The European General Practice Research Workshop

Paris meeting presentation abstracts

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PRESENTATION 1: Friday 15th October 1993
9.30 - 10.00

TITLE: Neglect or flexibility - how GP's measure blood pressure.

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Hypertension is a well established risk factor for cardiovas-cular disease. However, the association of blood pressure levels and cardiovascular disease is not very strong. This may in part be due to the variability of casual blood pressure readings, i.e. the regression dilution bias.
Several methods have been designed to overcome this difficulty and to increase the predictive power of blood pressure measu-rement. Ambulatory-24-h-measurement is a well known example although its long term predictive effect has hardly been studied enough.
GP's are well familiar with the problem of blood pressure variability. They have also developed strategies to deal with this common problem.
We hypothesize that they implicitly assume an average "true" blood pressure is not the

only source of information they use, knowledge about the social, psychological, physical circum-stances, and previous medical history also come in. Actual readings that differ from the assumed "true" blood pressure are often not recorded, not used for further decisions or even "corrected".
Whether this approach is really common among GP's will be subject of a postal survey among GP's in our area. The main difficulty with the instrument will be validation. For the postulated behaviour contradicts all official guidelines. Social desirability bias will therefore be a problem.
A method to validate the instrument using case vignettes will be presented. This will take behavioural data into account derived from a survey of blood pressure control in German and British general practice.

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PRESENTATION 2: Friday 15th October 1993
10.00 - 10.30

TITLE: Profiles of somatizing patients in general practice.

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Introduction: According to Lipowski (1988) somatization is: 'a tendency to experience and communicate somatic distress and symptoms, unaccounted for by pathological findings, to attri-bute them to physical illness, and to seek medical help for them'. Somatizing patients therefore are high users of health services and most of them present their problems to their GP (Escobar 1987). These patients cost the GP a relatively great amount of time and energy, moreover, somatization can develop into a chronic disorder if not adequately managed by the GP.
In order to investigate whether consultation psychiatry in general practice would be a suitable tool for supporting the GP with advice for managing somatizing patients an

explorative study has been set up. The goal of this study is 1) to give a valid operationalisation of somatizing patients; 2) to assess the degree in which these patients accept psychiatric consul-tation. In this presentation results regarding the first question are given.

Method: Questionnaires are completed by patients who, accor-ding to the GP, answer up to the definition of somatizers and by patients who do not. Data are collected about health sta-te , depression, anxiety, somatization , social contacts , patient-doctor relationship . Besides, information is collected on medical consumption and demographic characteristics.

Results and conclusions: The first results on the profiles of the somatizing patients will be presented. In this respect discriminating factors between somatizing versus non somati-zing patients and between somatizing patients accepting con-sult versus somatizing patients refusing consult will be dis-cussed.

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PRESENTATION 3: Friday 15th October 1993
10.50 - 11.20

TITLE: Assiduity and follow up of patients with alco-hol related problem, after one year.

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In 1991, 124 general practitioners of 7 French areas had found, during a day of work, 393 patients, male and female, (18.7% patients over 18) with alcohol related problems. These patients had been classed in 4 categories: dependents, problem drinkers, hazardous drinkers and abstainers. One year after, in May 1992, we asked the same physicians to note the assidui-ty of the same patients and to classify them in one of the 4 categories. The physicians, during the previous year, did not receive any advice to help these patients. They had to note the natural history of these patients regarding their alcohol consumption and the alcohol related disease.

103 (83%) general practitioners accepted to participate in the second study. That means that 19% of the patients were exclu-ded. 318 (81%) patients were able to be analysed. Had been seen again: 76.7% dependents out of 120, 84.1% problem drin-kers out of 63, 76.1% hazardous drinkers out of 92 and 86.1% abstainers out of 43.

Results.
Assiduity: 82.1% of the patients concerned had been seen again at least once in the year (out of the study). This percentage varies little according to the alcohological dia-g-nosis, with an average of 9 consultations during the year.
Follow up: The spontaneous evolution had been judged on the following criterias: the evolution of the self reported alcohol consumption, the appearance of an alcohol related disease, and the appearance of persistence of a dependence.
The variation of the self reported alcohol consumption changed very little. The study of the appearance of an alcohol related disease is interesting. Indeed, in the group of the hazardous drinkers, we observe the appearance of 15.7% of obesity and 27% of sleeping disorders. The importance of the incidence of the possible alcohol related disease cast doubt upon the reliability of the measure. The diagnosis of dependence varied a lot in one year. We may be surprised to establish that one hazardous drinker out of four and almost one problem drinker out of 2 became dependent.

The evolution of the group of the hazardous drinkers lead us to think that it is a very heterogeneous group. A classifica-tion in 3 groups seems to be more relevant: the dependents, the abstainers and the non alcohol-dependents grouping the hazardous and problem drinkers. This latter group could be named "problem drinkers" as the anglo-saxons do.

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PRESENTATION 4: Friday 15th October 1993
11.20 - 11.50

TITLE: Management of hypertensive patients in general practice: The pattern of prescribing antihyper-tensive drugs.

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In this paper characteristics of management of hypertonics have been studied in the general practice, with the special empha-sis on prescribing antihypertensive drugs. From medical re-cords of 200 registered hypertonics in the GP teaching practi-ce which has a list of 1438 registered persons, the data were collected on encounters to the doctor, values of the arterial pressure and prescribed antihypertensive drugs.
In accordance with the development of knowledge on the ratio-nal pharmacotherapy of hypertension and the need to rationali-ze the total health expenditure as well as the expenditure of drugs during 1991 and 1992 significant changes have been made in the regulations of drugs prescriptions covered by the Health Security Fund in the Republic of Croatia.
Thus, in this paper the analysis and comparison of the data of prescribing antihypertensive drugs for 1990 and 1992 has been made.

Hypertonics make up 13.9% of the total population registered by general practitioners. Out of 200 hypertonics 31 (15.5%) did not have any encounter with GP during a one year observa-tion, while 19 (8.5%) of them are treated at home due to more serious illnesses. During 1990 117 (60.6%) hypertonics and during 1992 160 (80%) hypertonics were recorded with arterial pressure (in the medical records).
The data on drug therapy was recorded for 86.5% hypertonics in 1990 and 92.5% in 1992. According to the number of the total prescribed antihypertensive drugs, 60% of hypertonics uses one group, around 30% of them two, and around 8% three groups, while in the both years of the observation there was only one patient who had antihypertensive drugs prescribed from 4 groups. The pattern of prescription for antihypertensive drugs is done according to WHO recommendations; most fre-quently prescribed are Ca chanal antagonists, diuretics, beta blockers and also ACE inhibitors.

A regular critical analysis of management of special groups of patients is a prerequisite to the improving the quality of the professional work in general practice. This study is one of the examples of the problem-oriented evaluation of the profes-sional work in general practice.
This study has shown that through critical analysis of the prescription of antihypertensive drugs one can perform the evaluation of management of hypertonics and improve their standard of management in general practice.

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PRESENTATION 5: Friday 15th October 1993

11.50 - 12.20

TITLE: Community care in a rural area. Assessment of need, and provision of service.

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This research project looked at the provision of community care in a rural population. Community care encompasses all those services necessary for the treatment and management of chronic disease e.g.; home nursing, physiotherapy, which start after diagnosis, and are largely instigated by the general practitioner, or following the patient's discharge from hospi-tal. It is essential that these services are adequate, appro-p-riate and cost effective.
In Britain, changes in the National Health Service have meant that GP's have more opportunity to influence provision and content of these services. Thus eight GP's working in four neighbouring practices in a rural area with dispersed popula-tion, distant from a District General Hospital, carried out research to obtain data. The data was used to formulate a working plan addressing all these issues.
Information was collected from quantitative data, age/sex profiles, morbidity data, levels of activity of GP's and nursing teams, patient distance from surgeries, and qualitati-ve data from interviews with GP's, nurses and health visitors, patients and managers, addressing present levels of service provision, organisation of the services, areas of unmet need and future demand, satisfaction with the services.

The main findings from the research showed an already over stretched service. With extra demand made by the rise in the dependant elderly population, and shift in responsibility from the provision of some care from hospitals to primary care, service provisions from nursing will need to increase. In a rural area it is appropriate for nurses to have skill-mix i.e. a combined midwife/district nurses/health visitors, and this should be preserved. Services must be provided at a very local level, to help patient accessibility, and enable workers to communicate effec-tively within the Primary Health Care Team. There is greatest job satisfaction and effectiveness of provision, when people meet regularly within the same building.
Morbidity data alone cannot be used as a means of predicting workload, and thus provision of services. Descriptive analy-sis and testimony from receivers of care and providers, and allo-wance for rural factors, can provide essential information in planning for future need.

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PRESENTATION 6: Friday 15th October 1993
14.00 - 14.30

TITLE: Management of chronic diseases in general prac-tice. Comparisons between consultations and home visits.

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Contexte: L'activité des médecins généralistes français com-porte des consultations au cabinet médical et des visites à domicile. L'organisation actuelle du système de santé français permet de bien connaître le nombre de ces actes, l'âge et le sexe des patients, les médecins consultés et le volume des prescriptions. En revanche, il n'existe pas de système permet-tant de faire le lien entre ces divers éléments et la patholo-gie à l'origine de la rencontre entre le médecin et son pa-tient.
But de la recherche: Etude du relevé de toutes les séances (consultations et visites) effectuées par 10 médecins généra-listes (MG) pendant un an.
Méthode:
- réseau de 10 MG de la Société Française de Médecine Générale (SFMG);
- utilisant en continu le dictionnaire de la médecine générale;
- recueil des résumés de séances à l'aide du système infor-matique MG DATA (C);
- analyse des fréquences des divers pathologies et compa-raison consultation/visites.
Résultats: 13.624 séances sont analysées.
Il existe de nombreuses différences significatives entre les pathologies chroniques soignées à domicile et en consultation au cabinet des MG.

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PRESENTATION 7: Friday 15th October 1993

14.30 - 15.00

TITLE: Asthenia complaint in general practice: 10% of the patient, a majority of anxio-depressive cases.

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Purpose of the study: Asthenia complaint in general prac-tice is estimated as common, without an exact evaluation of its prevalence.
In general, doctors' responses to this complaint has not been studied.
If it is generally assumed that a certain number of anxio-depressive syndromes are only expressed in asthenia, their proportion has not been established.
Methodology: Patients from 18 to 65 years old, have been systematically studied (5482 patients, 300 GP's).
The frequency has been checked during a week according to consultation data.
For each patient, asthenia has been characterized with 13 items. The doctors' responses has been noted.
For half of the patients (random selection) an evaluation of anxiety and depression was done using the ZUNG and CESD sca-les.
Results: Frequency of asthenia: 9,6%. Higher in urban area than in the country.
More women (68,8%) than men (31,2%).
The general score on the CESD scale, shows that 61,8% of them are above the treshhold of depression.
In 71,1% of cases GP's prescribe one or more medications.
With: anti-asthenia 35,4%; anxiolytic 24,3%; anti-depression medications 18,1%.
A double blind evaluation of anxiety and depression using auto evaluation scales did not modify the doctors's responses.

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PRESENTATION 8: Friday 15th October 1993
15.00 - 15.30

TITLE: HRT - Not for all women? A comparative study of HRT prescribing in UK, USA

and Europe.

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Introduction: Hormone Replacement Therapy (HRT) is prescribed for the control of menopausal symptoms and for the long term benefits of oestrogen therapy. This study was conducted to investigate the pharmacological management of the menopause using HRT in Europe and the United States of America.
Methods: Using prescribing data for HRT for 1991 and 1992 for the UK, USA and 11 European countries, the total number of women - years treatment prescribed was calculated for oestro-gen and oestrogen/progestogen combined preparations, subdivi-ded by delivery route. By expressing prescribing levels in terms of women treated compared with women 'at risk' current penetration levels for HRT preparations were determined.
Results: There is no consistency relating to the type of product prescribed, delivery route and penetration. In USA oestrogen only preparations account for > 90% prescriptions but only 30% in UK. The proportion of all women at risk (> 45 years) receiving HRT varies form 0.2% in Spain to 9% in UK, 17% in Sweden and 18% in USA. The penetration of HRT conside-ring only women at high risk (45-55 years) varies from 0.6% in Sapin to 29% in UK, 26% in Sweden and 51% in USA. The full results will be presented and discussed.
Conclusions: There are significant differences in prescri-bing of HRT between countries and further drug utilization research is required to understand the variation.

I would like to discuss with EGPRW members possible reasons for the variance - cultural factors, cost implications, fac-tors affecting prescribing decisions etc. and to seek advice on how best to proceed with research in this area.

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PRESENTATION 9: Friday 15th October 1993
15.50 - 16.20

TITLE: Women's attitudes to long term hormone replace-ment therapy; what are they and what influences them.

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There is evidence that HRT taken long term may prevent osteo-porosis and cardiovascular disease. Prospective trials are advocated in Britain and are beginning. Doctors hold a varie-of views on it's use and HRT is regularly featured in the popular media.
The promotion of long term HRT has social and economic impli-cations; use of resources, priorities for health care, alte-ring patterns and expectations of ageing and death, use of screening, treatment compliance. The decision to use of HRT is made mainly by general practitioners and the women themselves.

This study aims to discover the views of women about long term HRT.
The study is a postal questionnaire survey of 1700 women aged 20-69 years from practices representing 87000 patients and 40 GP's in Stockton-on-Tees, an industrial town in North East England.
The questionnaire design is based on interviews with women in Stockton, and the results of previous work. The women are asked their health concerns for the community and for themsel-ves as they age. They are asked to prioritise a number of health concerns including HRT and health problems HRT may prevent. Questions assess their attitude to long term HRT; side effects, risks and benefits, effect on ageing and death and the need for long term compliance. The women are also asked what they have heard about HRT in the media, how satis-factory they find this information, and their impressions of their GP's attitude to HRT.

The following are also measured; knowledge of HRT, attitude to the menopause, education, use of screening services, use of oral contraceptives, family history of osteoporosis and cardi-ovascular disease, menopausal status, experience of the meno-pause and use of HRT. The women's age and GP are known.

The results of the study will contribute women's views to the current debate about the promotion of long term HRT, and indicate influencing factors. It will provide a basis for further interview studies to explore the issues in more depth and a future study of doctors attitudes will compliment the study.

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PRESENTATION 10: Friday 15th October 1993
16.20 - 16.50

TITLE: The competence of general practitioners and allergy specialists in diagnosing airway aller-gy.

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Objectives: To compare the capability of general practitio-ners with that of specialists in diagnosing allergy by skin-prick tests.
Methods: Comparison of general practitioners and of specia-lists practising private and in outpatients' clinics using skin-prick tests (standard panel) to diagnose allergy in patients suffering from symptoms of possible allergic cause. Clinical history and skin-prick tests were obtained from the patients by the GP's, and the same procedure was followed by specialists to whom the patients were referred by the GP's.
Kappa statistics and Mc Nemar test were used.
Subjects: One hundred and forty-eight adult patients with possible allergic disorder were included in the trial by 34 GP's from 24 practices.
Results: There was great agreement between the specialists and the general practitioners with regards to the overall evaluation and consequences.
A high degree of agreement was found in:
a) allergy diagnosis;
b) the indication for hyposensitization based upon clinical history and skin-prick test between the two groups of doctors.
Conclusion: GP's can investigate allergy just as well as specialists provided their competence corresponds to that of the participating doctors with special allergy training. For economical reasons, it is desirable that as many patients are diagnosed in general practice - in the case of rhinitis patients this is estimated at more than 90%.

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PRESENTATION 11: Friday 15th October 1993
16.50 - 17.20

TITLE: Dictionary of the French Society of General Practice validation methodology of the defini-tions.

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Context: The FSGP (SFMG) is currently developing a compute-rized system to collect the consultation result data.
The aim is to observe practice in order to study decision making mechanisms, and prepare reliable epidemiological stu-dies in general practice.
This is all the more necessary that a Law in France precises the codification of consultations, and the obligation to follow medical references in the practice.
The SFMG has therefore started to build a dictionary of Gal Pract, which is to give as precise and discriminationy defini-tions as possible.
The first step is to describe the results of consultation (sign, symptoms, picture of illness and diagnosis) used mini-mum once a year.
Aim of the research: Build and valid the definitions by a great number of GP's, from their practice, and from a big number (this can be compared to DSM's work.
Methodology: 1- Workshop of 12, from their experience and from the bibliography, they suggest definitions and then test those definitions in their own practice (faisability);
2- validation by a network (53 GP's at this time, computerized records) using mg-data system.
During a normal consultation the doctor select a result and see on screen the definition with the compulsory items to accept it. It is then possible to chose or note the items.
This occurs for all the consultation (non selected) for all the patients seeking for care.
The records are all transmitted and then analysed with the central computer in order to estimate the frequency of the use of each items of the definition.
Are considered as valided those definitions for which 75% of GP's have confirmed the compulsory items.
Results: 160 definitions have been prepared, 25 are necessary for 80% of the results of consultation. 40 are considered as valid.
Discussion: What about the limit of 65%?
What to do for the pathologies which are less frequent, how long is it necessary to wait to declare the definition valid?

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PRESENTATION 12: Friday 15th October 1993
17.20 - 17.50

TITLE: Rectal bleeding. Predictive value of signs and symptoms for colorectal cancer.

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Overt blood loss per anum or rectum (rectal bleeding) may be the first symptom of colorectal cancer. Since the prior proba-bility is rather low the general practitioner face a dilemma: deciding whether to expose the patient to possibly unnecessary anxiety and costs, or whether to risk diagnosing a potentially malignant tumour too late or not at all. Knowledge of the predictive value of this sign in combination with other signs and symptoms is hardly available. The main question was whe-ther it is possible to discri-minate effectively between pa-tients with rectal bleeding who need invasive investigations and those who do not.
Aims: To determine the predictive value of (the combinati-on of) signs and symptoms for colorectal cancer and to identi-fy important predictor variables contributing to a multivaria-ble prediction model.
Methods: Consecutive patients with rectal bleeding (N=269) presenting to 83 general practitioners were prospectively screened for numerous items which are regularly used in clini-cal practice for their presumed importance in predicting colorectal disease. Final diagnoses were established after clinical follow-up of at least one year. Signs and symptoms, derived from doctor's and patient's questionnaires, and simple laboratory test results (in total ± 60 variables) were evalua-ted subsequently with bivariate and multivariable (forward stepwise logistic regression) techniques.
Results: The prior probability of colorectal cancer was 3% (n=9). Many signs and symptoms did not show any discriminatory power. Age, change in bowel habit and blood mixed with or on stool showed a statistically significant independent predicti-ve value. The discriminatory power of the model is high with an AUC (Area Under the Receiver Operating Characteristic curve) of 0.97. At an optimal cut-off point for the discrimi-nation between patients with a very low (close to 0) and those with a high probability of

colorectal cancer the sensitivity of the model is 100% and the specificity is 90%: 13% of pa-tients are classified as positive for cancer with a positive predictive value (PV+) of 26%, while 87% of patients are classified as negative with a probability of colorectal cancer (100%-PVÄ) being 0%.
Conclusion: Application of the model presented might pre-vent 90% of 'unnecessary' invasive investigations. Testing the performance of our model in other general practice populations is recommended.

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PRESENTATION 13: Saturday 16th October 1993
9.00 - 9.30

TITLE: Long term medical care of alcoholic patients.
An illustration by the Clinical Allcoologists Com-puterized Network (RIAC) of the possibili-ties and limits of simultaneous and coordina-ted actions.

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Within the scope of a descriptive and prospective multicente-red research, financed by the Ministère de la Santé, the RIAC studies through a continuous data collection, the itinerary of patients' care and the medical and social activities within 10 centers for ambulatory alcoology.
This network shows some of the diagnostic, therapeutic and follow-up problems that occur with medical, social and family complications linked to a dammaging alcoholism. The nature of medical, social and psychological problems observed, usually calls for multi professional interventions, and a long term follow-up that cannot be optimized except by coordinated intervention with the GP's.
The analysis of the recruiting modes of the centers of the network, the study of the communication between the different medical and social actors, as well as the importance of the patients without follow-up allow to better define some factors that could help or limit the collaboration between the specia-lized services and the GP's.
Considering the frequency and importance of dammaging alcoho-lism seen by the GP's, developing such care strategies is an essential element in a complex chronic pathology

that calls for long-lasting (continuous or discontinuous) interventions by the patients their family and social environment.

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PRESENTATION 14: Saturday 16th October 1993
9.30 - 10.00

TITLE: Severe chronic diseases in general practice.

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In the field of research of chronic disease in general practi-ce, most effort have addressed high prevalence diseases, where the roles of GP, specialist and patient are rather well defi-ned (e.g. astma, diabetes, ischaemic heart disease, osteo-arthritis).
However, the majority of chronic diseases (approx. 5.000) have an incidence of well below 1 per 1.000 patient years (e.g. cystic fibrosis, phenylketonuria, M. Bechterew, schizophre- ni-a). Based on the structure of episodes and on the characte-ris-tics of general practice, a model has been developed to study severe and relatively seldom occurring chronic diseases in general practice, explicitly taking into account the pa-tient's perspective. This model or 'conceptual grid' will be presented and discussed.
It allows for a description of general practice care for diseases from the start of the episode, during follow-up, until the end, on the levels of the patients' reasons for encounter/demand for care, the diagnosis/diagnostic interven-tions, the therapeutic/palliative interventions, severity, and co-morbidity within the context of available knowledge as to its etiology and prognosis with and without treatment.

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PRESENTATION 15: Saturday 16th October 1993
10.00 - 10.30

TITLE: Stroke patients in general practice.

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Objective: On the basis of three studies on stroke pa-tients in general practice the conceptual grid on the structu-re of severe chronic diseases will assessed.
Method: Data are used from:
a. the 'autonomy-project': a study into morbidity and functio-nal status of 5.500 elderly patients on the list of 25 GP's in the northern part of the Netherlands;
b. Schuling's study of the acute phase (first six months) of 185 stroke patients;
c. Schure's preliminary data on the experiences of 70 partners of these stroke patients.
Results: Stroke is a serious disease and frequent cause of death or disability. In the Netherlands, the GP or a locum of the group to which he belongs, is called in by 97.5% of the patients. The diagnosis had to be changed in the course of the episode in 10% of the cases. During the episode, 34% of pa-tients was cared for at home; 57% was admitted to the neuro-logical ward of a hospital, 3% in the home for the elderly, while in 6% of the cases the care was delivered by both a GP and a neurologist. In most cases, the patient wanted to stay at home, the preference of the patients surrounding was as often or not to stay home, as to be hospitalized. During the first 24 hours 10% died, after 1 week 17%, after 6 months 34%. Six months after stroke 87.5% of the surviving patients was home again, whereas 12.5% were cared for in a nursing home. GP's perform home visits very regularly during the first few weeks; after this period, however, they do so less and less. Barthel's index is widely accepted as a gold standard for measuring patients' condition; in this area, attention should be as be paid to patients' psychological status, e.g. by using the WONC-COOp charts or the CES(d).
A stroke has also an enormous impact on the daily life of the partner of the patient. Personality changes and communication problems proved the heaviest strain. In long-term follow-up, the GP often was the only professional provider. His awareness of the partner's problems forms a necessary support.

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PRESENTATION 16: Saturday 16th October 1993
10.50 - 11.20

TITLE: Hepatitis C Virus: Transmission routes. Risk of transmission to sexual partner. Clinical mana-gement.

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The hepatitis C virus (HCV) was discovered in 1988 and is the responsible of most non-A, non-B hepatitis (NANB).
Risk factors for infection include intravenous drug use, previous blood transfusion and multiple sexual partners; but 40-50% of cases have no identified risk factor.
In most cases the disease leads to a chronic condition, 60% to chronic active hepatitis, 10-20% to cirrhosis and some to hepatocarcinoma.
These facts and its chronic condition will turn into a common situation to deal in the surgery with this patients, in common situation to deal in the surgery with this patients, in order to take therapeutic and clinical decisions, advice them, and coordination with other specialists. That is, clinical mana-gement in the broad sense of the term.

The objectives of this study are: 1. Study the transmission routes in our population. 2. Assessment the risk of transmis-si-on to sexual partner. 3. Description of the main clinical features. 4. Clinical follow-up to evaluate short and long-term morbidity.
Patients and methods: Prospective study of patients with a positive serology for HCV after March 1993. Setting: Primary Health Center from five general practitioners. Diagnostic criteria: detection of antibodies against HCV by ELISA of second generation. Proceedings: systematic detection of HCV in any case of previous elevation of transaminases or any previous liver affection, blood transfusions, drug addiction, alcoholism, positive HBsAg or anti-HBc, and sexual partners with positive anti-HCV.
Provisional results: We found 64 patients with a mean age of 57 years, 56% were female and 29% of them were older than 65.
The main clinical feaures were: 100% had transaminases eleva-ted, 25% with plaquetopenia, 4% were hepatitis B (HB) carriers and 48% resulted HB core positive.

The ecographic abnormali-ties were 67% and all 14 patients who undertook a liver biopsy were abnormal.
Transfusion was the most common risk factor (20 cases, 31%) and one patient probably got the infection from the partner (2%). A previous major surgery was present in 58% patients.
Conclusions: 1. The HCV is not infrequent in our area (pre-valence of 0.87%). 2. Transfusions were the main risk factor. 3. Probably the HCV and the HBV share common ways of transmis-sion infection. 4. The transmission rate to sexual partner was low. 5. The HCV produces a high morbidity and all patient showed transaminases elevated.

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PRESENTATION 17: Saturday 16th October 1993
11.20 - 11.50

TITLE: Prevalence of thyroid disease among adult popu-lation attended in a primary health center.

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Thyroid disease is not unusual among general population, though its diagnosis is occasionally difficult since there are cases, mainly older people, whose symptomatology is slightly shown.
Objective of this study: Prevalence and distribution of thy-roid disease among adult population attended in our Primary Health Center (PHC).
Patients and Methods: Descriptive study which encloses adult population attended in our PHC, those who presently suffer or have suffered time ago some thyroid disease. An active research has been carried out from: 1. clinical history (active and passive problems); 2. diagnosis and chronic treat-ment files; 3. thyroid function analysis check-up.

Results: We detected 146 patients with thyroid disease, which means a prevalence of 1.1%. The average age was 44 years (SD: + 16.4), and there were a female predo minance (89%). More common diseases detected were hypothyroidism (32%) and simple nontoxic goiter (32%). Among hypothyroidism causes, we empha-size 13 cases due to thyroid surgery and/or I-131 treatment. Other diseases were reported as follows: hyperthyroidism (25%), suclinic hypothyroidism (9%), thyroiditis (4%) and neoplasms (2%). In reference to subclinic hypothyroidism, there was a female predominance (91.7%), with an average age of 50 years (SD: + 15.5).
Conclusions: It stands out a low proportion of thyroid pathology diagnosis in our PHC, specially subclinic hypothy-roidism, as we compare with previous similar studies. Thus, we regard as necessary a more intensive research for this patho-logy, mainly in older population, as far as their clinic may be very inespecific, not showing the signs and symptoms regar-ded as classic.

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PRESENTATION 18: Saturday 16th October 1993
11.50 - 12.20

TITLE: Chronic morbidity as an important indicator for calculation of the needs number of GP's in Russia.

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At present we have step by step the transfer to the system of General Practice in Russia. With the aim of discovery of the necessary number of GP's in the country we carried out the set of special investigations in NPO "MedSocEconomInform" of the Russian Health Ministry. In the method designed by us it was used a lot of indicators which can influence (to our opinion) on the necessity of GP's. There are: demographic, socio-econ-omic, organization, staff and others among these indexes.
For example, varied socio-economic development in different regions (high, middle or low level of urban structures, depri-vated or affluent areas) exerts diverse influence on volume and kind of GP's work. Socio-demographic indicators have a very essential

influence (such as the share of children, elderly, pensioners, disabled among the population served by GP).
Our experience gained during our researchers showed that planned and normative indicators in GP's necessity must be based on styding of prevalence, structure and character of people morbidity and population need in GP's in relation with certain diseases.
As a principal methodic mean we used the method of moment observations combined with expert's evaluation concerning the well-grounded and expedient treatment and follow-up by GP's.
We were studied all the kind of morbidity with statistic analysis of received materials.
As the result of our investigations we designed the recommen-da-tions which allow to study the GP's needs in different regions of Russia.
We paid a special attention to chronic diseases that demanded the most timeconsuming work.

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PRESENTATION 19: Saturday 16th October 1993
14.00 - 14.30

TITLE: The changing face of care in the Community for patients with chronic illnesses: The U.K. per-spective.

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Introduction: The NHS and Community Care Act of 1989 has resulted in radical change to health and social care in the U.K.
The Community Care component of these changes aims to introdu-ce pluralism within health and social care and most important-ly, ensure that assessments are the cornerstone of care deli-very. In this process the wishes of service-users and their carers should be considered to a greater degree than previous-ly.
These new changes are a response to the increasing needs of the most disadvantaged in

society. For example, the elderly (1M people over the age of 85 are expected by the year 2000), those with a physical disability (0.5M) and individuals with learning disabilities (125,000). Individuals with a chronic mental illness probably number upward of 1M and those with HIV/AIDS currently less than 10,000 complete the most vulne-rable groups in the community.
What about the providers of some of this care, ie general practitioners (GP's)? Are they suitably prepared? And if not why not?

Methods: A structured questionnaire was designed and despat-ched prior to implementation of the changes to all GP's in four health districts in and around London, U.K. Semi-structu-red interviews with a select group of GP's and Social Services practitioners were conducted after the questionnaire.
Phase 2 of the study aims to explore how the changes have impacted on general practice.

Results: Overall GP's felt ill-informed and unprepared about the reforms in Community Care. In addition concerns regarding workload were expressed. Working relationships with Social Services were variable and several ongoing problems were high-lighted.

Conclusions:
- The mixed methodology used was felt to be particularly effective in collecting and collating a range of interes-ting data about recent changes in health and social care.

- These results highlight some potentially important impli-cations for the care of patients with chronic illness in the U.K.
- These findings are unique in that there is currently no other comparable study taking place which is designed to explore the impact of these legislative changes on gene-ral practice in the U.K.

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PRESENTATION 20: Saturday 16th October 1993
14.30 -14.40

TITLE: Is there a need to measure the impact of an international workshop and how should we do it? The case of the EGPRW.

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The current discussion about future developments concerning the European organisations of general practice in Europe has lead to a new discussion about the position of EGPRW. Although there seems to be no doubt that EGPRW (in accordance with our statutes) stands for "(international) research in general practice" and in this differs from other international organisations, it is sometime hard to give evidence (other then the number of paying EGPRW members) to others for our existence or for the impact of the EGPRW. On the other hand, the other European general practice groups deal with exactly the same problem.
Nevertheless, EGPRW could take the lead to solve this problem.
We all know that our meetings take place in the friendly "EGPRW" atmosphere, where researchers dare to present not only results, but also to discuss ideas of newly planned projects.
However, although this common feeling is a very important feature of the EGPRW, one might ask if there is not a need for more firm evidence for the existence and impact of the EGPRW.
If there is a need felt and we can find the evidence searched for, it could strengthen our position.

During this presentation two questions are central:
1. Is there a need to measure the impact of the EGPRW?
2. How should we do it? An example of a questionnaire, used in a similar project, will be showed.

Participants are invited to give their comments. If the need is felt to measure the impact a project will be started.

Ref.: Jones R, Wilmot J, Fry J. The general practice re-search club. Br J Gen Pract 1991; 41: 380-81.

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PRESENTATION 21: Saturday 16th October 1993
14.40 - 14.50

TITLE: The Northern Primary Care Research Net-work (Great Britain).

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The aim of this network is to enable ordinary service general practitioners (family doctors) and other members of the Prima-ry Care Team to develop their research ideas and skills and encourage them to carry out research. By ordinary service GP's, I mean those who do not have formal links with, or posts in, a research unit or university. There are many GP's and primary care nurses who have ideas for research. Often these get no further than an idea due to lack of time, skills and resources. Sometimes they do a project in their own practice, resourcing it themselves, using small samples and producing data of limited value. This can lead to disillusionment. Most general practice research has been based in universities or research units, sometimes using the inter-e-sted primary care teams as data collectors. In many areas of medicine, community based research is missing. Re-search done on selected hospital populations is not always applicable to primary care. Health providers, for us in Bri-tain the Natio-nal Health Service, are now discovering their need for research in primary health care. The type of re-search questions raised by primary care teams and the communi-ty base for their research is of vital importance to health providers.

Our Research Network provides encouragement and moral support for those in primary health care wanting to further their research ideas. Through meetings and contacts the researchers discover they are not alone and through the Network they can find advice, helpful criticism, information about potential funding and expertise on areas such as statistics. The Network encourages the researchers to 'think big', make the project broadly based and large enough to give real answers to the research questions. It also encourages them to look for ade-quate funding so the research is not done at the expense of their own family, health or income. The Network is trying to get away from the primary care team as just data collectors, and develop the idea of the primary care team as a resource of professionals with the ideas, skills and enthusiasm for vital research.

The network was formally launched earlier this year. The preparatory work was done by Dr. Pali Hungin, a GP holding a two year part-time Research Fellowship, an experimental post created by the British Royal College of General Practitioners. A major task for him has been to develop close working links with the local University and Regional Health Authority to ensure the Network is linked in with the Research and Develop-ment plans for our region. The Network received some start up funding from the Regional Health Authority and we are seeking further funding from them to provide an infrastructure for the Network. The Network now has 70 members. It has run a formal three day course in research methods with 30 participants from the region. It has also organised four half day seminars taking participants through the different stages of preparing research. Participants bring along their research ideas, at whatever stage of development, for

discussion. The Network also organises evening workshops at a local level where six or eight will meet and discuss their ideas or projects. Once a year there is a day for presenting projects similar to this European Workshop.

The Network has brought together many primary care team mem-bers full of enthusiasm and ideas for research. It has given some structure to a tremendous research resource that was previously almost invisible. The members are mainly GP's, the Network needs to reach out to the other team members. The Network has identified the needs for support and training of primary care researchers and has gone a long way to meet these needs. Other needs for the researchers are time and resources particularly while preparing the research proposal. This year two GP's have been awarded Training Fellowships from the Regional Health Authority, fellowships that in the past have always gone to hospital doctors. Network members are also just beginning to be awarded grants that pays for their own time or for a locum for their practice. The Network has demonstrated a huge potential for research by those in primary care which with further funding could be of great benefit for patients and health care providers.

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PRESENTATION 22: Saturday 16th October 1993
14.50 - 15.00

TITLE: Maternity rights in Europe.

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The bar chart (figure below) shows the period of leave (in weeks), before and after delivery, for women in various Euro-pe-an countries (according to references 1 and 2). The filled part of the bar shows the total leave. The woman may use the unfilled part before delivery, but then her leave after deli-very is reduced.
As you can see Sweden has a very generous maternity leave, too generous says many a Swede as the wealth of the country is diminishing.
I would like to make a closer study of the maternity (and paternity) rights in Europe by sending a questionnaire to the national representatives of the EGPRW.

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PRESENTATION 23: Saturday 16th October 1993
15.00 - 15.10

TITLE: The development of an instrument measuring functional status in the elderly.

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Measuring functional status and autonomy of elderly people is very important in the management of chronic diseases.
At our department an instrument was developed to be used by the general practitioner to measure functional status.
A first field research showed that the instrument was well accepted and used by the GP's.
Using the instrument GP's were able to categorise their patients in three groups: total dependent, total independent and a group between with major problems. Reviewing literature and keeping in mind new evolu-tions the instrument was adapted.
It consists of four circles with each three items to be asses-sed in a score from zero (no problem) to four (major problem).
In total there are twelve items in four circles:
Circle 1. ADL; IADL; Condition.
Circle 2. Drugsuse; Environment; Finances.
Circle 3. Memory; Normal behaviour; Orientation.
Circle 4. Planning; Relations; Social contacts.

We want to propose briefly this instrument and discuss sugge-s-tions and comments about the usefulness of its further deve-lopment.

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PRESENTATION 24: Saturday 16th October 1993
15.10 - 15.20

TITLE: Patient illness versus family illness.

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Social and family networks have provided to be influential factors affecting morbidity and mortality .
All families exist in a homeostatic balance in which behaviour of each member is integrally involved with others. A physical-ly ill member can disrupt the homeostatic family balance and affect the other family members or, conversely, a disturbed family relationship can result in illness of an individual member.
Sometimes, paradoxically, an illness may often serve to stabi-lize a dysfunctional family or a disrupted family situation .
Early studies supported the belief that family was an appro- p-ri-ate part of family practice.
In Portugal, the General Practitioner is a FAMILY PHYSICIAN taking care of all family. Because of his long-term relati-onship with the family, he (or she) is in a unique position to observe the life process of an entirely family unit and the way in which each person's behaviour affects the others .
The author talks about an "ill" family with a physically ill member (with a chronic disease).

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PRESENTATION 25: Saturday 16th October 1993
15.20 - 15.30

TITLE: Insulin treatment in type-II diabetes and its effect on the occurrence of retinopathy.

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Does combination of insulin with oral hypoglycaemic agents increase the occurrence of retinopathy in type II diabetic patients?
This question arose from the results of our epidemiological study in which the occurrence of retinopathy in 1841 eighteen years or older diabetic patients was determined by nonmydria-tic fundus photography. Retinopathy was found in 7.6, 16.3, 25.6 and 28.8% of patients treated with oral hypoglycaemic agents when the duration of the disease was 0-4, 5-9, 10-14, and 15 years or over respectively. The corresponding prevalen-ces in patients treated with a combination therapy of oral hypoglycaemic agents and insulin were 12.5, 38.1, 45.5, 43.1%. The mean fasting blood glucose, systolic or diastolic blood pressure, body mass index or number of other diseases did not explain the occurrence of retinopathy when analyzed by stepwise logistic regression. The only significant variables which were associated with occurrence of retinopathy were the duration of the disease and the type of treatment. In the analysis of prevalences the duration of the disease was stan-dardized by partial analysis. This finding gives some evidence about the harmful effect of insulin on the development and progress of retinopathy.

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PRESENTATION 26: Saturday 16th October 1993
15.50 - 16.20

TITLE: Sedatives' prescription by general practitio-ners in Paris.

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According to drug sales, french people are high users of sedatives. Overprescription by general practitioners (GP's) is generally considered as a major contributing factor. We did a survey among our patients to challenge this hypotheses.

Objectives: To describe patients receiving a sedative prescription (SP), to quantify the frequency of SP and to describe SP modalities.

Material and methods: The survey was done by 28 GP's, most of them involved in the family medicine programme of the Bichat Medical School, practising in the north-west of Paris and its close suburb. Information was collected concerning all patients with a SP between 1991 december 1st and december 15th.

Main results: GP's made a SP for 525 patients: females 355, males 170; mean age 58 +-18 years (m+-SD), 54% of them were more than 60 years old. Forty percent of the patients were unemployed or retired. A problem of alcohol drinking was known by the GP for 16% of the patients, a problem of drug addiction for 4% and the notion of previous psychiatric care for 15%.
One out 5 SP's were initiated during the study visit. We evalu-ate the prevalence of SP among our patients to be 10% and its incidence 1.7%. Ninety percent of the SP's reconducted during the visit lasted more than 1 year, were regular and with badly beared interruptions. Fifty four percent of SP's were made on patient's request. Principal reasons for SP were insomnia and anxiety. The leading drugs were bromazepam and lorazepam. Some SP's contained hypnotics for anxiety and anxiolytic for insom-nia.

Discussion: The internal validity of these data has to be discussed. For example, it is difficult to delineate the source of the demand. However, it seems that SP is mainly made at the patient's request and long lasting. We will further analyze the modalities of SP's according to the characteris-tics of the patients. Considering the selection bias of our team, these results cannot be generalized to all french GP's. In any case, the level of SP frequency has to be compared to a reference agreed upon by GP's. Drugs are not always appropria-te to the reason of the SP.

Conclusion: The SP's made by GP's appear roughly concordant with patients' demands and the possibility for GP's to reverse sedative use seems very limited. Some level of inadequacy in drug's choice leaves room for improvement.

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PRESENTATION 27: Saturday 16th October 1993

16.20 - 16.50

TITLE: Screening for lead poisoning in Paris.

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10% of Paris young children attended in PMI health centers are affected by lead poisoning. Their intoxication proceeds from ingesting flakes or dust with high lead content, coming from house paints used before 1950.
Lead blood levels (PbB) over 500 ug/l cause acute neurologic accidents. PbB between 100 et 500 ug/l causes progressive troubles of intellectual development.
If PbB is over 150 ug/l, Atlanta's CDC recommends individual medical care: counselling, iron deficiency correction and follow-up.
Screening is based on the detection of risk factors (RF: accessible damaged old paints, flakes handling, lead poisoning between brothers and neighbours, recent behaviour trouble) and dosage of erythrocyte protoporphyrin (ZPP). If ZPP is over 250 ug/l, PbB has to be dosed.
We measured the frequency of lead poisoning among 1 to 4 year-old children from 23 practices (21 GP and 7 paediatrici-ans) located in districts where PMI showed frequent intoxica-tions.
Children who were found to live in houses built before 1950 had further investigation, looking for RF. If at least one RF was detected, PbB was measured. otherwise, micromethod blood taking was performed and posted to a central laboratory, to measure ZPP. If ZPP was over 250 ug/l PbB measure was prescri-bed secondarily.
521 children had first investigation. 260 lived in old houses and had further investigation. 162 had complete screening.
130 had no risk factor. Among them 56 had ZPP > = 250 ug/l, which conducted to PbB measure.
9 children had PbB between 100 and 150 ug/l, 1 was between 150 and 250 ug/l.
32 children had at least one RF. Their PbB was between 100 and 150 ug/l for 10 of them, between 150 and 250 ug/l for 4, and 1 PbB was at 270 ug/l.
Finally among completely screened children living in houses built before 1950, 25 (15,4%) had excessive PbB and 6 (3,7%) needed medical care and follow-up.
These first results suggest that Parisian GP's and paediatri-ci-ans are concerned with lead poisoning, even if the problem is not so important than in PMI practices. Screening must be oriented by systematic research of risk factors.

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PRESENTATION 28: Saturday 16th October 1993
16.50 - 17.20

TITLE: The role of the family physician in the preven-tion of accidents to children under 5 in Euro-pe.

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Accidents are the leading cause of death in children over the age of one in the developed world. However, it has been shown that, almost without exception, there has been a downward trend in child injury mortality in most western countries. This trend began in the 1950's but has begun to plateau in some countries, especially over the last decade. The figures indicate that some countries have improved at a much faster rate than Britain, notably Sweden and Holland.

In Britain the recent white paper "Health of the nation" proposes that the prevention of accidents should be one of the five key areas for developing strategies for health improve-ment for this decade. The report aims to cut deaths from accidents substantially, particularly among children. General Practitioners are seen as key professionals to lead the field in this area. The document stresses that family physicians should use consultation time to offer opportunistic education regarding accident prevention and safety.

The family physician's role has four components: to prevent accidents by giving advice; to treat the consequences of an accident directly and to offer preventative advice at the same time; to follow up the family and offer continuing, reinfor-cing advice and support; to collaborate more widely with colleagues in community agencies.

The proposed study aims to assess the perceptions of family physicians about their role in the prevention and treatment of childhood accidents in selected European countries. The study is aimed to follow a national survey to general practitioners in Britain and allow the comparison of experience from one country to another.

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PRESENTATION 29: Saturday 16th October 1993
17.20 - 17.50

TITLE: Lyme Arthritis - Common manifestation in Swe-dish high endemic area.

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Lyme borreliosis (LB) with its extensive clinical spectrum is the most common vector-borne infection in Sweden today and the southern Baltic coast is considered an endemic area. Although arthritis is the most frequent late manifestation in the USA it seems to be rare in European studies.
The present study identified and investigated a high endemic area in the archipelage of southern Sweden. Of ticks collected from the island 31/149 (21%) were infested by Borrelia burgdorferi. Sera from 480 of 540 individuals living on the island were tested by ELISA for antibodies against B.burgdorferi. Elevated antibody levels were found in 90/480 individuals (19%).
In a questionnaire 33/90 (37%) of the seropositive individuals reported chronic or intermittent arthralgia compared to 48/390 (12%) of the seronegative individuals ($p < 0.001$). All seropo-sitive individuals with arthralgia were followed up and exami-ned by the authors. Lyme arthritis were found to be the cause of the arthralgia in 11/32 individuals (34%). The mean durati-on of their joint disorder were 6 years. When followed up 6 months after antibiotic treatment 9 of the 11 individuals reported no further complaints of joint pain.
The results of this study indicate that Lyme arthritis is a much more common manifestation of LB than previously observed in Europe. In tick-endemic areas the diagnosis must be consi-dered as aetiology of arthritis.

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PRESENTATION 30: Sunday 17th October 1993
9.30 - 10.00

TITLE: Deep graft in Primary Health Care. A study of chronic leg ulcers and health economics.

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A study has been carried out since 1987 concerning skin trans-plantation, the small deep graft, in Primary Health Care. Totally 68 operations in 36 patients have been performed and folowed up. The treatment of patients with chronic leg ulcers has, in Sweden, an annual, estimated cost of 100 million US Dollars (1988) and takes approximately 1/3 of the working time of a district nurse.
The operations have been performed at the primary health center, at the office of the district nurse or in the pa-tient's home. The patients come from a well defined area, the community of Karlskrona, where an inquiry into the work of the district nurse also has been carried out in 1986, 1988 and 1992.
The chronic ulcers treated with deep graft include venous, arterial, vasculitic ulcers and ulcers in diabetes. 22/44 ulcers were healed, 15 of these within 12 weeks.
The donor sites, the patient's thigh, healed completely within two weeks. None of the wounds became infected and none of the patients complained of pain. The size of the graft is 3-4 mm and the number of grafts from the same donor site varied from 5 to 100.
The results of the study will be presented in detail at the conference.

Conclusion: The deep graft operation is a useful method for healing chronic ulcers not only from an economic point of view but mainly in giving the individual patient a better social life. The procedure is easy and fast to perform, cheap, suit-able for any kind of patient and thus an excellent method for treating chronic ulcers in Primary Health Care.

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PRESENTATION 31: Sunday 17th October 1993
10.00 - 10.30

TITLE: A prospective, randomised double blind, placebo controlled trial to assess the efficacy and safety of the elmedistraal device as an adjunct to non-surgical management of venous ulcers.

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Major British surveys have revealed that approximately 1% of the population have or have had leg ulceration at any one time. About 75-90% of all leg ulcers are associated with venous insufficiency and their duration ranges from a few months to decades with a mean duration usually greater than 10 years. Venous leg ulceration appears to be common to all countries with no ethnic preponderance. In the UK alone venous disease is the identifiable cause for the amputation of 100 lower limbs annually. Unfortunately there is a scarcity of alternative non-surgical therapies for venous ulcers, that do not respond to conventional treatment.

The novel device (Elmedistraal) produces electromagnetic radiation which is thought to work by stimulating local blood flow. The benefits of electrical stimulation of the skin to enhance wound healing were identified over 300 years ago when charged gold leaf was used to treat smallpox scars. There is now a growing acceptance of experimental data for the use of electromagnetic field therapy in the healing of fractures and anecdotal evidence of accelerated closure of chronic skin wounds which overlay these fractures. The basic mechanisms underlying the clinical effects are as yet unclear. The ions of the blood stream are thought to be affected in such a way that the trajectory becomes helical, increasing velocity and producing a fast moving pressure wave. However, it has been suggested that by altering and augmenting pre-existing endoge-nous electric fields a measurable cellular response may be triggered. Current treatment for leg ulcers is directed to-wards macrocirculatory problems only, and neglects those haemodynamic aspects which contribute to the pathogenesis of trophic ulceration.

The Elmedistraal device is at present routinely used in phy-si-otherapy clinics in Norway, Sweden and Denmark. Anecdotal evidence has emerged that the device has favourable effects when used to treat various forms of circulatory disease. However, no controlled data exists. This provides the impetus for this study. The Department of General Practice in Bir-mingham has designed and is conducting a study to evaluate the safety and efficacy of the Elmedistraal device as an alterna-tive treatment for venous leg ulcers.

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PRESENTATION 32: Sunday 17th October 1993
10.50 - 11.20

TITLE: Necessity of drugs in GP's practice.

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The aim of the study was to compare the opinions of the Estonian and Finnish primary care doctors on necessity of several wellknown drugs in their everyday practice. The study is a part of a bigger TATATU project: which compares the prerequisites of GP's work in two societies.

Material and methods: The questionnaire was sent by mail to 157 Estonian district doctors and to 312 Finnish general practitioners born in 1940-1949. Response rate of Estonian doctors was 70% and Finnish doctors 68%. The doctor had to evaluate the necessity of the 39 drugs or drug groups on the line, one end of which marks "very necessary" and the other "totally unnecessary".
In statistical analysis T-test and non-parametric statistics (Mann-Whitney U) were used.

The preliminary results of the research show that, the Estonian and Finnish doctors both similary very highly evalu-ated the following drugs: digitalis thiazide, furosemide, beta-blocker, Ca++ antagonists, prednisolone, salbutamol.
Penicillin and glyceryl-nitrate were evaluated very highly by all doctors, but more in Finland.
There was a statistical difference in the necessity of trime-toprim, ACE inhibitors and insulin, which got very high eva-luation by Finnish doctors and antacids, theophylline, aspirin, ibuprophen and indomethacin, erythromycin, cimetidine which very highly evaluated by Estonian doctors.
Equally high evaluatie was given to the following drugs: Vit. B12, morphine, biquanide,

diazeparn, haloperidol, tetracycline and amitriptyline.
Sulfonamide and sulphonylurea drugs were highly evaluated in both countries, but the first more in Estonia and the second in Finland. The biggest difference was observed in the neces-s-ity of oestrogen and oral contraceptives (the Estonian evalu-ation comparatively low) reserpine, codeine phosphate, alcohol and phenobarbital (Finnish evaluation comparatively low).

The differences found by the study could be explained by differences in availability of drugs on the market, prices, traditions and education of doctors, content of GP's work in different health care systems.

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PRESENTATION 33: Sunday 17th October 1993
11.20 - 11.50

TITLE: Health care provided to refugees in Norwegian camps.

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Norway is receiving an increasing number of refugees, espe- ci-al-ly from the former Jugoslavia. To take care of them many camps have been established. The Directorate of Health shall ensure that all patients in Norway are treated properly. We have carried out a survey to evaluate the health care provided to refugees in Norwegian camps. The survey was conducted during May 93, and data were recorded from 86 camps. A simple 2-page questionnaire was completed by general practitioners (38%) and nurses (54%) (other personnel 8%).
Results: 35% of the respondents answered that they did not have enough time available for the refugees. Three-quarters were satisfied with the cooperation with other personnel in the camp. 17% did not think that their own competence was approp-riate. 81% considered it easy to get advice in cases of physi-cal problems, compared to only 40%, in cases of psychia-t-ric problems.
Three-quarters benefited from a well functioning referral system for clinical problems. However, less than one-third were satisfied with the referral system for psychiatric pro-

blems.
Conclusion: Many refugees coming to Norway have experienced severe psychological trauma, making psychiatric evaluation and assistance necessary. Thus the refugees represent a challenge to the general practitioners. The results of the present survey indicate that the psychiatric service available is not adjusted to the needs of the refugees.

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PRESENTATION 34: Sunday 17th October 1993
11.50 - 12.20

TITLE: Acceptability and evaluation of early detection of prostatic cancer by digital palpation by trained general practitioners.

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A Group of 24 French general practitioners (GP's) from the north of the Isère Department tested the acceptability of early detection of prostatic cancer by rectal exam in men over 45 years old and determined the rate of detection of prostatic cancer in this population. These GP's belonged to a group of continuous medical educati-on. They were submitted to a special period of training: 6 hours of evening training course and 4 hours of practical course in an urology ward.
Patients were sensitized by posters placed in their doctor's waiting-room and by the distribution of information-leaflets where the interest of rectal examination was detailed.

Results: 31 GP's (7 females, 24 males) were instructed. 24 (3 females, 21 males) actually participated to the study.
757 men received the information; 631 were submitted to rectal examination (83,4%).
20 actively refused the test (2,6%).
106 (14%) passively by avoiding the scheduled consultation.
160 patients were secondary sent to the specialist who actual-ly examined 111 of them. In all but 14 cases, the GP's exami-nation was confirmed by the specialist.
In 11 of the 13 cases of cancer detected, there was an agree-ment between the GP and the specialist. In one case, the rectal examination was suspect of cancer for the specialist and

not for the GP; in one case, it was the opposite.
12 of the 13 patients with cancer were 60 or older.

Discussion: Our study showed that some GP's (mainly women) are reluctant to propose rectal examination to their patients and that a specific formation can help them. It showed that the performance of specifically trained GP's in detecting prostatic cancer is comparable with that of specialists.
Our study has been used as a reference for the 1989 French consensus conference which concluded that:
- early diagnosis of prostatic cancer was to be performed by trained GP's on patients older than 60 years old;
- mass screening had not yet proven any interest in terms of long term mortality;
- rectal examination was the first diagnostic test to be performed.

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PRESENTATION 35: Sunday 17th October 1993
12.20 - 12.50

TITLE: Conditions of cancers discovery in the aquitai-ne sentinel network of general practitioners.

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Introduction: The total cancers number in France is assessed but their incidence in general practice is an imperfect know-ledge. This study carried out an epidemiological collection of cancer cases and discovery conditions registered by general practitioners of Sentinel Network.

Methods: The Aquitaine Sentinel Network is an epidemiological surveillance network from the Aquitain region in France. Since October 1986, a network composed of 50 general practitioners is set up by the Medical Computerized Department of Bordeaux

University. It carries out an epidemiological surveillance of common diseases and other health conditions in general practi-ce. In this application, GP's provide the data, have access to information and also take part in the management of the re-sults and their broadcast. They are volunteers, in urban or rural practice, all over the region. The Minitel is used as a tool for entering data directly from the GP's practice. Since January 91, the "Conditions of cancers discovery" have been notified for each cancer patient encountered.

Results: 56 general practitioners in Aquitaine have reported by telematic the number of cancers recorded in their practice as well as the conditions of discovery. 351 cancer patients have been registered through a period of 2 years, to wit on average 3 new cases for GP in a year. The medium age of disea-se apparition was 67.5 years.
The collection of discovery conditions showed the following results:
* Suggestive symptoms of cancer: 145 cases;
* General symptoms: 83 cases;
* Unexpected discovery: 48 cases;
* Screening test: 36 cases;
* Other modalities: 39 cases.
The principal affected organs in decreasing order were colo-rectum, breast, lung and prostate; they represented over than 50% of the collected cancers.

Analysis and discussion: The low percentage of screening discovery is surprising, particularly for colorectum and pros-ta-te cancers. That comes in useful to improve screening and prevention modalities. This results give an information on the trend of the disease. Sentinel Network of General Practitioner appears to be an efficient system to provide the GP research with specific data.

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