primary care physician visits in the community. While the majority of these infections are of viral etiology, treatment guidelines single out pharyngitis caused by Group A Beta-Hemolytic Streptococcus (GAS) infection as an indication for antibiotic treatment.
A single Intramuscular injection of Benzathine Penicillin G is a long acting treatment, with detectable levels of Penicillin found in serum and tonsils for up to 4 weeks following injection. However, Penicillin G is rarely utilized for the primary treatment of acute GAS pharyngitis in high-resource community settings, where compliance and rheumatic sequels are of less concern. The use of Penicillin G is also under-studied regarding infectious sequels. A recently published study showed that preventive Penicillin G use among otherwise healthy military trainees reduced not only acute pharyngitis episodes, but all cause respiratory disease.
To our knowledge, no study to date has compared the use of Penicillin G to oral Penicillin for the primary treatment of acute GAS pharyngitis in a community high-resource setting. Of particular interest are infectious sequels, such as recurrent pharyngitis, acute otitis media, acute sinusitis or any upper respiratory tract infection, due to their burden on primary care physicians.

Research questions:
The effect of intramuscular Benzathine Penicillin use in the treatment of acute tonsillitis on the number of future primary care physician visits due to any upper respiratory tract infection, compared to oral penicillin

Method:
The electronic medical records of patients who received penicillin based therapy for the treatment of acute tonsillitis by a primary care physician in the community will be analyzed. The amount of primary care physician visits due to any upper respiratory tract infection in the 90 days following treatment will be compared between treatment with Benzathine Penicillin G, Penicillin V and Amoxicillin.

Results:
No results yet

Points for discussion:
Could a certain treatment option to a common disease reduce the number of subsequent primary care physician visits?

Could Penicillin G be used in the prevention of upper respiratory tract infections?

Why is Penicillin G rarely utilized in the community?

Presentation on 19/10/2019 11:00 in "Parallel Session J - One Slide Five Minute Presentations" by Mattan Bar-Yishay.

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

The 'caring community network': a new integrated community focused care pathway for mental health care. How will it affect care, patients and providers experiences and build resilience? Action study.

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Keywords: 'mental health', 'community networks', integrated care', 'resilience'

Background:
People with mental health problems experience long waiting lists, repeated intakes, lack of communication (with themselves, their relatives and their primary care network), they miss involvement in making informed decisions, they feel disrupted from their familiar network and community.
To deal with these issues we develop a new integrated care pathway for mental health care. We aim to connect the community with the health care professionals (mental health care, primary care and social care workers) during the entire process of building, implementing and evaluating the pathway. By doing so we also want to build resilience, not only on the individual level, but for the whole community.

Research questions:
Will an integrated community focused model for mental health care improve care and foster positive patient and provider experiences?
Which are the contextual factors that facilitate or counterwork the implementation of this new integrated pathway in the community?

Method:
For the development, implementation and evaluation of the new pathway we want to use the 7-phase method, provided by the Belgian Dutch Clinical Pathway Network in collaboration with the European Pathway Association.
We build on the already emerging 'caring community' in which primary care workers are forming one multidisciplinary team, and are closing the gap with the local community in a small area (5 – 10.000 people).
For the epidemiologic part of the study we use the experience from Intego, a morbidity registration network.
During the process of implementing and evaluating the care pathway there will be several measurements, including symptom measures, process measures (eg, access), experience measures (patient and provider), measurement of the appropriate use of the pathway, the gain of resilience and the community involvement.
We still need to decide which outcome measures to use.
We need to evaluate existing scales for measuring resilience in individuals and communities for their appropriateness in this study.

Points for discussion:
Which outcome measures will we use to evaluate clinical outcome, process (eg, access), experiences (patient and provider), the appropriate use of the pathway, the gain of resilience and the community involvement?

What could be the most optimized population scale for our study?

What can we learn from other projects to get involvement from the community throughout this project?

Presentation on 19/10/2019 11:00 in "Parallel Session J - One Slide Five Minute Presentations" by Geert Pint.

Poster / Published

Drug prescription according to multimorbidity patterns in elderly population

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Keywords: Ageing, Cluster analysis, Drugs, Electronic health records, Multimorbidity, Primary health care

Background:
In recent years, life expectancy has increased and multimorbidity and polymedication in the elderly are becoming more prevalent. Older patients are particlartly vulnerable due to physiological changes in the pharmacokinetics and pharmacodynamics. Then drug interactions is more probable, so prescription safety should be a main concern across older adults.

Research questions:
Can we identify trends in drug prescription throughout multimorbidity patterns in older adults?

Method:
A cross-sectional study was conducted based on data from public primary care electronic health records in Catalonia, Spain. We extracted data on demographics, prescribed drugs for patients aged ≥65. Machine-learning techniques were applied for the identification of disease clusters in a fuzzy c-means analysis. After that, we described drug prescription per each multimorbidity pattern. Solutions were evaluated from clinical consistency and significance criteria.

Results:
Sample recruited were 916 619 eligible individuals (women: 57.7%); mean age: 75.4 (SD:7.4); multimorbidity: 93.1%, 53.2% of the total sample had ≥5 drugs prescribed. Eight multimorbidity patterns were defined, one non-specific and seven concerning 7 anatomical systems: blood, cardiovascular-circulatory, digestive, genitourinary, musculoskeletal , nervous-mental and respiratory system. One multimorbidity pattern did not have any overrepresented anatomical system and it was named non-specified pattern. The most prevalent drugs prescribed in all patterns were: proton pump inhibitors (44.3%), HMG CoA reductase inhibitors (38.1%) and anilides (28.4%). Drugs patterns were identified per each multimorbidity pattern.

Conclusions:
Polypharmacy is wild spread in older adults. The most prescribed drugs were related to metabolic (diabetes, gastrointestinal protection), cardiovascular and neurological diseases. Eight drugs prescription patterns were described in concordance to multimorbidity pattern.

Points for discussion:
Drug prescription concern in older adults

The need for guidance and checklist for properly prescription in multimorbidity old people

Inclusion of pharmacy pattern in safety prescription protocols

Presentation on 19/10/2019 14:00 in "Poster Session 1: Aging and the Elderly" by Concepció Violán.

Poster / Finished study

Educational program for medical and nonmedical staff working in nursing homes

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Keywords: educational program, nursing homes,

Background:
Based on the demographic changes and the needs for quality improvement of care for elderly, Center for family medicine, Medical Faculty, The University of St. Cyril and Methodius Skopje started the project for education of medical and nonmedical staffs in nursing homes in Macedonia. Based on the market analysis there is no appropriate educational program for nurses in Macedonia.

Research questions:
Based on the documents and especially of the document “A Guide for the development of palliative nurse education in Europe” produced 2004 by the European Association for Palliative Care Task Force educational program, 7 family doctors experts in this field and one professor in social work prepared curriculum and educational material appropriate for Macedonian needs.

Method:
38 modules were performed, educational material was produced and web site was created as a practical tool for participants and for educators. The proposed curriculum is based on minimal knowledge, skills and attitude that the participant should obtain during the educational program. The team of experts identified six domains and it is upon these that this curriculum has been based (Basics of palliative care, Pain and symptom management, Psychosocial and spiritual, Ethical and legal, Communication skills Teamwork and professionalism).

Results:
The educational program was run for period of 5 months where 12 participants from nursing home have participated. Ten of the participants have participated the workshop “Train of trainers”, and with this process, they can become educators for practical fork.

Conclusions:
This project has demonstrated that end of life care can bring together health, social care and the voluntary sector, to the benefit of those approaching the end of life, their careers and families. We have produced an educational program that can help in education of medical and non-medical staff who is working and is interesting in care of elderly.

Points for discussion:
long term care facilities

educational programs

quality parameters

Presentation on 19/10/2019 14:00 in "Poster Session 1: Aging and the Elderly" by Ljubin Sukriev.

Poster / Finished study

Measuring clinical indicators for cardiovascular diseases. Implementation of the Health Balanced Scorecard in the Health Center of Varis, Greece.

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Keywords: quality improvement, health balanced scorecard, cardiovascular disease

Background:
Evaluation is key to quality improvement. The adoption of tools, such as the Health Balanced Scorecard (HBSC), can help in the monitoring of the performance of a healthcare system or unit. HBSC is adjustable to the needs of every health unit and assists clinicians in goal setting, strategy implementation and outcomes assessment. Certain clinical indicators (CI) are chosen for the evaluation.

Research questions:
Is cardiovascular disease (CVD) prevention effective in Vari Health Center (VHC), Greece? Which CI need further improvement?

Method:
Data on 26 CVD CI of the 2018 HBSC were collected from a random sample of patients, chosen from the VHC's patient list (1 per 10 patients). Performance index (PI) was measured for every CI. Data were obtained from the electronic personal health record (EPHP) with the written consent of patients. Data were processed with SPSS 21.

Results:
Data were obtained from 1500 patients. CI were classified in five categories regarding the investigation of risk factors, end organs damage, preventive interventions,prevention of complications/promotion of self-care and the achievement of target treatment. PI for the investigation of risk factors such as diabetes mellitus (DM), dyslipidemia and hypertension and for the investigation of stroke and coronary heart disease were 100% (n=1500). PI regarding the investigation of carotid artery atherosclerosis (0.7%, n= 10), the achievement of targets treatment in high risk patients (0.6, n=9) and foot examination in DM patients (0.1%, n=1.5) resulted the lowest.

Conclusions:
The HBSC assists clinicians in assessing the quality of CVD prevention. CVD prevention is being implemented to a certain level in VHC. Though, improvement is needed in the prevention of end organ damage and the achievement of target treatment. EPHP is useful for data collection and physicians should be encouraged to use it in their practice.

Points for discussion:
According to literature, there is some controversy regarding the use of the HBSC for the monitoring of performance of health units. Though, HBSC can be a valuable tool for the assessment of the clinical outcomes.

Presentation on 19/10/2019 14:00 in "Poster Session 1: Aging and the Elderly" by Michael Dandoulakis.

Poster / Ongoing study no results yet

Risk factors associated to falls in valid, no immobilized or bedridden institutionalized elderly

Jesus González-Lama, Valerio Trigos-Domínguez, José Domingo García-Revillo, Fernando Alarcón-Porras, Estefanía López-Domínguez, Alejandro Plata-Illescas, Laura Muñoz-Serrano, Manuel Buil-Baena, Dolores Cantero-Moreno, Maria Jose Nogales-Lozano, Rafael Puchol-Enríquez, Manuel Gutiérrez-Cruz, Catriona Prendergast

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Keywords: elderly, institutionalized persons, falls

Background:
Falls in elderly are a problem with important consequences for health, with significant social and economic costs. Many of fall related factors are potentially modifiable. It is essential to incorporate the patient perspective.

Research questions:
What modifiable risk factors are associated to falls in valid, no immobilized or bedridden institutionalized elderly?

Method:
After obtaining residences' managers authorization and informed consent (IC) of all the residents who met the selection criteria (> 65 year old, not immobilized, able to sign the informed consent form), the study variables (age, sex, body mass index-BMI-, Barthel index-BI-, Charlson index-ChI-, FRASE falls index-FFI-, Downton falls index-DFI-, presence of urinary incontinence-UI-, prescribed medication, falls and fractures derived from them) were obtained from their clinical records. Based on the estimated number of falls and several statistical assumptions, we needed to include 233 people. A descriptive study of the included patients so far has been carried out to assess the quality and consistency of the collected data.

Results:
6 out of 8 invited residences accepted to participate in the study (Spain and Ireland). 82 subjects (out of 400 living in the selected residences) have been included so far. Average age 84, 37% men. Mean BMI was 28.45, BI 54 and ChI 6. Mean FFI was 10, and mean DFI 3. The average number of drugs prescribed was 10 (SD 5), the median 10 and the range 1-19. 37% had fallen at least once in the last year and 24% in the last month, which caused at least a fracture in 9% of studied subjects.

Conclusions:
The study is feasible, although only around 20% of residents are electable. We have found a significant burden of disease and polymedication, with more than 1/3 of people having suffered at least one fall in the last year.

Points for discussion:
Difficulties in recruiting this type of patients

Organization of healthcare for institutionalized people

Falls and medication

Presentation on 19/10/2019 14:00 in "Poster Session 1: Aging and the Elderly" by Jesus González-Lama.

Poster / Ongoing study with preliminary results

Violence against elderly: PHC workers' training needs

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Keywords: violence, elderly abuse, primary health care, training

Background:
Violence against elderly is a complex and multifactorial phenomena, which is increasing not only in Portugal , but all over the world.
Usually the first contact of victims of violence is in PHC services.

Research questions:
Are the PHC workers well trained to identify and care for victims of violence, in particular the elderly?

Method:
The authors run a 10 years (2010-2018) systematic review of 6 journals published in Portuguese language (Brazilian J on Geriatric and Gerontology; Journal of Ageing and Innovation – multidisciplinary J.; Portuguese J of Family Medicine and General Practice, Portuguese J of Public Health, Referência – Portuguese nursing journal and Análise Social – a multidisciplinary Portuguese journal, but mainly sociology) (217 editions were reviewed).
The key words were: Violence against elderly; PHC workers, Training

Results:
We reviewed 217 editions; we found 14 (6,5%) papers talking about violence against elderly; from the 14 papers only 3 (21,4%) talked about PHC constraints and training needs to coop with violence victims.2,3,4
All authors agree that the PHC workers needs to be trained about violence agains elderly and domestic violence, because the is a gap of both undergraduate and post graduate training, although the prevalence of violence is increasing. The main constraints are to detect signals of violence, to refer it and to follow victim and aggressor.
The violence prevalence is changing and also its nature raising new questions and new difficulties in practice.

Conclusions:
Training of the PHC workers is essential as they are the first (and sometimes the only one) contact with victims of violence. As most violence is perpetrated by relatives the PHJC professional, knowing well the family dynamics, may contribute to prevention the violence. Social and health authorities as well the universities must include in the curricula topics about violence.

Points for discussion:
What elements about primary health care for elderly abuse need to be trained in priority ?

Are collaborative pathways with primary health care sufficiently developped and evaluatied in your country ?

Presentation on 19/10/2019 14:00 in "Poster Session 1: Aging and the Elderly" by Zaida Azeredo.

Poster / Ongoing study with preliminary results

Violence against the elderly : a Portuguese bibliographic review

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Keywords: violence, elderly abuse, review

Background:
The aging population and structural changes in the family increases loneliness among elderly people. Stressful relationships with children may turn against the elders resulting in violence; this phenomenon is rising not only in Portugal but also abroad. The Portuguese situation was reviewed based on literature.

Research questions:
How is elderly abuse being reported in Portuguese literature ?

Method:
Methodology
The last 10 years of 6 journals published in Portuguese language were reviewed, including public health , primary care, nursery care and social services literature. A total 217 journal editions were searched for articles mentioning violence against elderly. If the article contained reference to violence against other groups they were excluded.

Results:
We identified 14 papers. Somewhat less than half (6, 42,9%) were document analyses from police or victims support records and one emergency department; two (14,3%)were bibliography reviews, and a structured enquiry and interview. Remaining were reflexion papers.
The age used to define elderly vitims was for sometimes 60 or 65 of age; different typologies were used (violence; elderly abuse; mistreatment)
Abuse is more often perpetrated in private homes, among elderly living with other persons relative or not; the offender usually is a relative of the victim. Handicapped people are more often victims. Some of the researchers found links with alcohol or drugs consumption but others not.
Although elderly violence should receive a multi-sectorial approach authors agree that most first presentations are to primary health care workers, who do not identify the real reason for encounter.

Conclusions:
The variety of used definitions and different sampling methodologies require international consensus. Concepts, task definitions, identification strategy and multi- sectorial collaboration are other targets for consensus procedure on Elderly abuse in IMOCAFV

Points for discussion:
What elements about primary health care and elderly abuse need to be maintained for intrenational consensus develoment procedures ?

What training curricula in other countries contain systematically family violence and in particular elderly abuse ?

Is there interest in other countries to work on this topic together with the IMOCAFV EUROPREV EGPRN project ?

Presentation on 19/10/2019 14:00 in "Poster Session 1: Aging and the Elderly" by Lodewijk Pas.

Poster / Finished study

Active smoker in patients diagnosed with persistent asthma of chronic obstructive pulmonary disease (COPD)

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Keywords: COPD, persistent asthma, tobacco.

Background:
Active smoker in patients diagnosed with persistent asthma of chronic obstructive pulmonary disease (COPD)

Research questions:
The main goal was to identify the number of active smokers within patients diagnosed with persistent asthma of COPD. Secondary goal: identify the number of attempts to leave the smoke habit among these patients,

Method:
Multicentric descriptive study. Inclusion factors: being diagnosed with persistent asthma or COPD and voluntarily accept the interview. Exclusion factors: reject the interview. Pool of patients: patients from ten doctors from 4 health centres in Vigo. The study was carried-out from April 1st, 2019 to May 15th, 2019.

Results:
Sample of 103 patients. Average age of 57.75 years, standard deviation of 15.72. 61.16% were women. 20.39% were active smokers. 33.01% had at least one active smokers in the patient's domicile. The average of tobacco packages per year was between 1.6 to 50. The COPD acronym was only known by the 25.24% of the patients. 42.72% of the patients recognised to have carried-out a spirometry at least once.

Conclusions:
There is a high percentage of smokers in the asthmatic patients and with chronic obstructive pulmonary disease. It is necessary to raise the awareness of the patient's family about the importance of leaving the smoking habit

Points for discussion:
It is necessary to carry out studies with a higher number of patients to confirm these results. No acronyms should be employed in the communication with patients.

Presentation on 19/10/2019 14:00 in "Poster Session 2: Chronic Disease and Multimorbidity" by Leopoldo Garcia Mendez.

Poster / Finished study

Advanced heart failure: “You are going to be a burden for others”

Caterina Checa, Miguel Angel Muñoz, Laura Medina Perucha, José María Verdú Rotellar, Anna Berenguera

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Keywords: advanced heart failure, qualitative research, primary care, patients' experiences

Background:
Advanced heart failure (HF) is a chronic condition characterized by being both progressive and physically disabling. The disease presents an unpredictable course with unexpected episodes of decompensation. Information about how patients with advanced HF live and cope their disease remains scarce. The objective of this study is to explore, from a phenomenological perspective, the meaning of the experiences of patients suffering from advanced heart failure, attended at home in the primary care setting in 2018, to understand the lived experience from a holistic perspective.

Research questions:
How is the lived experience of people suffering from advanced HF attended at home by primary healthcare professionals?

Method:
A qualitative study conducted in 4 primary healthcare centers in Barcelona (Spain). Patients aged over 65, diagnosed with advanced HF, and visited regularly at home were interviewed. The sampling method was opportunistic, accounting for gender, age, and socioeconomic level. Leventhal framework was used to analyze 12 in-depth interviews.

Results:
All participants interviewed were informed for the first time about their disease when they were hospitalized as a consequence of an exacerbation.
The role of the patient throughout this process was merely passive and sometimes they did not fully understand the information provided.
Women participants presented more feelings of sadness, loneliness, and depression related to physical limitations. In contrast, the men felt calmer.
Although no healthcare professionals had talked to them about prognosis, patients were aware of their short life expectancy.
They considered it crucial to have enough social support, and a good relationship with the healthcare professionals.
The patients would also like to have more contact with primary care professionals at established clinical time points.

Conclusions:
Patients with advanced HF reported poor communication with healthcare professionals and misinformation. Social support was found to be key in facing the disease, especially as loneliness was prevalent among the participants.

Points for discussion:
The participants’ narratives provide new information that could help health professionals understand needs, preferences, and expectations in such patients in order to perform better holistic approaches.

There are some emotional differences between the genders with respect to living with advanced heart failure that should be considered by healthcare professionals.

This study highlights the importance of trustful communication and optimum relationships between healthcare professionals and patients.

Presentation on 19/10/2019 14:00 in "Poster Session 2: Chronic Disease and Multimorbidity" by Caterina Checa.

Poster / Ongoing study no results yet

Identifying potantially inappropiate medication in excessive polymedicated patients using several deprescribing supporting tools and developing a deprescribing proposal for the GP (LESS-PHARMA Project Protocol)

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Keywords: Deprescribing, Polypharmacy, potentially inappropiate medication

Background:
Polypharmacy has been related with a great number of adverse effects like increase of fallings, cognitive and functional impairment and delirium amongs others. Besides, polymedicated patients have a lower adherence rate to the treatment, a bigger number of hospital admissions, even a bigger mortality

Research questions:
Identifying the number and type of potentially inappropiated medication (PIM) in excessive polymedicated patients using two deprescribing support tools and analyze the agreement between both of them and also the agreement with the GP of reference.
Evaluation of the percentage of drugs that have been deprescribed after 4 months.

Method:
Design: Cross sectional study
Ambit: A Primary Care Center
Sample: We'll select 197 patients older than 75 years with an intake of 10 or more drugs chronically.
Variables: number of excessive polymedicated patients older that 75 yeats per doctor, number and type of drugs consumed per patient, comorbidities, number and type of drugs proposed to be withdrawn according to the tools, agreement between the tools, proportion of the PIM that the GP agrees to try to withdraw, proportion of drugs finally deprescribed after 4 months.
Analysis: We'll review the treatment of each patient with the help of CheckTheMeds (online tool) and LESS-CHRON Criteria. A deprescribing proposal will be made and given to the GP of reference, discussing the agreement with it. Four months later, we'll check the proportion of those PIM proposed by the tools that have been finally withdrawn.

Conclusions:
GPs are responsible for medication review, as well as for identifying potentially inappropiate medication and the deprescribing process.This study will allow us to analyze the applicability of the tools available for this task and see the feasibility of its use in Primary Care.

Presentation on 19/10/2019 14:00 in "Poster Session 2: Chronic Disease and Multimorbidity" by Francisco Reus.

Poster / Ongoing study with preliminary results

Multi-risk complex intervention with diabetes mellitus patients in primary care

María Rey Grandal, María Carreira-Carballo, Lucía Duarte-Gil, Francisco Represas-Carrera, Ana Clavería, Marc Casajuana-Closas, Tomás López-Jiménez, Edurne Zabaleta-Del-Olmo, Bonaventura Bolíbar

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Keywords: health promotion, complex interventions, diabetes mellitus, multi-risk intervention

Background:
The available evidence suggests that it is possible to reduce mortality and major complications in diabetic people.
Primary care can and should carry out health promotion interventions but work overload, shortage of time or lack of knowledge and skills make it difficult to implement them in real practice.

Research questions:
Is effective a complex multi-risk intervention to improve glycemic control of people diagnosed with Diabetes Mellitus, aged 45 to 75, who have two or more unhealthy lifestyle habits (smoking, insufficient physical activity and low adherence to the Mediterranean diet)?
How many people experience positive changes in life habits studied globally, for each of them and in a combined way?
How much is the impact of each intervention (individual, group and community) according to the phase of the change of the transtheoretical model in which the patient is?

Method:
Randomized cluster experiment, conducted between 2016-2019, in 26 Health Centers, organized by the Spanish primary care prevention and health promotion research network (redIAPP)
To detect at the end of the study a minimum decrease of 0.3% in the value of HbA1c, it will be necessary to study a minimum of 420 people diagnosed with DM (210 for each of the groups).
The intervention is based on the Transtheoretical Model and it will be made by physicians and nurses in the routine care of PHC practices according to the conceptual framework of the "5A's", with individual, group and community intervention on physical exercise, tobacco and / or Mediterranean diet. Control group: usual care.
Mixed multilevel models will be applied.

Results:
2,262 patients were recruited in the intervention group, with 289 diabetic ones, while 2,125 were controls with 302 diabetics. No significant differences were found by age and sex between both groups.
Currently, multiple imputation chained equations is being performed. Results at the October meeting are expected.

Points for discussion:
Is the conceptual framework of the "5A's" helpful according to your experience?

Could this mixed intervention improve the collaboration between family pysicians and community nurses?

Presentation on 19/10/2019 14:00 in "Poster Session 2: Chronic Disease and Multimorbidity" by Francisco Represas-Carrera.

Poster / Ongoing study with preliminary results

Quality of life of patients with depression and physical comorbidity

María Isabel Fernández San Martín, Antonia Raya Tena, Jaime Martín Royo, Rocio Casañas, Gloria Sauch Valmaña, Jacobo Mendioroz Peña, Roser Masa Font, Marc Casajuana-Closas, Luis Miguel Martin Lopez, Susana Gonzalez Tejon, Eva Fernandez Linares, Cèlia Cols Sagarra, Quintí Foguet-Boreu

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Keywords: depression, quality of life, comorbidity

Background:
Patients with depression and physical comorbidity can improve their quality of life with psychoeducational interventions carried out by primary health care nurses. As part of a randomized clinical trial, the baseline results are presented in terms of quality of life.

Research questions:
To describe the quality of life of patients with depression and physical comorbidity who are following up in Primary Health Care Teams.

Method:
Cross-sectional study of patients aged 50 years and older, from 31 primary Health care teams in Catalonia with a diagnosis of depression and at least one of the following chronic diseases: type II diabetes mellitus, chronic obstructive pulmonary disease, asthma, and / or ischemic heart disease.
Socio-demographic, clinical variables, perception of quality of life (QL) measured with Euroqol scales (5 qualitative questions and Visual Analogue Scale, VAS) and depression symptoms with Beck Depression Inventory (BDI-II) are asked.

Results:
The number of patients included is 381, mean 66.4 years (SD 8.7), 81.6% women. 66.4% have diabetes mellitus, 26.2% asthma, 15.7% chronic obstructive pulmonary disease and 13.4% ischemic heart disease. The average score of the VAS on QL is 56.2 (SD 18.4). There is a significant higher percentage of women who perceive problems in all dimensions of QL, in relation with men. Regarding the age and number of pathologies, only the percentage in the mobility problems dimension is higher when the age and the number of pathologies increases.

Conclusions:
The quality of life of Primary Health Care patients with depression and physical comorbidities is low. There are gender differences in relation to the perception of quality of life.

Points for discussion:
Why is the quality of life of women worse than men in patients with depression and physical comorbidity?

Depression associated with physical comorbidity can worse the control of physical pathology?

Presentation on 19/10/2019 14:00 in "Poster Session 2: Chronic Disease and Multimorbidity" by María Isabel Fernández San Martín.

Poster / Almost finished study

Resilience and gender differences in patients with chronic diseases

Zeltia García Couso, Ana Pichel Rodríguez, Paula Calvo Gómez, Carmen Fernández Merino, Francisco Gude Sampedro

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Keywords: Resilience, gender, chronic diseases.

Background:
Resilience is the capacity of individuals to maintain their mental health in the face of significant adversity. Since physical illness is a common adversity throughout life, but especially in chronic conditions, and due to the lack of data on measuring resilience across genders, we conducted a study to assess differences of resilience between gender in patients with chronic diseases.

Method:
Cross-sectional study covering a total of 868 participants, aged 18-90 years, selected by random sampling stratified by decades of the population of the municipality of A Estrada (Galicia, Spain), extracted from the National Registry of Health Systems of Galicia. Subjects not being able to give written consent or with terminal illness were excluded. From November 2012 to March 2015, all subjects were convened at the A Estrada Health Center for evaluation, which included demographics, lifestyles, chronic diseases, and the following questionnaires: SF-36, Connor-Davidson resilience scale, and Goldberg anxiety and depression scale.

Results:
Participants were 66% women, mean ± SD age of 49 ± 17 years, hypertension 26%, dyslipidemia 27% and depression 14%. In patients with dyslipidemia, resilience was higher in males than in females. But in patients with heart failure resilience was higher in females than in males. In the former, these differences were not statistically significant after adjusting by age. Resilience was similar in both genders in patients with diabetes, peripheral arterial disease, liver disease, asthma, depression, stroke, cancer, atopic dermatitis, thyroid diseases and migraine.

Conclusions:
Scores of resilience were similar for both genders in patients with chronic diseases. We only found differences between males and females in patients with dyslipidemia.

Presentation on 19/10/2019 14:00 in "Poster Session 2: Chronic Disease and Multimorbidity" by Zeltia García Couso.

Poster / Ongoing study no results yet

A new community Health law in Romania- what are the integration perspectives with family medicine?

Andrea Neculau, Anca Lacatus, Anastasia Abaitancei, Liliana Rogozea, Florin Leasu

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Keywords: Community Health care, primary care, family doctor, Romania

Background:
Community Health Services are not well developed in Romania. The first law on Community Health was issued in 2002. The implementation process is slow and uneven all over the country. Small regional projects have been successful. Integration with family medicine is not clarified. Regulations are not harmonized to make the cooperation functional.

Research questions:
To identify barriers in cooperation between community health care and family medicine and to identify possible solutions for improvement from the perspective of actual regulations.

Method:
We are planning a qualitative study based on focus groups. We will organize a series of 2-3 focus group with key actors from both fields of activity (community nurses, local and national health authorities, family doctors, social workers). The major themes we have identified are: noncomplementary regulations in both fields, lack of clear procedures for cooperation, difficulties in working with local authorities, service duplication.

Results:
Expected results are the
- Suggestions for regulatory harmonization
- Refine protocols of cooperation
- Find ways to avoid duplication of services

Conclusions:
We expect to identify solutions for a better harmonization of both level of care. Gaps in the regulatory system should be presented to the authorities. The identified problems should be the base for a broader program of intergation of activities in primary care.

Points for discussion:
Experiences in cooperation between community care and family medicine in other countries

Presentation on 19/10/2019 14:00 in "Poster Session 3: Community Health and Intervention" by Andrea Neculau.

Poster / Finished study

Determination of Factors Affecting Smoking Cessation Success in Patients Who Applied to Smoking Cessation Clinic

Vildan Mevsim, Ayşe Özge Altın

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Keywords: Smoking cessation, factor, success

Background:
Smoking is a public health concern for the whole society. The aim of this study was to determine the factors affecting the success of smoking cessation in patients who applied to Smoking Cessation Outpatient Clinic.

Research questions:
What are the factors affecting the success of smoking cessation in patients who applied to Smoking Cessation Outpatient Clinic?

Method:
This study was planned in a cross-sectional analytical study model. Smoking Cessation Polyclinic Data Form, Fagerstrom Nicotine Dependence Test (FNBT), the Hospital Anxiety Depression Scale (HAD) and Patient Follow-up Data Form were applied. The data of the study were analyzed by IBM SPSS (statistical package for social sciences) 22.0 package program. In the statistical evaluation of the data; Descriptive analyzes (mean, standard deviation and percentage), chi square analysis, student t test, ANOVA and logistic regression were used.

Results:
The smoking cessation rate was 24.4%. Patients' age ($p = 0.041$), educational status ($p = 0.038$), smoking age ($p = 0.004$), the amount of cigarettes per day ($p = 0.040$), the presence of someone who smokes at home ($p = 0.000$), the level of nicotine addiction high use ($p = 0.014$), use of varenicline ($p = 0.015$) and use of bupropion over 3 months (0.000) had a significant effect on smoking cessation success.

Conclusions:
According to the results of this study, it should be considered that it is more difficult to stop smoking in young people, those who start smoking at an early age, those who smoke in their social environment and those with high levels of nicotine addiction.

Points for discussion:
Can different analyzes be used?

What are the opinions on the factors affecting smoking cessation success?

Presentation on 19/10/2019 14:00 in "Poster Session 3: Community Health and Intervention" by Vildan Mevsim.

Poster / Finished study

Effects of a community intervention in families with a traditional diet. GALIAT Study.

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Keywords: GALIAT Study, family-focused diet intervention, primary health care

Background:
Diet is one of the main risk factors for a variety of chronic diseases, but there is a little trial evidence for effective preventive interventions in primary health care to tackle this problem.

Research questions:
We hypothesize that a joint approach, both health (from primary care) and community would allow addressing multilevel synergistic interventions of prevention and treatment of diseases related to diet.

Method:
GALIAT study was a population-based cluster-randomised clinical trial, two parallel groups, designed to examine the effects of a community intervention with a traditional diet in families conducted in primary care.
The trial involved 250 randomly selected families (720 adults and children) from a town in Spain's northwest, randomly allocated to intervention or control. The intervention group received four educational sessions, cooking classes, written supporting material with nutritional recommendations and recipes and a range of foods that form part of the traditional Atlantic diet. The primary outcome was cholesterol change at 6 months analysed as intention to treat with mixed effects models. Secondary outcomes included lipid profile, glucose metabolism, anthropometrics, adiposity and dietary patterns. Funding from the ERDF -Innterconecta for Galicia Program - ITC-20133014 and ITC-20151009.

Results:
92.4% families completed the trial. Differences between groups at 6 months were found in cholesterol levels [-5.1 mg/dL (95%CI -8.7 to -1.6; P = 0.005)], and LDL-cholesterol [-5.1 mg/dL (95%CI -8.7 to -1.6; P = 0.005)], body weight [-1.2 kg (95% CI -2.4 to -1.0; P<0.001)], body mass index [-0.44 kg/m2 (95%CI -0.62 to -0.26; P < 0.001)], body fat percent [-0.85% (95%CI -1.20 to -0.50; P<0.001)], and energy intake [-94.1 kcal/day (95%CI -177.8 to -5.7; P = 0.037)] .

Conclusions:
A community intervention in families conducted in a primary care setting with a traditional diet led to improvements in lipid profile, weight loss and nutritional habits.

Points for discussion:
To improve eating habits could require a social approach, not just a medical one, to address population-based, multidisciplinary and culturally relevant interventions.

Methods in GALIAT study were based on empowering a community at various levels, providing training, confidence and flexibility needed to promote a shift towards the adoption of healthy behaviors.

Once ended the study, a local health plan that included the traditional dietary pattern was approved.

Presentation on 19/10/2019 14:00 in "Poster Session 3: Community Health and Intervention" by Francisco Gude.

Poster / Finished study

Group workshop of smoking cessation combined with physical activity"

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Keywords: group workshop physical exercise smoking mixed intervention

Background:
Tobacco consumption constitute the main problem of Public Health.Physical exercise is considered a useful strategy to stop smoking and is shown to reduce cravings and withdrawal symptoms.Once we know the current problem of smoking, we propose to perform a group intervention of smoking cessation combined with physical exercise.

Research questions:
Can a Group workshop combined with physical activity be effective for smoking cessation?

Method:
Intervention study with pre-post evaluation, in which smoking patients in the contemplative phase are studied, of legal age and trained to carry out light physical activity.
Study variables: Age, sex, BMI, Number of cigarettes, years smoking, Richmond and Fagërstrom test, follow-up, referral to family doctor and pharmacological support.

Results:
35 participants were recruited, with a proportion of women equal to 65.71% and an average age of 57.23 years (±10.72). They started intervention 29 and finished it 14. Among those who resigned and did not resign, none of the independent variables presents significant differences.
In the intention-to-treat analysis, 14 participants stopped smoking, which is 48.28% (95% CI: 31.39-65.57). By protocol, 13 participants quit smoking, which is 92.86% (IC95: 68.53-98.73).
In the intention-to-treat analysis, the NNT is 29 patients to get 1 to stop smoking.
When evaluating the quality of life, when comparing the intervention by intention-to-treat with the Wilcoxon test for repeated measures, the significant difference ($p = 0.01$). And in the analysis by protocol, the difference was also significant.
Only the number of sessions showed significant differences between those who quit smoking. Neither the referral nor the use of pharmacological treatment presented significant differences.

Conclusions:
It is corroborated that the intervention is useful, although only half of the patients recruited have attended the sessions. Therefore, it is essential in the first sessions to ensure participation, because the protocol has proven highly effective.

Presentation on 19/10/2019 14:00 in "Poster Session 3: Community Health and Intervention" by Sara Macías Posada.

Poster / Finished study

Multidisciplinary and community intervention for a healthy back

Beatriz Pascual, Marta Domínguez, Alejandra Aguilar-Latorre, Magallon Botaya, Roberto Peón, Maria Del Mar Martínez, Cristina Roche, Marina Vera, Héctor Morillo

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Keywords: community intervention, multidisciplinary, back pain, low back pain, neck pain, dorsal back pain, healthy back, physical activity

Research questions:
To carry out a structured, multidisciplinary and community intervention based on physical activity to obtain a healthy back and evaluate its effectiveness, limitations and strengths.

Method:
This is a quasi-experimental analytical study of community intervention with before and after evaluation. Each subject was his own control. The study group was the adult population using the Arrabal Health Center with back pain. The procedure consisted in performing 10 one-hour sessions, between march and may of 2019 and the variables (analog scale visual, BMI, impedance...) were measured on 2 occasions: before the intervention and immediately after the intervention. By means of a convenience sampling, 59 participants were obtained, of which 40 successfully completed the intervention.

Results:
The mean age of the final sample was 54.77 years and 85% of the participants were women. The most prevalent location of back pain was the lumbar. Statistically significant differences were found in the VASpre-VASpost comparative analysis with a significance level $p < 0.0001$ and the following linear regression equation was $VASpost = 0.594 \cdot VASpre + 0.331$. Statistically significant differences are also found in the SMMpre-SMMpost comparative analysis with a significance level $p = 0.002$ and the following linear regression equation was $SMMpost = 1.002 \cdot SMMpre + 0.246$. Among other findings, a tendency to decrease the consumption of analgesic drugs during the intervention was identified. The participants were satisfied with the realization of the activity and they had difficulties to perform physical activity autonomously.

Conclusions:
In spite of obtaining statistically significant results regarding the pain improvement measured by the VAS, due to the low sample, more studies are needed to ratify it. Regarding the increase in SMM, despite also obtaining a significant result, the increase according to the linear regression equation is very small, requiring more prolonged studies in time to verify its true evolution.

Presentation on 19/10/2019 14:00 in "Poster Session 3: Community Health and Intervention" by Alejandra Aguilar-Latorre.

Poster / Ongoing study with preliminary results

Walk A Mile (Kilometre) In My Shoes

Lisa Hill

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Keywords: Pedagogy, continuing medical education, experiential knowledge, Interpretative Phenomenological Analysis (IPA), appreciative Inquiry (AI), Focus groups, Qualitative Analysis

Background:
Primary care is a complex, multidimensional and contextualised environment. Within this environment primary care providers need to make quick decisions on the information given to them. Mental health is an area which offers uncertainty due to incomplete information and stigma. 'It is complex and highly interactive' (Patel et al.2009). Current primary care mental health education uses a multitude of learning theory and has an objective evidence base and an ethos of being done to, rather than done with the patient. This study examines from the public view what their expectations and experiences are in primary care.

Research questions:
• How can the public views of primary care mental health support be leveraged to inform pedagogy in primary care mental health training?
• Can the espousal of the government policy of public participation in mental health enable policy enactment in relation to primary care mental health education?
• Will learning theory be produced for primary care mental health education which considers public perspectives?
• Which interventions in primary care work and how will that be demonstrated?

Method:
Qualitative study
Axiology,clear values
Position as conceptual ,humanist researcher
Ontology, subjective, phenomenological
Epistemology, interpretive
Research approach inductive
Research strategy, Interpretative phenomological analysis
Data collection, mixed method , Focus group,Disney modelling,appreciative inquiry
Semi-structured interview

Results:
Production of themes currently being analysed so far showing rich tapestry of experience and knowledge

Conclusions:
Final analysis is underway showing to date that experiential knowledge has a breadth and depth which will greatly enhance continuous medical education in primary care mental health

Points for discussion:
Experiential knowledge in other countries

Discussion of themes - any surprises?

Presentation of final results - any suggestions

Presentation on 19/10/2019 14:00 in "Poster Session 3: Community Health and Intervention" by Lisa Hill.

Poster / Finished study

How do European primary care practitioners think the timeliness of cancer diagnosis can be improved? Results from an Örenäs Research Group study.

Michael Harris, Magdalena Esteva Cantó, Ana Luisa Neves, Peter Vedsted, Gordon Taylor, Peter Murchie

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Keywords: Cancer; Primary Health Care; General Practitioners; Europe; Delivery of Health Care; Diagnosis; Consultation and Referral

Background:
National European 1-year relative cancer survival rates vary from 60-81%. Differences in diagnostic intervals are thought to be key in explaining these variations. Primary Care Practitioners (PCPs) frequently play a crucial role during initial cancer diagnosis; their knowledge could be used to help plan effective approaches to reduce the number of delayed diagnoses.

Research questions:
This study sought the views of PCPs from across Europe on how they thought the timeliness of cancer diagnosis could be improved.

Method:
In an online survey, an open-ended question asked PCP respondents how they thought the speed of diagnosis of cancer in primary care could be improved. All responses were translated into English. Thematic analysis was used to code and organise the data into themes.

Results:
In all, 1,352 PCPs (73.8% of survey completers) answered the survey question, with a median of 48 per country.
The main themes identified were: patient-related factors, e.g. health education; care provider-related factors, including continuing medical education; improving communication and inter-professional partnership, particularly between primary and secondary care; factors relating to health system organization and health policies, including improving accessibility to health care; easier primary care access to diagnostic tests; and use of information technology. Re-allocation of funding to support timely diagnosis in primary care was seen as a key to all of these.

Conclusions:
This study gives a unique insight into how PCPs believe that the operational and administrative challenges to timely cancer diagnosis can be overcome. Those organising healthcare need to put these findings into the context of their own systems, so they can identify which recommendations are particularly relevant in their jurisdictions.
PCPs have identified key points that would improve the timeliness of cancer diagnosis in their patients. There is a need for re-allocation of health system funding to allow these changes to happen.

Points for discussion:
How can we use the results of this study to make recommendations that are relevant to individual countries?

This study asked PCPs how they think the speed of diagnosis of cancer in primary care could be improved. Should we plan a similar study that asks patients the same question?

Presentation on 19/10/2019 14:00 in "Poster Session 4: Quality Improvement " by Michael Harris.

Poster / Ongoing study with preliminary results

Linguistic validation of the "gut feeling" questionnaire in Ukraine

Pavlo Kolesnyk, Antonina Niroda, Kolesnyk Andriy, Shushman Ivanna, Zheka Andriy, Volodymyr Kramarchuk, Iryna Yakym

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Keywords: gut feeeling, Ukraine, questioannaire, family medicine

Background:
Medical clinical decisions is based on combination of analytical and non-analytic thinking. The concept of “gut feeling questionnaire”(GFQ) in GP was described through qualitative research of both sensations of alarm and assurance.
The investigated enquirer has been validated in 5 countries.

Research questions:
Linguistic validation of the European GFQ translated from English into Ukrainian.

Method:
The research material was the GFQ in English translated to Ukrainian.
Linguistic validation was carried out according to the standard algorithm developed by the authors.

Results:
The research group consisted of Ukrainian and English-speaking researchers in the field of primary health care. The linguistic validation process followed by the working group met the standard criteria described in international literature.
Linguistic validation was carried out in 3 steps.
Step1:Two independent experts (Ukrainian speakers),- primary medical care doctors, translated English version of theEuropean GF questionnaire into Ukrainian. They performed this translation separately and independently from each other. They were invited to comment it if necessary.
Step 2:After the 1st stage, two independent experts (English native speakers) who new Ukrainian who were familiar with the medical terminology, made a backwards translation of Ukrainian version to English. The experts carried out the translation separately and independently from each other. They were also invited to comment, if necessary.
Step 3: A consensus was held with the participation of 6 Ukrainian medical experst who new English who discussed the original English version comparing with translated Ukrainian one and backwards translation variants.
The participants of consensus meeting made a number of editions and remarks on the translation of translated words and phrases, in particular: "gut feeling" has no analogues in theUkrainian language andexperts proposed to use theUkrainian expression which can be translated like:"internal senses".

Conclusions:
Linguistic validation is the first stage of the Ukrainian GFQ validation.

Points for discussion:
This questionnaire has not been used in Ukraine yet, and has to be piloted on the local doctors.

What are bariers in providing this new tool for the physicians to assess their confidence in their management in Ukraine.

Presentation on 19/10/2019 14:00 in "Poster Session 4: Quality Improvement " by Pavlo Kolesnyk.

Poster / Ongoing study no results yet

Mental health primary care quality improvement in Ukraine

Victoria Tkachenko

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Keywords: mental health, primary care, training, quality

Background:
Ukraine has the 1st place in number of mental disorders in Europe. About 1.2 million people (more than 3% of population) suffer from mental disorders, and this number grows every year. The disability from mental illness was ranked on the 2nd place among other diseases and mental disorders will be among the top 5 of the disabling diseases to 2020 (WHO forecasts). Moreover Ukraine is now among the top ten countries with the highest rates of suicide (24–32 per 100000), above 90% suicide persons suffer from depression or other mental disorder. The medico-social care for people with mental disorders needs the improvement. The Cabinet of Ministers of Ukraine approved the Concept for Development of Mental Health to 2030 with integration of mental health services in primary care. In this regard, the Ministry of Health of Ukraine with help of WHO started to implement the Mental Health Mitigation Program - mhGAP program.

Research questions:
Research question is to analyze the results of implementation of mhGAP program in practice and training of primary care doctors.

Method:
Methods – survey, analysis of medical records and reports of primary care centers.

Results:
Results. The mhGAP program was developed for careproviders working in non-specialized health care to support them in the decision-making process. It has a number of tools useful for situational analysis, program planning, training, supervision and monitoring, adaptation of clinical protocols to local context. The implementation of mhGAP program will help primary care providers and others to improve the quality of mental health care. The training for trainers was conducted to implement mhGAP program in Ukraine. The implementation of mhGAP program in practice and training of primary care doctors has started in 2019.

Conclusions:
The implementation of mhGAP program will help to improve the quality of mental health care in Ukraine.

Points for discussion:
Do GPs have enough skills to provide the good mental health care?

What are the best approaches to improve the mental health training for GPs?

What are the quality indicators of improvement of primary mental health care?

Presentation on 19/10/2019 14:00 in "Poster Session 4: Quality Improvement " by Victoria Tkachenko.

Poster / Finished study

Out-of-hour primary care services in Brasov county (Romania) reviewed by its professionals – a qualitative research.

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Keywords: continuity of care, out-of-hour primary care, Romania primary care

Background:
Out-of-hour primary care services in Romania have been operating since 2004. Continuity of primary care is ensured by family doctors in Out-Of-Hour Centers (OOHC). There are 10 OOHC in Brașov county (632000 inhabitants) organized by family doctors (served by 64 FDs) and coordinated by the Public Health Authorities. The spread of the OOH is not yet responding to the needs of the community. The ER are overcrowded by approximately 50% of the non-urgent cases.
We don't have an analysis of OOHC on national or local level.
It is important to discover the problems experienced by the professionals involved, so that we can improve the OOHC performance.

Research questions:
What are the actors' involved in coordinating out-of-hours primary care views and concerns about the design and functionality of this service?

Method:
A focus group was conducted involving coordinators of ten OOHC from County Brasov, audio-recorded, transcribed verbatim and analysed.

Results:
We have analyzed different aspects of the problems.
Coverage: Important areas are not covered. Low level of involvement and coordination from the District Health Authorities.
Accessibility: For the four Rotational OOHC accessibility is limited to some weekdays. The distance between villages is great and they are not accessible without a car.
Capability of the human resource – doctors are affirming a need of specific training for emergencies.
Efficiency and efficacy: 6 out of the 10 centers have reported their activity: 9761 consultations/year, average 53 per day – in average 8% of the consultations presented at the ER.
Functioning problem: safety issues during the night (most of FDs are women).

Conclusions:
OOHC are a service offered by FD with a potential of improvement. The general feeling of doctors is of insecurity due to the isolation and gender problems. Physicians believe that the District Health Authorities should be involved in the stimulation of opening new OOHC.

Points for discussion:
What is the most useful research method to analyze an OOH primary care system?

What are the concerns about the functionality of OOH primary care services in other country?

Presentation on 19/10/2019 14:00 in "Poster Session 4: Quality Improvement " by Anca Lacatus.

Poster / Finished study

Problem-Solving Decision-Making scale - translation and validation for the Portuguese language: a cross-sectional study

Micaela Gregório, Andreia Teixeira, Rosália Páscoa, Sofia Baptista, Rosa Carvalho, Carlos Martins

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Keywords: Decision-making, Problem-Solving, Translation and Validation

Background:
The shared medical decision has been the advocated consultation model. Though, not all patients want the same degree of participation. It is important to access patients and their families' preferences in order to provide care accordingly. The Problem-Solving Decision-Making scale (PSDM) is an instrument that allows to evaluate this preference of roles.

Research questions:
To translate and validate the PSDM instrument into the Portuguese language.

Method:
We conducted a cross-sectional study, through the application of a questionnaire in face-to-face interviews to a representative sample of the Portuguese population residing in mainland Portugal, aged not less than 20 years. In an initial phase, we translated the PSDM from English to Portuguese. Then, we applied the questionnaire to a sample of 301 people to proceed with the validation of the PSDM in Portuguese.

Results:
In order to evaluate the content validity, the principal component analysis (PCA) method was applied, confirming the existence of 2 components: problem-solving (PS) and decision making (DM), with an explained variance of 65.9%. For internal consistency, three different techniques were used, applied to the 2 components resulting from the PCA, and in all of them the items presented very good internal consistency (PS Cronbach's alpha=0.931 and DM Cronbach's alpha=0.951).

Conclusions:
The validation of the Portuguese scale was in agreement with what is in the literature. The scale can be divided into 2 components: the problem-solving (PS) component and the decision making (DM) component. Through the statistical analysis we can also conclude that the translated scale has a good internal consistency and can therefore be used in future studies.

Presentation on 19/10/2019 14:00 in "Poster Session 4: Quality Improvement " by Micaela Gregório.

Poster / Finished study

"It's a double-edged sword": translation and cultural adaptation of a prostate cancer screening decision aid. Qualitative study.

Sofia Baptista, Bruno Heleno, Marta Pinto, Bruna Guimarães, Diogo China, João Pedro Ramos, Andreia Teixeira, Kathryn Taylor, Carlos Martins

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Keywords: Decision-making; decision aid; patient participation; prostate cancer; screening; early detection

Background:
Screening for prostate cancer remains controversial, implying a trade-off between benefits and harms, and a shared decision-making process has been advocated. Decision aids are evidence-based tools which improve decision quality. For limited resource countries, translating and making cultural adaptations to high quality decision aids is a reasonable alternative to developing new ones.

Research questions:
Our aim was to translate and culturally adapt an English language patient decision aid addressing prostate cancer screening, so it can be used by Portuguese men.

Method:
We followed the European Center for Disease Prevention and Control's (ECDC) five-step, stakeholder-based approach to adapting health communication materials: 1) selection of materials and process coordinators; 2) early review; 3) translation and back translation; 4) comprehension testing with cognitive semi-structured interviews; 5) proofreading. Cognitive interviews were conducted with 15 men, ages 55-69, from the Oporto district local community to refine the decision aid after its translation. Content analysis was performed using Ligre™ software.

Results:
Five main themes are presented: informational content, information comprehension, sociocultural appropriateness, feelings and main message, and personal perspective concerning prostate cancer screening. For each theme illustrative quotes extracted from men's interviews are presented. Most men found the translated version of the decision aid to be clear, comprehensive and appropriate for its target population, albeit some suggested that medical terms could be a barrier. The data collected from men's interviews afforded the researchers the opportunity to clarify concepts and expand existing content.

Conclusions:
The final version of the decision aid can be used in the real world clinical setting and our ECDC based approach can be replicated by other workgroups to translate and culturally adapt decision aids.

Presentation on 19/10/2019 14:00 in "Poster Session 4: Quality Improvement " by Bruno Heleno.

Poster / Ongoing study no results yet

Correlation between patients and therapists according to Working Alliance Inventory-Short Revised Scale (WAIsr)

Rosa Belen Perez Ramos, Maria Jose Varela Estevez, Maria Jose Fernandez Dominguez, Silvia Garcia Saiz, Laura Alvarez Santos, Teresa Pedrido Fernández, Davorina Petek, Robert Hoffman, Durdica Lazic, Lingner Heidrun, Hans Thulesius, Krzysztof Buczkowski, Radost Assenova, Nicola Buono, Vanja Lazic, Patrice Nabbe, Bernard Le Floch, Jean Yves Le Reste, Ana Clavería

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Keywords: therapeutic alliance, general practicioner, scientific translation, primary care

Background:
Being able to measure the therapeutic alliance may provide insight into why some interventions work in primary care and others do not. Another application could be in the teaching and clinical setting where direct feedback from patients could assist in enhancing therapeutic relationship and consultation skills among young GPs.
The EGPRN working group TATA translated Working Alliance Inventory-Short Revised scale (WAI-SR) to five European lenguage.

Research questions:
Which is the correlation between patients and therapists according to the WAIsr translated and adapted for Spain in an European research study?

Method:
Observational study, comparing the results of the WAIsr from GPs and their patients. We will recruit patients during the clinical encounters of participant physicians in three Spanish health center (two urban, one rural).
Sample size: Accepting a type I error of 0.05 and type II error of 0.1 in a two-tailed study, we have 28 patients per doctor, with a total sample size of 111 patients, taking into account a correlation coefficient of 0.6. The follow-up loss has been estimated at a 10%.
Variables: WAIsr for patient and therapist. Patient: sex, age, education. GP: age, sex, experience, seniority in the current health center.
Statistical analysis: We will perform a descriptive analysis, where patients and GPs scores will be analized. The internal consistency of the total scale of WAI-SR will be evaluated using Cronbach's alpha. Confirmatory factor analysis will be done to determine whether the original three-factor structure (goals, tasks and bond) was replicated and whether a higher order factor of overall therapeutic alliance emerged. The influence of patient and professional factors on the correlation will be analyzed with generalized linear models.

Results:
It is an ongoing study, results have not been collected yet.

Conclusions:
We offer the physicians an accurate way to evaluate their own practice and to improve their alliance to their patients.

Points for discussion:
Usefulness of a validated scale that may improve the therapeutic alliance

Differences between rural and urban environment

Presentation on 19/10/2019 14:00 in "Poster Session 5: Primary Care Services and Patient Participation" by Rosa Belen Perez Ramos.

Poster / Ongoing study no results yet

Efficacy of self-management in the prevention and treatment of respiratory and dermatological pathologies of high health cost: from the evidence to the patient (Self-Health project)

Alba Pons Revuelta, Ana Lozano Prieto, Ana Maria Santos Ruiloba, Rocio Fernandez-Montells Rodriguez, Antonio Angel Regueiro Martinez, Ramon Veras Castro, Fernando Lago Deibe, Angel Nuñez Vazquez, Francisco Jesus Represas Carrera, Mª Carmen Rodriguez Otero, Clara González-Formoso, Angel Alfredo Martinez Ques, Cristina Represas Represas, Ignacio Garcia Doval, Oana Bulilete, Ana Clavería, Ivan Cavero Redondo

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Keywords: Self-management, systematic review, research network, chronic diseases

Background:
Self-management is an effective strategy to control chronic diseases and improve clinical results, but there's no clear evidence on what characteristics distinguish the most effective programs.

Research questions:
1. Which is the effect of self-management interventions in the prevention and treatment of chronic diseases?
2. Which is the effectiveness of the strategies to implement self-management in clinical practice?
3. Which are the barriers and facilitators perceived by patients, primary care professionals and managers for the implementation of self-management interventions?

Method:
Systematic reviews/meta-analysis in musculoskeletal, cardiometabolic, respiratory, dermatological, neurological and psychiatric diseases will be conducted by 4 nodes of the Spanish primary care prevention and health promotion research network (redIAPP), in accordance with the update of the PRISMA statement. Each one will be registered in the PROSPERO database.
MEDLINE, EMBASE, CINHAL, CENTRAL, CDRS, Web of Science, PEDro and Epistemonikos will be searched.
The included clinical trials will be summarized qualitatively (systematic review), describing the types of direct (two interventions) and indirect (versus control) comparisons. Where possible, standard meta-analyses will be performed using the DerSimonian-Laird random effects model and statistical heterogeneity will be inspected by calculating the I2 statistic.
In the Galician node, each review (COPD, asthma, psoriasis) will be conducted by four professionals of primary care (two tutors and two residents), supported by a librarian, two methodologists, a specific specialist (pneumologist or dermatologist) and a family physician/patient (in psoriasis).
Following the Grounded Theory, the qualitative data to know barriers and facilitators will be collected through open or in-depth interviews and focus groups according to the type of participant (health managers, health professionals or patients).

Results:
On going study.

Conclusions:
The synthesis of the available scientific evidence would allow to know the expected effect of self-management in each of the pathologies, and to prioritize which ones are more appropriate to be implemented.

Points for discussion:
Self-management as an educational tool

Self-management in the daily primary care practice

How to broadcast the results

Presentation on 19/10/2019 14:00 in "Poster Session 5: Primary Care Services and Patient Participation" by Alba Pons Revuelta.

Poster / Finished study

Predictors of adherence to fasting requirements for laboratory blood testing in primary care.

Panagiota Voila, Georgios Tsiros, Maria Floratou, Anastasia Tsirou, Vasiliki Katsari, Philippe-Richard Domeyer

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Keywords: Adherence, diet, fasting

Background:
The pre-analytical stage is important for the attainment of reliable laboratory results. It is imperative that the patient receives appropriate information regarding fasting requirements. The degree of patient adherence to these fasting requirements in primary care remains an open field.

Research questions:
What is the degree of patients' awareness of and adherence to fasting requirements for laboratory testing and what are the predictors of their adherence?

Method:
Measurement of the prognostic factors of patient awareness and compliance to directives was attained with the use of a composite questionnaire, which included sosiodemographic questions, items related to patient preparation for blood testing as well as the following scales: Visit-Specific Satisfaction Instrument (VSQ-9), Quality of life Questionnaire (EQ-5D) and Self-Efficacy for Appropriate Medication Use Scale (SEAMS) for the medication compliance. The study involved 810 adults subjects within a period of two months (March-April 2018) visiting two Greek primary care microbiological laboratories.

Results:
Most of the participants (73%) were aware of the fasting requirements and 64.6% adhered to them. The multivariate analysis revealed that patients with tertiary education, those who had their blood tests prescribed by a physician were better informed and showed greater adherance to fasting requirements (both $p<0.001$). Patients declaring being more informed by their physicians regarding fasting requirements, those having their blood tested for preventive reasons and those who had a higher rating in medication compliance (SEAMS) were more adherent than others ($p<0.001$ and $p=0.006$, respectively). Finally, patients who are previously informed as against those with lack of information manifest a higher amount of compliance compared to partial or non-compliance ($p<0.001$).

Conclusions:
Prognostic factors of patient adherence to fasting requirements for laboratory results in primary care should be taken into account to maximize the reliability of laboratory results.

Points for discussion:
Patient adherence to fasting requirements for laboratory exams and its predictors

Presentation on 19/10/2019 14:00 in "Poster Session 5: Primary Care Services and Patient Participation" by Philippe-Richard Domeyer.

Poster / Ongoing study with preliminary results

Problematic Internet Use in Adolescents

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Keywords: Adolescents, Problematic Internet Use, screening, Primary care

Background:
There has been a great expansion in the use of the Internet. Adolescents are a population group more vulnerable to risk behaviors and the Problematic Internet Use (PIU) at this stage has become an issue of concern for researchers and institutions.

Research questions:
What is the prevalence of PIU among adolescents in the health area of Vigo?

Method:
Transversal descriptive study. The validated Problematic Internet Use Scale in adolescents [PIUS-a] was applied in the primary care consultations of this area to adolescents between 10 and 16 years old.
In cases where the test showed a score below 16 on the PIUS-a scale, the health professional gave a brief advice with the delivery of written material and positive reinforcement. When the result was positive (greater or equal to 16), in addition to the above, a subsequent visit was scheduled to carry out an in-depth interview, collecting the pertinent information and referring to the corresponding service.

Results:
165 adolescents participated; 51.2% men. 34.5% would be making a problematic use of the Internet, with no significant differences between men and women (36.5% vs 32.5%; $p>0.05$), nor in age. In the analysis of scale items, no significant differences were found neither by gender ($p = 0.9$), nor by age ($p = 3.94$). The item that reaches the highest score was "When I am on line I feel that time flies and hours pass without me realizing it".

Conclusions:
The prevalence of UPI in adolescents is high. This study is the first to apply a scale validated and adapted to the Spanish cultural context in the daily practice of Primary Care. Being a short and easy to use scale, it can be applied as a tool in the preventive actions of healthy patients in pediatric age, allowing also adolescents risk assesment in a continuum evaluation of PIU.

Points for discussion:
Should we use the PIUS-a scale systematically in reviews of the healthy child?

Should we sensitize professionals about this problem? Are we professionals sufficiently prepared to address it?

Could this tool help to work togheter health centers, schools, parents...?

Presentation on 19/10/2019 14:00 in "Poster Session 5: Primary Care Services and Patient Participation" by Clara González-Formoso.

Poster / Ongoing study no results yet

Shared clinical management of digestive pathology in Ourense: impact on the use of resources and the professional and patient's satisfaction.

Joaquín Cubiella, Nestor Javier Sanchez Sanchez, Mercedes Hernández-Gómez, Carlos Menéndez-Villalba, Rosa Belén Pérez-Ramos, MªIsabel Gómez-Fernández, Mª José Fernández, Pedro Castro Fernández

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Keywords: Shared clinical management, digestive diseases, e-health, integrated care

Background:
It is said that primary care has the function of reducing the number of referrals or the consumption of resources (gatekeeper). But it is the joint work of specialists from primary care and hospital what will allow the use of health resources in an appropriate and efficient way, to obtain the best health results.
In the Ourense Health Area, there is a shared management strategy in digestive pathology based on joint protocols, direct access to tests and e-consults as the only gateway to assessment by specialists of Digestive Diseases, since 2 years ago.

Research questions:
Which ones and how many are the health care resources produced by patients with digestive symptoms derived from primary care to the hospital ?
What resolution capacity does this kind of collaborative organization have?

Method:
Cross-sectional and observational study, between January and June 2019, in a health area with 300,970 inhabitants, attended by 295 family doctors and pediatricians, which originate 10,422 consultations / year.
The resources used for the diagnosis and treatment of the new episodes with CIAP-2 D01-029 in the study period, the delays and the factors (patient, professional) associated with healthcare expenditure will be evaluated.
The reason for the consultation and the response of the e-consults in 200 successive teleconsultations with the adapted Wrenn criteria will be determined.
The satisfaction of professionals and patients will be assessed with the use of e-consults with validated questionnaires.
Finally, we will analyze the diagnostic performance of the digestive tests (upper digestive endoscopy / colonoscopy) requested from primary care for the detection of significant lesions.

Results:
On going study.

Conclusions:
Our final objective is to evaluate the results of the medical care model based on the shared management of digestive pathology, implanted in our care area, with the perspective of its possible generalization as a strategy of good clinical practice.

Presentation on 19/10/2019 14:00 in "Poster Session 5: Primary Care Services and Patient Participation" by Pedro Castro Fernández.

Poster / Ongoing study with preliminary results

Triaging and Referring In Adjacent General and Emergency departments (the TRIAGE-trial): preliminary results of a cluster randomised controlled trial

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Keywords: Triage, primary care, nurse, emergency medicine

Background:
Patients who might also go to the general practitioner (GP) frequently consult emergency departments (ED). This leads to decreased efficiency, high workload at the ED and additional costs for both government and patient.

Research questions:
The primary outcome is the proportion of patients who enter the ED and are handled by the GP after triage. Secondary outcomes: referral rate to the ED by the GP, proportion of patients not following the triage advice, compliance of the nurse to the triage-instructions and health insurance expenditures. Furthermore, facilitators and barriers will be studied and an incident analysis will be performed.

Method:
Randomised controlled trial with weekends serving as clusters. Patients presenting at the ED during out-of-hours (OOH) are triaged and allocated to either ED or GP by a trained nurse using an extension to the Manchester Triage System (MTS). During control clusters all patients remain at the ED. Data is collected using a database for OOH care (iCAREdata).

Results:
So far 296 out of 2733 (11%) patients were allocated to the GP. Two-thirds (194) of these patients did go to the GP leading to a primary outcome of 7% over a period of 14 intervention weekends. Only eight patients were referred back to the ED. Compliance of the nurse to the extended MTS was 93%, in 6% of the cases the nurse chose ED instead of GPC and in less than one percent GPC instead of ED. The nurses chose higher urgency categories and more discriminators leading to the GP during intervention clusters. Using an automated system these results get updated weekly, on our poster we will show more complete results.

Conclusions:
These first results reveal a low efficiency but a high safety of the intervention. More prolonged data collection combined with a process analysis and cost efficiency study is necessary before definitive conclusions can be drawn.

Points for discussion:
Why is the primary outcome rather low?

How can we raise this primary outcome without compromising safety?

Why do nurses triage differently during intervention weekends?

Presentation on 19/10/2019 14:00 in "Poster Session 5: Primary Care Services and Patient Participation" by Veronique Verhoeven.

Poster / Study Proposal / Idea

CONDIABE-XX Study: Analysis of the Gender Perspective in Patients With Diabetes Mellitus Type 2 (DM2) in Spain

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Keywords: Diabetes Mellitus, Type 2; Gender Analysis in Health; Gender Perspective

Background:
Diabetes Mellitus type 2 (DM2) is one of the most prevalent chronic diseases in primary care consultations, that has great variability with respect to gender. Thus, DM2 represents the third cause of death in women compared to the seventh cause in men. Being the gender difference in this pathology, a fact so evident, it was essential to conduct a study to determine the degree of control and comprehensive approach to DM2 in Spain, based on the gender perspective. Providing more information about the way in which DM2 affects both sexes, with the aim of identifying the different factors involved.

Research questions:
Will the individualization of glycemic control objectives based on a gender perspective modify the degree of control of patients with type 2 diabetes mellitus versus the standard objective of a single criterion without gender differentiation?
Is the approach to cardiovascular risk factors in patients with type 2 diabetes mellitus affected by the gender perspective?
Is there a gender perspective in the pharmacological approach and therapeutic inertia in the treatment of patients with type 2 diabetes mellitus?

Method:
Retrospective multicenter observational descriptive study in primary care centers in Spain.
A stratified sample will be made by Spanish provinces and sex in three stages. It is stratified as much by the sex of the doctor as by the patient.
A total of 302 health centers will be involve, participating 4 doctors for each HS (2 men and 2 women) with a total sample of 1208 doctors. They will obtain samples of 6 patients (3 men and 3 women) being the population size of the study: 7248 patients.
Collaborating physicians should review the clinical histories of the 6 patients selected and introduce the study variables in the electronic data collection enabled for this purpose accessible throughout the country.

Points for discussion:
The gender perspective should be a point to be taken into account in population studies of health.

Presentation on 19/10/2019 14:00 in "Poster Session 6: Medical Training and Miscellaneous" by Elena Caride.

Poster / Ongoing study no results yet

The role of theory in telemedicine research

Ana Maria, Bruno Heleno, Helena Serra

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Keywords: Theory, theoretical framework, telehealth, telemedicine, primary health care

Background:
Telemedicine applications, including teleconsultations, can potentially overcome health systems challenges associated with accessing care and coverage of services. As with other complex interventions in healthcare, it is unclear to clinicians and to policy-makers how to use teleconsultations to advance healthcare and how to implement them into practice. Telemedicine interventions will typically reflect assumptions derived from a range of sources, including academic theory, experience and 'common sense'. An understanding of the causal assumptions underpinning complex interventions, such as teleconsultations, and use of evaluation to understand how interventions work in practice are vital in building an evidence base that informs practice and policy. An understanding of the theory of telemedicine interventions is a prerequisite for meaningful assessment of its implementation.

Research questions:
To discuss when and how to use theory in telemedicine research.

Method:
The Medical Research Council guidance for process evaluation of complex interventions was followed. Additionally, a literature review was performed searching in MEDLINE and COCHRANE library for theories in use on telemedicine-related articles published since 1990, including systematic reviews and primary research studies using qualitative and/or quantitative methods.

Results:
One systematic review of research methodology in telemedicine studies and one narrative review both found that only 5% of studies mentioned any theory or paradigmatic approach, and that the majority of these studies did not test the theory, but simply made mention of it. The most frequently mentioned was diffusion of innovation theory.

Conclusions:
It can be a valuable exercise to envisage how the research would be conducted if different theoretical frameworks were used, although it may not be necessary to make a final decision before commencing. In practice, the use of theory in research is often iterative, in the sense that as data is collected, analysis conducted or problems with implementation become apparent, it is useful to revisit the theoretical framework at several points.

Points for discussion:
The integration of constructs belonging to different theories is an under-explored problem.

Telemedicine studies are conducted by researchers from a wide variety of perspectives - triangulation - including clinical practice, behavioural science, information technology, sociology, economics, and business management, with each field bringing different theories and approaches to research. How would these diverse theories influence the research questions and the outcome measures that are chosen?

Searching two specialist journals in the field, the Journal of Telemedicine and Telecare and Telemedicine and e-Health, reveals there has not been a substantial increase in the use of theory (since 1995, when the first issues of these two journals were published).

Presentation on 19/10/2019 14:00 in "Poster Session 6: Medical Training and Miscellaneous" by Ana Maria.

Poster / Finished study

Use of central nervous system stimulating drugs among medical students

Zehra Dagli, Merve Nur Arslan, Mustafa Berk Atalay, Merve Ateş, Hatice Kübra Bektaş, Fatma Canpolat, Enes Coşkun, Serhat Hayme

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Keywords: Attention enhancer, central nervous system, stimulant, medical student

Background:
Medical students are at risk of using central nervous system (CNS) stimulants (methylphenidate, amphetamines, etc.) without medical prescriptions for long-term alertness, coping with stress, focusing on studying, and improving academic performance.

Research questions:
What is the rate of CNS stimulant use among medical students in the 2018-2019 academic year?

Method:
Totally 240 volunteered students (40 students from each class) were included in the descriptive cross-sectional study. Descriptive statistics are given as mean±standard deviation, median (min-max), number of participants and percentage (%). Nominal variables were analyzed using Fisher's Exact or Pearson's Chi-Square tests. Any $p<0.05$ was considered statistically significant.

Results:
Mean age of 240 participants (40.8% male, 59.2% female) was 21.35±2.084 years. While 4.6% of the participants were currently using CNS stimulants, 5% had used in the past and 90.4% have never used. Male students (11.2%) used CNS stimulants more than female students (8.5%) ($p=0.747$). Only 60.4% had information about the drugs. The level of knowledge and the rate of drug use increased by the level of class. No statistically significant difference was found between age and usage rate ($p=0,177$). The drugs were mostly used for diagnosed Attention Defficit and Hyperactivity Disorder (43.5%) and to increase academic performance (34.8%). Of the drugs, 78.3% were prescribed, 56.5% were used daily, 73.9% were recommended by a physician, 21.7% by immediate environment and 4.3% by other parties. Of those who had not used the drugs, 34.1% thought of using before; the reasons for thinking were to increase academic performance (85.1%), to feel good (5.4%), and other reasons (9.5%). The majority (73.3%) did not use the drugs because of side effects. The rate of thinking of using increased as the level of class increased.

Conclusions:
Widespread use of CNS stimulant drugs and ethical problems that may arise from the use can be prevented by providing adequate training during medical education.

Points for discussion:
Does the rate of CNS stimulant use of increase as the level of class increases?

Are CNS stimulants mostly used to increase attention?

How are CNS stimulants mostly obtained?

Presentation on 19/10/2019 14:00 in "Poster Session 6: Medical Training and Miscellaneous" by Zehra Dagli.

Poster / Almost finished study

Waist circumference as a mediator between muscular strength and insulin blood levels in a sample of university students. A mediation analysis.

Alba Soriano-Cano, Alicia Del Saz-Lara, Rubén Fernández-Rodríguez, Carlos Pascual-Morena, Esther Gálvez-Adalia, Andrés Redondo-Tébar, Miriam Garrido-Miguel

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Keywords: Waist circumference, muscular strength, insulin, university students, mediation

Background:
Obesity has increased during last years and has been related to greater risk of insulin resistance, hypertension, diabetes mellitus and hyperlipidemia. This situation is associated with sedentarism and poorer fitness.
In general practice, most used body composition parameters are weight, height and body mass index (BMI), but it could be important to estimate waist circumference (WC) to assess cardiovascular risk in young adult population.

Research questions:
Is waist circumference a mediator in the relationship between muscular strength and insulin blood levels in university students?

Method:
Cross-sectional study with 221 participants, aged 18-30 years. We measured body composition parameters, muscular strength (sum of the standardized z score of dynamometry/weight and standing long jump) and insulin blood levels. We estimated covariance analysis to assess mean differences in body composition parameters. Later, mediation analysis was performed to examine if waist circumference acted as a mediator in the relationship between muscular strength and insulin blood levels.

Results:
Our results confirmed the inverse relationship between muscular strength and insulin blood levels ($\beta = -2.24$; $p < 0.001$). However, when waist circumference was added to regression model, this relationship was attenuated ($\beta = -1.29$; $p > 0.005$), loosing total statistical significance.

Conclusions:
In our study waist circumference act as a total mediator in the relationship between muscular strength and insulin blood levels. Therefore, physical activity promotion in Primary Care should encourage population to practice strength exercises, and measuring the changes on waist circumference could be an important element on cardiovascular risk assessment in young adult population.

Points for discussion:
Waist circumference is a feasible measure for monitoring changes in cardiovascular risk.

Necessary physical activity prescription in primary care, including strength exercises.

Presentation on 19/10/2019 14:00 in "Poster Session 6: Medical Training and Miscellaneous" by Alba Soriano-Cano.

Poster / Ongoing study with preliminary results

What is important to attract medical students to rural clerkships?

Sabine Herget, Melanie Nafziger, Stephanie Sauer, Thomas Frese, Tobias Deutsch

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Keywords: rural curriculum, general practice, medical school, rural clerkship

Background:
As a contribution to overcoming the physician shortage in rural and small-town areas, the German universities of Halle-Wittenberg and Leipzig are developing a longitudinal curriculum named 'MilaMed' to incorporate topics of rural medicine and, particularly, rural clerkships into undergraduate medical education. To facilitate implementation and raise interest in the new curricular offers, a survey was conducted to learn about students' preferences.

Research questions:
Which forms of courses and clerkships at a rural teaching site are favored by medical students? What are suitable ways to advertise rural clerkships? Which conditions make medical training on a rural teaching site more attractive?

Method:
In this cross-sectional study, a classroom-based survey was conducted among third to fifth year (of six) medical students of two German medical schools. Selected preliminary data were analyzed on a descriptive level.

Results:
The questionnaire was sufficiently completed by 907 out of 1024 students (response rate 88.6%). Students' mean age was 25.0 years and 65.3% were women. Most participants were in their fifth year of medical education (53.8%), 24.7% studied in their fourth and 21.5% in their third year.
Nearly all students (97.9%) could imagine participating (or having participated) in at least one non-urban teaching offer. Participation in clerkships of four weeks and more was imaginable for 91.2%.
Students rated field reports by fellow students, information events, social media, excursions to rural regions, a special website, and the official university student portal as the most promising ways for advertising rural medical education. The attractiveness of rural clerkships would primarily increase through remuneration of clerkships, reimbursement of travel costs, accessibility by public transport, and free accommodation, as well as a scenic landscape and interesting cultural offers in the region.

Conclusions:
Students are generally open-minded regarding different rural teaching formats. Our results may guide creating important conditions and purposeful advertisement.

Presentation on 19/10/2019 14:00 in "Poster Session 6: Medical Training and Miscellaneous" by Thomas Frese.

Poster / Ongoing study no results yet

What is the best and the worst in Family Medicine teaching?

Elina Skuja, Madara Minette, Ilze Skuja

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Keywords: Family medicine, students, teaching program

Background:
In almost all European countries (EC), Family Medicine (FM) is the cornerstone of healthcare. However, the work of a general practitioner (GP) is often rated as less prestigious compared to other medical specialties. FM as a course is included in every medicine study program in every university across the EC, but the length and manner in which it is taught vary widely. Perhaps the lack of knowledge and awareness of GP work is one of the reasons why students do not want to become GPs.

Research questions:
How do students rate the FM course at their university?

Method:
The study includes 4th to 6th year medical students from different EC participating in the summer exchange program. The questionnaire, drawn up in English, is translated using forward-backward translation into the language of each country. The questions include the length, timing and form of the FM cycle. Using the Likert scale, students are asked to evaluate theoretical and practical benefits, as well as communication with tutors during the cycle. In addition, respondents report about the positive and negative experiences during the cycle.

Results:
The results of the study will be analysed overall by assessing students' responses to various aspects of FM training. It is planned to analyse the results by comparing them between different countries. In addition to the closed questions, the added open-ended question will answer what is the most meaningful in FM for students.

Conclusions:
The conclusions of the study plan to find possible positive sides that should be used more in training, as well as to use the results to eliminate defects in FM cycle.

Points for discussion:
Can we increase the number of young GPs by improving the teaching of Family Medicine?

Presentation on 19/10/2019 14:00 in "Poster Session 6: Medical Training and Miscellaneous" by Elina Skuja.

Freestanding Paper / Ongoing study with preliminary results

Developing an innovative teaching program for medicine students to perform proper clinical interview

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Keywords: Clinical interview, teaching priorities, training students, interdisciplinary environment, communication techniques

Background:
Most medicine students do not feel prepared to perform a quality physical examination and clinical interview with the patients after their medical education. This shows a lack in the teaching program, and this project tries to solve it with an innovative intervention.

Research questions:
Are the students prepared to face a clinical interview after their graduation? How can General Practitioners (GPs) improve the student's communication skills and proper examination of the patients?

Method:
Qualitative study was conducted by an Innovation Group of GPs, residents of general medicine and medical students. First, two general coordination meetings were organized to create a Project Guide and settle on the teaching priorities: Articular examination of shoulder, knee and back; knee and shoulder infiltrations and communication techniques.
After that, six small group sessions were carried out to record short films on the settled teaching priorities with the intention of including them as teaching material. Students developed the videos with the Resident's support creating an interdisciplinary learning environment and improving the student's abilities.

Results:
Twelve videos were recorded, which are already included in the teaching program of General medicine subject for the academic year 2019-2020 at the University of Medicine.
The results of this project are currently preliminary, as the materials have still not been applied. The films may be useful for the student's learning process because they were designed and performed by other students like them, it is more visual and practical and they will be able to try the examination techniques with their own classmates.

Conclusions:
The satisfaction of the participants in the project, the created materials and the cooperation was significantly positive.
The final results will be used to measure the learning grade with this innovative teaching design, and evaluate its future introduction into the educational system in all Health Science Universities depending on the results.

Points for discussion:
Do you think the educational system of your university provides the skills to handle practical challenges immediately after graduation?

Are similar techniques that focus on practical skills a part of your current educational system?

Would you like this Project to be a part of your educational system?

Presentation on 19/10/2019 16:00 in "Parallel Session K - Freestanding Papers: Medical Students" by Lucía Lasilla Fernández.

Freestanding Paper / Finished study

Medical student's emotional development in early clinical experience : a model

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Keywords: emotional experience, medical students, clinical experience, professional skills, general practitioner education

Background:
Emotional experience for medical students during clinical internships is often ignored. Yet, its influence on professional skills is certain.

Research questions:
The research question was : "What is the emotional experience of second and third year medical students during their first clinical internship ? How do they perceive the management of their experience by their supervisors ?"

Method:
A qualitative study was conducted with twelve students in their second or third year of medical training in the University of Lille, in France, between 2016 and 2019. Interviews were carried out in a comprehensive way for a total of seventeen hours. Following a grounded theory approach, the analysis terminated when data were sufficient to offer a conclusive model.

Results:
Emotional experience during clinical internship was rich and intense. It was most often ignored and wasn’t taken into account in the development of professional skills. The organized management was deficient. An informal training existed : when a wilful student met a dedicated teacher. Students would have welcomed a possibility to experience strong emotions in a protective environment, and only then in an empowering environment. They expressed the same desire about early exchanges on the experiences of the internship. A modeling of the informants’ emotional experiences was realized in the form of three diagrams.

Conclusions:
Students ask to be challenged to face patients, and then to be listened to about it. The possible interventions are : trauma prevention and detection of malaise in the workplace ; teaching of humanist values ; providing experience and reflexivity through new pedagogical means (such as cinema, theater, literature, writing), or relational means (such as exchange groups, companionship, solidarity commitment, immersive interships and tutoring) ; and training supervisors.

Points for discussion:
How is this early clinical experience in other countries ?

What are the results of pedagogical experiment in other countries ?

Could this research be conducted in a wider range, extended or repeated ?

Presentation on 19/10/2019 16:00 in "Parallel Session K - Freestanding Papers: Medical Students" by Joseph Marseille.

Freestanding Paper / Finished study

BIG DATA in primary care : the used algorithms have no reproducibility

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Keywords: primary care, big data, systematic review

Background:
Over the past decade, the amount of digital data created by humans with or without connected tools has grown exponentially. The field of primary care (PC) did not escape this digitization, nor the use of Big Data algorithms. In order to evaluate the results of Big Data research in PC it seemed useful to identify which algorithms are used.

Research questions:
What are the algorithms used for Big data research in primary care research and how are they described?

Method:
Systematic review of the literature according to the recommendations of the PRISMA guide. A search equation using the following MeSH terms “big data, data mining, Algorithms, Artificial Intelligence, Machine learning, Deep Learning, Neural Networks Natural Language Processing, general practice, electronic health records, health records”.has been applied to the PUBMED database. After a selection of the titles and article summaries according to the inclusion criteria, the full versions of the eligible articles were read and analyzed. Referenced articles of the sources articles were added to the analysis. The algorithms described in the articles were extracted and analyzed.

Results:
778 articles were identified. 169 were eligible for full reading, 26 articles were finally selected. The algorithms listed in the articles are poorly described. The description is usually limited to a general explanation about how the algorithm works. Seven articles gave a partial description of the algorithm, A logic diagram was given in four articles and the codes in only 2. Actually only one article fully describes the algorithm with its mathematical description, its code and its logic diagram.

Conclusions:
Big Data algorithms in PC are not satisfactorily described. The lack of reproducibility is not compatible with a consistent scientific approach. Researchers should give more information about the way they extract and analyse their data to give more confidence in Big data for their readers.

Points for discussion:
compared to usual statistics are big data techniques really more opaque for researchers?

Presentation on 19/10/2019 16:00 in "Parallel Session L - Freestanding Papers: Data and Database Issues" by Jean Yves Le Reste.

Theme Paper / Almost finished study

Reliability of Health Insurance claim databases to enumerate women not reached by cervical cancer screening on a 6 years follow-up in primary care

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Keywords: uterine cervical neoplasms, mass screening, databases as topic, general practice

Background:
In France, cervical cancer screening by pap-smears should be conducted triennially. Screening statistics are based on the number of cytology examinations of smears reimbursed by the Health Insurance appearing in the claim databases. The percentage of screened women is lower basing on these data than on declarative surveys. If surveys are overestimating the number of screened women, it is likely that claim databases underestimate it.

Research questions:
The primary objective was to determine the underestimation of screened women in claim databases. The secondary objective was to estimate the proportion of female patients not reachable by their GP for a cervical cancer screening in an organized screening trial.

Method:
The population was the 6327 female patients aged 30 to 65 years of the 24 GP investigators of the PaCUDAHL-Gé trial. We compared the lists of their female patients that had no cytology of pap-test reimbursed during the 3 prior years, extracted from the Health Insurance claim databases in 2015 and 2018. We selected the patients appearing on both lists meaning they had not responded to the invitation of their GP to be screened in the trial. We searched in the GPs' records valid reasons not to be screened (hysterectomy, history of cervical lesion, pregnancy, other conditions making screening irrelevant) or an evidence of screening.

Results:
The total number of "unscreened" women in 2018 was 2731. 1737 patients appeared on both lists. 1522 could be included for analyse. 65 had been screened, 95 had hysterectomy, 3 had a history of cervical lesion, 9 were pregnant and 10 had other conditions making screening irrelevant. 166 patients were lost to view.

Conclusions:
Basing on GPs' records, Health Insurance claim databases underestimate the number of screened women by 7.6%. The percentage of patients not responding to the invitation of their GP to be screened in the PaCUDAHL-Gé trial is 24.18%.

Points for discussion:
Performance of cervical cancer screening by the GP in your country

Pap test and cytology every 3 years or self-sampling and HPV test every 5 years?

Wat percentage of the target population is not covered by screening

Presentation on 19/10/2019 16:00 in "Parallel Session L - Freestanding Papers: Data and Database Issues" by Christophe Berkhout.

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