

PRESENTATION 1: Friday 9th May, 2008
09.30 – 10.00 h.

THEME PAPER
Ongoing study with preliminary results

TITLE: Rheumatic diseases in general practice.

AUTHOR(S): Maria Panchovska, Nikolai Nikolov, Lyubima Despotova-Toleva,
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Background:

GPs as gate keepers, meet any health problems including the most common rheumatic diseases.

Research question:

The aim of the study is to explore annual prevalence and incidence of rheumatic diseases and to investigate GPs strategies to manage them.

Method:

Design: General practices consultation database and structured questionnaire.

Setting: 8 general practices – 13666 patients in their lists.

Participants: 8 general practitioners

Main variables measured: prevalence and incidence; self-assessment of their qualification to diagnose and to treat rheumatic diseases.

Analysis: Alternative analysis.

Statistics: SPSS Version 15.0

Results:

The prevalence of rheumatic diseases is about 15-40%. The patients with arthrosis prevail, followed by patients with rheumatic arthritis, psoriatic arthritis, reactive arthritis and collagenosis. A graduate scale from 0 to 6 was used for self-evaluation of GPs concerning their training of rheumatology. Only 3 of them evaluate their knowledge as very good, two – good and 3 average.

Conclusions:

Rheumatic diseases are a common problem in GP. GPs need additional and continuing training. Specific education and training programs focused on the named above topic and targeted to GPs to be developed.

PRESENTATION 2: Friday 9th May, 2008
10.00 – 10.30 h.

THEME PAPER

TITLE: Polymyalgia rheumatica. Is PMR-AS usable in general practice?

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Background:

Activity score (pmr-as : Polymyalgia Rheumatica Activity Score) is used by rheumatologist for the follow up of polymyalgia rheumatica (PR). But the follow up of most patients is done by GPs.

Research question:

Is the pmr-as usable in general practice?

Method:

Quantitative observational study with a postal survey form send to a random sample of GP in Brittany. The form was made with 7 clinical cases validated by an expert group (French society of rheumatology) and with question about their practice in front of PR. For each case the GP had to evaluate a VAS (visual analogis scale of the pain), diagnose or not a PR stroke and prescribe or not steroids. Analysis was done with a ROC(Receiver Operating Characteristic) curve association between PR stroke diagnosis, PMR-AS and its components (CRP, VAS-gp, VAS-patient, morning stiffness, shoulder antepulsion).

Results:

Older gp (age > 40) follow more PR than younger ones ($p < 0.05$), their collaboration with a rheumatologist is lower ($p < 0.01$). Diagnosis of stroke is followed by steroid prescription in most cases ($p < 0.001$). If the GP diagnose a no stroke with a pmr-as lower than 7 he will be right in 99.5 % of cases. If he diagnose a stroke (pms-ar > 7) he will diagnose 8.2 % of false positive but will be right for all the others. So PMR-AS ≥ 7 as a good diagnosis value for PR Stroke (99.4 % discrimination, 93.3% uniqueness)

Conclusions:

Use of PMS-AR in general practice for the follow up of polymyalgia rheumatica seem to be useful. It could help to identify patients with specific needs and to do a better coordination between health professionals. A complementary study based on patients and not on clinical case is necessary to validate those results.

Points for discussion:

What type of complementary study should we design to validate our results?

PRESENTATION 3: Friday 9th May, 2008
11.00 – 11.30 h.

THEME PAPER

TITLE: Effect of Glucosamine Sulfate on Hip Osteoarthritis: A Randomized Trial.

AUTHOR(S): Rianne Rozendaal, Bart Koes, Gerjo van Osch, Elian Uitterlinden
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Background:

The effectiveness of glucosamine sulfate as a symptom and disease modifier for osteoarthritis is still under debate.

Objective: We conducted a long-term double-blind RCT (ISRCTN54513166) in primary care patients with hip osteoarthritis to assess effectiveness over a period of 24 months on pain, function, and joint space narrowing.

Methods:

We randomly assigned 222 patients with hip osteoarthritis to either 1500 mg of oral glucosamine sulfate (GS) once daily or a placebo for 2 years. General practitioners recruited prevalent hip osteoarthritis patients. Patients were eligible when they met the clinical set of the ACR criteria for hip osteoarthritis.

Primary outcome measures were WOMAC pain and function subscales over 24 months and joint space narrowing after 24 months. Subgroup analyses were predefined for severity of radiographic osteoarthritis (radiological severity = 1 vs. ≥ 2) and for type of osteoarthritis (localised vs. generalised). For additional exploratory analyses patients were divided into groups based on pain level, pain medication use, joint space width, and absence or presence of co-occurring knee osteoarthritis.

Results:

Overall, WOMAC pain did not differ (mean difference -1.54 [95% CI, -5.43 to 2.36]), nor did WOMAC function (-2.01 [CI, -5.38 to 1.36]). Joint space narrowing also did not differ after 24 months (-0.029 [CI, -0.122 to 0.064]).

Subgroups based on radiographic severity, pain level, pain medication use and joint space yielded similar results. Mean difference in WOMAC pain was 1.40 (CI [-5.55 , 8.34]) for the localized osteoarthritis group, and -3.45 (CI [-8.19 , 1.28]) for the generalized group. For patients with co-occurring knee osteoarthritis the outcome for pain was -5.68 (CI [-12.62 , 1.26]) compared to -0.12 (CI [-4.91 , 4.68]) for patients without.

Conclusion:

Overall, glucosamine sulfate was not better than placebo in reducing symptoms and progression of hip osteoarthritis.

PRESENTATION 4: Friday 9th May, 2008
11.30 – 12.00 h.

THEME PAPER
Ongoing study with preliminary results

TITLE: Topic-related web-based resources: information focused on musculoskeletal diseases.

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Background:

This report presents a part of the author's research on E-medicine, which is supported by the Bulgarian Ministry of Education and Science. A part of this study was done during the author's stay at University of Illinois at Chicago, Chicago, USA.

Research question:

To assess the availability and usefulness of different web-based materials focused on musculoskeletal diseases.

Method:

Design: Structured questionnaire and free search on Internet.

Setting: University hospital

Participants: Assistant professors and professors from Medical University – Plovdiv and other hospitals

Main variables measured: information, based on official web-sites /universities, professional societies, hospitals, patient organizations, commercial etc./, kind of information, usefulness, information update etc.

Analysis: Alternative analysis.

Statistics: SPSS Version 15.0

Results:

We compare the information found on international and Bulgarian web-sites and analyze it. There is a lack of topic-related information focused on musculoskeletal diseases in Bulgarian language and on Bulgarian web-sites, lack of educational materials, lack of web-based materials devoted to patients with these diseases.

Conclusions:

We have to develop and publish on Internet specific information, especially developed for different target groups – clinical specialists, GPs and patients.

PRESENTATION 5: **Friday 9th May, 2008**
12.00 – 12.30 h.

THEME PAPER

TITLE: Persistent musculoskeletal pain at multiple sites - a sign of
Hyperglycaemia.

AUTHOR(S): Pekka Mäntyselkä, Juhani Miettola, Leo Niskanen, Esko Kumpusalo

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Background:

Type 2 diabetes and glucose regulation abnormalities are common in population and increasing rapidly. There are some reports about an excessive prevalence of chronic pain or pain syndromes among patients with diabetes.

Research question:

To analyse the prevalence of elevated fasting plasma glucose (FPG) level and diabetes in subjects with chronic pain (duration at least 3 months) graded by pain frequency and number of painful sites.

Method:

A population based study including 469 adults aged 30-65 years. Elevated FPG was defined as a glucose concentration more than 6.0 mmol/l. Diabetes diagnosis was based on self-reported diagnoses, reimbursed medication or with a fasting plasma glucose level or an oral glucose tolerance test. The number of painful sites in upper and lower extremities, shoulders and hips, and in neck and back was summed. Chronic pain status was graded as (0) for no chronic pain, (1) for non-daily pain at multiple sites or daily pain at a maximum of three sites and (2) for daily pain with at least four localisations (daily chronic widespread pain, DCWP). Logistic regression analysis was used to analyse the association of chronic pain status with elevated plasma glucose level and diabetes.

Results:

Elevated FPG was found in 13% (N=33) of those having no chronic pain (N=252) and in 51% (N=21) of those having DCWP (N=41). Diabetes was found in 6% (N=16) of those subjects having no chronic pain and in 32% (N=13) of the subjects with DCWP. In the logistic regression analysis adjusted for age, gender and, body mass index, DCWP was associated with elevated FPG (OR 5.82, 95% CI, 2.69-12.57) and with diabetes (OR 5.65, 95% CI, 2.36-13.52).

Conclusions:

Persistent chronic pain at multiple sites is associated with elevated FPG and diabetes.

Points for discussion:

1. Are we able to generalise these results to other populations?
2. Comorbidity constitutes a challenge in the treatment and prevention of chronic musculoskeletal pain in general practice, especially among older patients.
3. How should we study the asso

PRESENTATION 6: **Friday 9th May, 2008**
14.00 – 14.30 h.

FREESTANDING PAPER

TITLE: Teaching a minimal intervention for stress-related mental disorders to general practitioners: effects on sick-leave duration in distressed patients.

AUTHOR(S): Henri E.J.H. Stoffers, s, on behalf of the steering and writing committee of AMUSE, Amsterdam Maastricht Utrecht Study on thromboEmbolism

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Abstract:

Background: Up to 90% of referred patients with suspected deep venous thrombosis (DVT) do not have this disease. It would be ideal to safely exclude DVT at initial presentation.
Research question: We conducted a management study in primary care to evaluate the safety and efficiency of excluding DVT using a clinical decision rule previously validated in a primary care population, including a point-of-care D-dimer assay.

Method:

Prospective cohort study in primary care (300 GPs) of consecutive patients with clinically suspected DVT. Patient management was based on the result of the clinical decision rule including the D-dimer. Patients with a score 3 were not referred for ultrasound but were invited to visit the GP's office one week later; patients with a score 4 were referred for ultrasound and received care conform regional guidelines. The primary outcome was symptomatic, objectively confirmed, venous thrombo-embolism (VTE: DVT, pulmonary embolism) during 3 months of follow-up.

Results:

The mean age of the 1028 study patients was 58 years; 37% were male. In 26 patients (2.5%) the rule was not completed according to protocol. In 500 patients (49%) the score was 3, of whom 7 developed VTE within 3 months (1.4%; 95% CI 0.6–2.9%). In 502 patients (49%) the score was 4 and DVT was present in 125 (25%); in 3 patients ultrasound was not performed. Of the 374 patients with a score 4 in whom the ultrasound was normal, 4 developed VTE within 3 months (1.1%, 95% CI 0.3–2.7%).

Conclusions:

A diagnostic management strategy for suspected DVT in primary care using a clinical decision rule including a point-of-care D-dimer assay reduces the need for referral by almost 50%, improves the yield of ultrasound in referred patients and is associated with a low risk of VTE in patients who are not referred.

Points for discussion:

1. We tested a clinical decision rule including a point-of-care D-dimer assay. The GPs were instructed to do both: score items from medical history and physical examination as well as perform the finger prick test. Do you think this study design is in agr

PRESENTATION 7: Friday 9th May, 2008
14.30 – 15.00 h.

FREESTANDING PAPER
Ongoing study with preliminary results

TITLE: Effects of a series of intensified prevention consultations on the changes in the risk factors of hypertensive patients at high cardiovascular risk. ESCAPE Study: Method and Baseline Data.

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Background: Observational studies have shown that a majority of patients with hypertension do not reach treatment targets recommended in guidelines.

Research question:

Can a 2 step intervention approach, firstly at the level of General Practitioners (GPs), and secondly from GPs to patients, improve patient's healthcare outcomes.

Method:

National pragmatic multicentre cluster randomised controlled trial, involving 278 GPs.

Inclusion criteria: patients aged from 40 to 75 in primary prevention, with hypertension treated for at least 6 months, plus at least 2 other cardiovascular risk factors.

Intervention:

A one-day training course in addition to one specific structured consultation centred on CV prevention every 6 months for 2 years and feedback on the results.

Results:

Of a total of 278 GPs, 255 (93.8%) included 1 828 patients, (mean age 61 years), who had hypertension for 10 years or more. 57.8% patients had type 2 diabetes (T2D).

All clinical and paraclinical characteristics were comparable between the 2 groups with the exception of BP; indeed, mean SBP and DBP (7 and 3 mmHg respectively) were superior in the intervention group.

With respect to Guidelines, 25.2% patients displayed controlled hypertension, LDL-C was at target in 40.5%, 54.7% exhibited HbA1c < 7%, and 78.5% no longer smoked.

Of all of the included patients, 7.2% reached all treatment targets. For patients with hypertension in the absence of T2D, 11% reached 3 targets. For hypertensive patients with T2D, 1.7% reached the 5 targets proposed in the guidelines.

Conclusions:

The very poor level of patients reaching the targets provokes interrogation as to the relevance and applicability of the treatment targets proposed in the guidelines. Differences in BP between the 2 groups are probably due to the systematic use of an electronic device in the intervention group vs usual measure in the control group.

Points for discussion:

Is it relevant to give an electronic device to GPs in the control group for the last consultation in 2009?
Are targets in the guidelines really accessible in daily practice?

PRESENTATION 8: Friday 9th May, 2008
15.00 – 15.30 h.

FREESTANDING PAPER
Ongoing study with preliminary results

TITLE: Should we systematically screen with ECG young athletes in primary care?

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Background:

The sudden unexpected death of young athletes are rare, but with a great impact for the community and the physician. Nevertheless, these events are probably more common than previously thought. While allowing practicing sports, the GPs aim is to reduce this risk by identifying cardio vascular diseases, potentially at risk. It is currently based in France on an investigation about personal and family history, and a careful physical cardiovascular examination. Performing an ECG to detect abnormalities potentially linked with tachyarrhythmia during exercise, in primary care, to prevent such events, is still a matter for debate : Could it be relevant to increase early detection of cardiac diseases that can pre-dispose to lethal events?

Research question:

Is ECG effective to detect anomalies in a primary care young athlete's population?

Method:

We re-read retrospectively 735 ECG performed by GPs between 2000 and 2006 in a primary care sport centre. The screened population was every outpatient, from 14 to 35 asking for a non contraindication sport certificate. An adapted algorithm for primary care, prioritizing feasibility, was used to assess the ECGs. All abnormalities detected were sent for a cardiologic assessment. Results were compared to patient s history and physical examination results

Results:

This study is on going. Among the 735 patients, (medium age 20) were detected a few problems potentially leading to dangerous tachyarrhythmia: 4 "accessory pathways ", 2 "long QT space " and 65 electric cardiac hypertrophies. Among those hypertrophies, one was associated with deep inverted T waves (arrhythmogenic right ventricular dysplasia?) Many minor non significant abnormalities were also detected (27 % of all the patients) like incomplete right bundle branch block.

Conclusions:

Developing a relevant tool, with high specificity and sensitivity in primary care remains still a challenge.

Points for discussion:

1. Are you aware about the European society of cardiology consensus statements advising screening young athletes with a standard 12-lead electrocardiogram?
2. What about the Italian experience, as it seems to be different in this country?

PRESENTATION 9: Friday 9th May, 2008
14.00 – 14.30 h.

FREESTANDING PAPER

TITLE: The ambiguous effect of social support in preventing burn out.

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Background:

Nowadays societal changes and recent changes in the Dutch health care system are challenging the resilience and inner straight of Dutch GPs. Our longitudinal burnout study revealed the level of burnout among GPs fluctuating from 19% in 2002 to 8,5% in 2004 and then increasing to 12,8%, especially in female GP s. To prevent burnout and loss of human capital, factors must be found that moderate negative health effects of work related stressors in GPs.

Research question:

Can social support buffer the negative effects of work related stressors burnout –outcome parameters as emotional exhaustion and depersonalization in male and female GP s? How can gender differences be explained?

Method:

The study population consisted of random sample of 700 working Dutch GPs (350 male and 350 female). The study has a full panel design in 3 waves (2002, 2004, 2006) using self-report questionnaires. Social support was measured by means of the VOS-D-(Dutch Questionnaire on Organizational Stress) and burnout was assessed with the Maslach Burnout Inventory. Buffer effects were tested with the hierarchical moderated regression approach.

Results:

In female GP s we found a positive buffer effect of both support of spouse and colleagues on burnout, meaning that detrimental health effects of high workload and dissatisfaction in women are lessened by organisational or private social support.

In male GP s however we found only a buffer effect of privat support of the spouse and remarkably this effect appeared to be reversed. Sub-analyses revealed that support of the spouse worsened emotional exhaustion and depersonalization of male GP s in case of high workload, lack of work control and dissatisfaction.

Conclusions:

Gender differences were found in the moderating effect of social support. The gender congruence hypothesis, stating that seeking emotional support is not congruent with the masculine genderrole of autonomy and instrumentality, could be a possible explanation.

Points for discussion:

Various explanations for the empirical findings of gender specific patterns can be discussed. Reflection on the implications of these findings on development of preventive interventions for burn out among GPs.

PRESENTATION 10: Friday 9th May, 2008
14.30 – 15.00 h.

FREESTANDING PAPER

TITLE: The use of apgar in the assessment of family functioning.

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Background:

Assessment of family functioning is an important part of working with families in family practice. Smilkstein has developed an instrument for the assessment of family functioning, i.e., APGAR. With this questioner family physicians collect basic information about families, about family members, they treat in a relatively uncomplicated and efficient way. Our study will prove that use of APGAR can effectively replace variety of other questions about patient and his family and social background.

Research question:

Due to lack of time that physicians cope with every day, we decided to set one important thesis. Is already existing instrument for assessment of family functioning valid for use in every day practice?

Method:

We analysed 101 student reports on families and extracted 30 variables that are common to all reports. APGAR questions are also included. Each year medical students get the assignment to interview families that they visit as part of the family medicine curriculum. Beside APGAR they use some other guidelines to obtain enough data to adapt medical care to individual needs and contexts. All students ask questions about number of persons in the family, about the family form, understanding in the family, questions about diseases through generations, about marriages and divorces, causes of death etc.

Results:

We found good correlation of answers on 23 interview variables (questions) with APGAR scale. Especially different questions about understanding in the family show how adequate Smilkstein's instrument is. APGAR reflects the family functioning.

We have proven that APGAR is a reliable instrument and family physicians can use it.

Conclusions:

APGAR can serve as a surrogate to extend family interview or can provide important additional better understanding of patients and their families.

Points for discussion:

1. Is already existing instrument for assessment of family functioning valid for use in every day practice?
2. Can physicians trust obtained results?

PRESENTATION 11: Friday 9th May, 2008
15.00 – 15.30 h.

FREESTANDING PAPER
Ongoing study with preliminary results

TITLE: Domestic violence: trying to reach European consensus on registration.

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Background:

Domestic violence (DV) has a high prevalence and 80% of all victims are women. It often remains undetected and untreated in general practice. A European network is created to improve this. One of its goals is to develop a registration tool for DV in primary health care to describe actual practice, identify problems and evaluate care pathways.

Research question:

Which items of information should a GP best register in the medical record of (suspected) victims or patients at risk of DV in order to deliver and evaluate care adequately?

Method:

After literature study and consensus meetings, 113 items were subjected through an online questionnaire (Formsite) to be scored on importance (1-4) by Belgian and European experts. Opportunity to comment was given. Scores were analysed using SPSS. This way items could be categorised as: necessary (Score – Stdev > 3,5), to be recommended (3,5>Score - Stdev > 3) or useful in more extensive documentation (3>Score - Stdev > 2,5).

Results:

16 experts completed the questionnaire. 6 items got a maximal score from all participants: Relationship client-declared perpetrator, mechanism of sustained injuries, nature of violence, exact location of injuries, psychological impression of the patient by the physician and seriousness/urgency/safety assessment. In total 18 items could be categorised as always important to register and 37 items as recommendable.

Conclusions:

Based on this survey a prototype for a structured registration form will after new consultation of the experts be submitted in a qualitative research protocol to a representative sample of GPs in order to study feasibility and acceptability.

Points for discussion:

What is your experience with this kind of study design? Do you have any suggestions to improve response rate and validity?
Are you interested in using this prototype for a structured registration form in your own practice and share your opinion with us.

PRESENTATION 12: Friday 9th May, 2008
16.00 – 16.30 h.

FREESTANDING PAPER
Ongoing study, no results yet

TITLE: Can the level of activity and quality of research in primary care be significantly improved by the development of a national managed research network?

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Background:

The UK has recently undergone a major review of national health service research strategy. As a result, the National Institute for Health Research (NIHR) has been established with an annual budget of more than £100m pa, in order to promote the development and delivery of high quality clinical trials and other well designed studies. The UK Clinical Research Network has been modelled on the positive experience with the UK National Cancer Research Network, which saw an increase in patient recruitment from 4% to more than 15% of eligible patients over a period of 3 years. The Primary Care Research Network (PCRN) is designed to provide the infrastructure necessary to promote effective involvement of general practices in recruitment and retention of patients to an approved portfolio of research studies.

Research question:

Can the level of activity and quality of research in primary care be significantly improved by the development of a national managed research network?

Method:

The PCRN was launched in March 2007, and consists of 8 Local Research Networks. Each has a budget of £250k pa to provide for a full time network manager, a set of 4-6 research nurses, sessional time for a GP clinical research lead and administrative support. Mechanisms are being developed to provide financial support through mainstream GP contracting mechanisms.

Results:

The PCRN has been fully established, and at the time of writing the UK primary care research portfolio consists of more than 85 studies. At the end of 2007, recruitment of patients in primary care accounted for more than 25% of the entire UK clinical research activity.

Conclusions:

Initial findings from the PCRN indicate that a managed network may be an effective mechanism to promote high quality research in general practice. Significant questions remain about the sustainability of this approach in the UK, and about its generalisability in international settings.

Points for discussion:

What is the experience of other countries with managed primary care research networks?
Is there an interest in developing this initiative on an international basis?
If so, what should be the next steps?

PRESENTATION 13: Friday 9th May, 2008
16.30 – 17.00 h.

FREESTANDING PAPER

TITLE: Composing an international research agenda on gut feelings in general practice using the nominal group technique.

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Background:

Although gut feelings play a substantial role in the diagnostic reasoning of GPs there is little evidence about their diagnostic and prognostic values. Consensus on the two types of gut feelings, a sense of alarm and a sense of reassurance, enabled us to operationalise the concept. Now we need to know which aspects of gut feelings are most relevant to daily practice and medical education and thus need further study.

Research question:

How can we formulate research questions enabling us to validate the concept of gut feelings and estimate its usefulness for daily practice and medical education?

Method:

The Nominal Group Technique (NGT) is a qualitative research method of judgmental decision-making including four phases (generating ideas, recording, evaluation and group decision). We used NGT because gut feelings are conceptually complex and intricate. Dutch and Belgian university teachers and researchers (18) whose subject is general practice visited one of the three scheduled meetings.

Results:

The three groups produced 20 research questions and appropriate designs mostly regarding the diagnostic value, the validation of determinants and opportunities for integrating gut feelings in medical education.

Example of proposed questions:

- What is the prevalence and the diagnostic relevance of gut feelings? Are there differences in significance between surgery hours and out-of-office hours?
- What does the GP's work experience contribute? What is the significance of the contextual information?
- How should we integrate gut feelings in medical education?

Example of proposed designs:

- Prospective recording of gut feelings and their determinants and expected diagnoses, with follow-up after some months.
- Observational studies using case vignettes or stimulated recall interviews.
- Experimental study with an educational intervention.

Conclusions:

NGT helped us to compose an international research agenda on gut feelings in general practice which we assume can be used in collaborative research in other countries.

Points for discussion:

- Are there other experiences with the development of an international research agenda?

- How can this agenda facilitate international research on gut feelings?

PRESENTATION 14: Friday 9th May, 2008
17.00 – 17.30 h.

FREESTANDING PAPER

TITLE: Medical students' patient centeredness during hospital internships: another argument for communication skills training?

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Background:

Research on Patient Centeredness (PtC) has exploded in the past 2 decades. Medical schools worldwide have enclosed PtC as a core competence in their learning goals. In spite of all efforts, there still is a decline in PtC as students progress through medical school. Several factors have been suggested to contribute: student factors (eg gender, specialty preference) as well as educational factors (eg hospital internships).

Research questions:

1. How does the PtC of medical students evolve during hospital internships?
2. Is the change in PtC during hospital internships different in a curriculum with communication skills training?

Methods:

A comparative prospective cohort study in pre/postdesign:

Two cohorts of medical students were measured before and after hospital internships (6th year). Due to a curriculum change, the first cohort did not have communication skills training while the second cohort did during 5 years of medical education. We used a combination of 4 validated measurement scales available in literature: the Doctor-Patient Scale (attitude towards PtC, DeMonchy&Batenburg), the Communication Skills Attitude Scale (Rees), the Leeds Attitudes Towards Concordance Scale (Thistlethwaite), and the Jefferson Scale of Physician Empathy (Hojat). We also collected personal data such as gender and specialty preference. Results are analysed with SPSS 14.0.

Results:

The pretest/posttest comparison of participants of both cohorts together with a complete dataset (n = 85) shows a small but significant decline in the scores of the Doctor-Patient Scale: the mean score declined from 200,6 to 195,9/290 by 4,7 points (95%CI: 2,5 - 7,0). This decline was especially and unexpectedly seen in the second cohort (with communication skills training) and not in the cohort without communication skills training.

Conclusion:

The PtC of medical students declines significantly during hospital internships. More results about the influence of communication skills training will be presented at the conference.

Discussion topics:

1. Any suggestions for further analysis?
2. What are the experiences of other researchers with the difficulty of measuring effects of intervention on students skills and attitudes during a medical curriculum?
3. How is education in PtC implemented in the medical curriculum in other universities?

PRESENTATION 15: Friday 9th May, 2008
16.00 – 16.10 h.

ONE SLIDE/FIVE MINUTES

TITLE: PREVACA: An evaluation of preventive Hepatitis A vaccination in risk Groups.

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Background:

The hepatitis A vaccination is recommended in several risk groups. It is not known whether French GP do identify people at risk.

Research question:

To evaluate the knowledge and the implementation of the hepatitis A vaccination recommendations in risk groups in general practice.

Method:

We made an audit via the Internet among general practitioners teaching at the family medicine department of Paris VII University. 19 practitioners got involved in the survey and prospectively recruited 108 patients with a chronic liver disease and/or men who have sex with men and/or injection drug users, for whom hepatitis A vaccination is recommended.

Results:

The risk groups studied in this sample visit their general practitioner and cumulate risk factors. HAV serology was only prescribed to 18% of recruited patients, hepatitis A vaccination was proposed to 11% of them and was carried out in only 14% of the cases. The general practitioners do not have a thorough knowledge of these recommendations, their average score at the final knowledge evaluation was 9,90/ 20. Half of them were interested in viral infections and of them were reluctant to vaccinating their patients for lack of interest or financial reasons. The recruited patients who were vaccinated (14%) were globally well vaccinated but mainly by general practitioners who had an interest for viral infections, and 80% of them were French and had obtained a University degree.

Conclusions:

Hepatitis A vaccination recommendations in risk groups are globally not followed by the general practitioners but 73% of them were convinced of the necessity to vaccinate these risk groups at the end of our study.

The use of the Internet in continuing medical education can improve prevention in general medicine.

Points for discussion:

How can we improve the ability of GPs to identify patients at risk of hepatitis A?

What is the situation in other European countries? (discussion with EGPRN members)

PRESENTATION 16: Friday 9th May, 2008
16.10 – 16.20 h.

ONE SLIDE/FIVE MINUTES
Ongoing study, no results yet

TITLE: A model record design and results of it in check up center of a university hospital.

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Background:

We designed this model in a university hospital check-up center that belongs to family medicine department to screen most common diseases and life style risks in healthy applicants. Model mainly designed to have computerized records and analyze them. If needed it would be possible to attach new questions and test results for new researches and questionnaires.

Research question:

Which simple record design is more suitable in patient screening centers, what are the problems we faced in questionnaire?

Method:

In this model we used SPSS (version 16) for records. A form for taking history, physical examination and a form for cardiovascular risk questionnaire prepared. We are routinely taking blood samples to evaluate complete blood count, some biochemical studies, lipid profiles, some risk markers specific to patient and detecting urine analysis, chest X-ray, abdominal ultrasound and electrocardiography. Moreover we asked cardiologic risk factors with diet content and physical activity index. Our nurse in center transformed all forms in digital medium.

Results:

We had 129 significant participants records. We evaluated the design during this time period and made some changes according to defects and needs. We had eating habits and physical activity state from only 65 (50.3%) of them.

We are planning to cross analyze lipid profiles with each of the eating habit property and with physical activity index when we complete the study design.

Conclusions:

That was an inexperienced record database from the beginning but we are improving and planning to further improve this model design, moreover questionnaires and our simple physical activity indexes standardization and significance. That would be a sample study for our further models in primary care clinics.

Points for discussion:

1. Is it possible to create record designs like this, if suitable, in our clinic experience?
2. Which standardizations about physical activity index and dietary index do you advice?

**PRESENTATION 17: Friday 9th May, 2008
16.20 – 16.30 h.**

ONE SLIDE/FIVE MINUTES

TITLE: Fibromyalgia: do GPs identify Patients expectations?

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Background:

Fibromyalgia was defined by American College of Rheumatology. Patients feel musculoskeletal pains but no organic lesion is noticed. This disorder may be considered as a model of chronic pain. In this disorder, the relationship between General Practice (GP) and patients is often considered as a difficult one by the physicians.

Research question: What do patients expect from their GPs? Do GPs identify patients expectations?

Method:

The study questioned 72 patients attending a symposium during the World Fibromyalgia Day and 54 GPs attending a continuing medical education session. Inclusion criteria were, for the patients to be diagnosed by a physician as suffering from fibromyalgia, and for the GPs, to take care of at least one patient suffering from fibromyalgia. Patients had to answer within 3 words, what they expected from their GP. Within 3 words, GPs had to express what, according to them, the patients suffering from fibromyalgia were expecting from GPs. The answers were analysed by the qualitative logico-semantic method that is, classified and counted.

Results:

68 patients and 51 GPs answered to the inclusion criteria. Patients declared that they expected from their GP "understanding and listening" (50%), "information and advices" (14,71%), "acknowledgement" (13,24%) and "medical education for GPs about fibromyalgia" (13,24%). GPs thought that patients expected "less or no more symptoms" (80,39%), "some listening" (60,78%), "understanding, empathy or compassion" (45,10%), and "acknowledgement" (31,37%).

Conclusions:

Patients expectations are not sufficiently identified by GPs. It is important for GPs practice to elaborate in association with their patients, common and measurable objectives.

Points for discussion:

Do patients know consciously what they expect?

With fibromyalgia, patients expectations are not different from the general population but GPs perceptions are different.

PRESENTATION 18: Friday 9th May, 2008
16.30 – 16.40 h.

ONE SLIDE/FIVE MINUTES
Study proposal / idea

TITLE: Ankylosing spondylitis.

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Background:

Backpain represents 1.4% of the patients request in general practice in France(4).The ankylosing spondylitis (SPA) is difficult to identify eventhough there are consensual criteria (Amor or ESSG) (1-2). The prevalence in France of SPA is announced to be about 0.5 %.

The pain and the risk of ankylosis, are variable but always present. The treatments, efficient and codified, avoid pain and ankylosis (6).., the aim of the present research is to assess this prevalence, which could be under evaluated. The most important study (5) was made by phone enquiries, asking if the diagnosis was established and verified later on. There is no study of prospective prevalence in the general population. In France, most of the studies present the SPA as a masculine disease (ratio 4/1) (3). In the daily practice, and in the last study (5), it seems to be equal (ratio1/1).

Research question:

- The prevalence of SPA is higher than the official statistics how many patients coming to see a GP for backpain or with a SPA already diagnose fulfil the criteria of SPA?
- What is the sex ratio among patients with a SPA.

Method:

Quantitative study, multicentric, carried in GP offices, during three months.

- Within the patients with backpain, the clinical criteria of SPA are tested and if they are positive, a test is run in order to confirm it. Sex of ech patient is recorded.
- Prevalence of diagnosed SPA is calculated among backpain patients, and among global consultations. Sex ratio of diagnosed SPA is calculated.

Results:

not yet obtained.

PRESENTATION 19: Friday 9th May, 2008
16.40 – 16.50 h.

ONE SLIDE/FIVE MINUTES
Study proposal / idea

TITLE: Improving general practitioners care for COPD patients through computerised checklists and feedback.

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Background:

There is a gap between evidence based recommendations and clinical practice. Several interventions to improve professional performance are available, but none have proved to be consistently effective. Systematic registration of patients diagnoses is increasingly being used in general practice in Denmark. Combining this with reminders and feedback may improve implementation of evidence based recommendations in general practice. Chronic Obstructive Pulmonary Disease (COPD) will be used for testing the intervention.

Research question:

To assess the effectiveness of systematically registering patients, using computer based checklists as decision support and reminders, and feedback with clinical data at patient level.

Method:

Unblinded randomised controlled trial. All general practices in the region of Southern Denmark will be invited to participate. Each practice will be randomised to one of three management strategies 1) registering patients 2) registering patients and filling out checklists 3) registering patients, filling out checklists and receiving feedback. Follow up time 2 years. Primary outcome measure will be hospital admissions in COPD patients. Secondary outcomes will be practitioners use of spirometry, their prescription pattern with COPD related medications and influenza vaccinations. This project will be part of a PhD study.

Points for discussion:

- 1) Study design
- 2) Outcome
- 3) Generalisability (especially to other European countries)

PRESENTATION 20: Friday 9th May, 2008
16.50 – 17.00 h.

ONE SLIDE/FIVE MINUTES
Study proposal / idea

TITLE: A plea for a common language in general medicine.

AUTHOR(S): Waltraud Fink, Gustav Kamenski, Dietmar Kleinbichler

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Background:

There is an ongoing debate on labelling and coding diseases. The musculoskeletal system can serve as an example how a consensus on concepts could be reached.

Research question:

Can RN Braun's labelling and classification system lead to a multi-language-agreement?

Method:

We reviewed the "casographic" concepts, developed by RN Braun along with his long-term "case"-(i.e. episode of care) recordings, and later described by him and others with inclusion criteria as well as with the usual course of illness. The casographic concepts are designed to be mutually exclusive. Each one has a list of concurrent labels together with the potentially dangerous conditions for the specific common disorder. Out of the 300 concepts for illnesses which occur with regular frequency those applied to disorders of the musculoskeletal system were chosen, looking for accordance in ICD and ICPC.

Results:

26 casographic labels for the musculoskeletal system were identified. They will be displayed on a slide according to their anatomical distribution. Half of them are localized at a specific anatomic site (e.g. epicondylitis humeri), the location of the other half varies (e.g. myalgia, acute arthritis etc.). The discussion in Antalya will provide information if the concepts could be used in practices in other countries with other classification systems.

Conclusions:

The 26 different musculoskeletal disorders are of specific interest for the GP as they occur in regular, some of them in high annual frequency. As the casographic concepts represent the usual range of complaints seen in an average general practice, any symptom or sign which does not fit here should raise GP's attention and be labelled with a "red flag". The casographic concepts are validated by long-term practice morbidity registration, yet only in few practices – mostly because they are not known. A broader consideration could show their applicability and usefulness.

Points for discussion:

As we continue the process of reviewing all of Braun's 300 casographic concepts, published 15 years ago in German and French, we are interested

1. if our international colleagues find them interesting, applicable in their practices,
2. if experienced

PRESENTATION 21: Friday 9th May, 2008
17.00 – 17.10 h.

ONE SLIDE/FIVE MINUTES
Ongoing study with preliminary results

TITLE: Time spent by doctors on administrative tasks.

AUTHOR(S): Jean Paul Canevet, Ariane Richard

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Background:

Medical demography of general practitioners is in relative decline in France, which leads to think about refocusing medical practice on medical tasks. Indeed, general practitioners have the impression that they devote a lot of time to tasks – that are not mere care.

Research question:

In this study, the objective was to measure time spent by doctors on administrative tasks.

Method:

An investigation was carried out by direct observation inside the office of three general practitioners master probation. These ones practice in three different environments: rural, peri urban and urban. The investigator was a trainee. She attended the consultations, and timed the amount of time spent in administrative work, according to predefined criteria. Data were reported in a grid detailing the various types of administrative tasks. One hundred consultations were analysed for each general practitioner (that is to say three hundred in total).

Results:

The analysis of a part of the results shows us the wide range of administrative tasks realised by a general practitioner. The average time spent on these tasks was about 3 minutes for each consultation (one fifth of the time), which is important on consulting time. Moreover, this is responsible for many interruptions during the workday.

These results need to be compared with data from opinion polls conducted by surveys on the same subject.

Conclusions:

A part of the time of general practitioners could be optimized, refocused on care and on medical decision, by the questioning of some administrative procedures and the delegation of tasks.

Points for discussion:

Do you have the same questions in your countries?

PRESENTATION 22: Saturday 10th May, 2008
09.30 – 10.00 h.

THEME PAPER
Study proposal / idea

TITLE: Occupational risk factors of musculoskeletal symptoms among artists.

AUTHOR(S): Serap Cifcili, Mehmet Akman, A. Uzuner, Cigdem Apaydin Kaya
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Background:

Quite a number of academic staff from faculty of fine arts admitted to our family medicine outpatient clinic during recent years with complaints of musculoskeletal symptoms. Occupational risk factors of musculoskeletal symptoms include repetition of micro trauma's, standing in non-ergonomic postures, fixed body positions, forces concentrated on small parts of the body, and lack of sufficient rest between tasks like as working in a fine art studio. Fine-art faculty members have occupational risk factors. The purpose of this study is to find the prevalence, incidence and possible risk factors of low back pain and other musculoskeletal disorders among the members of a fine-art faculty.

Research question:

What is the prevalence, incidence and possible risk factors of low back pain and other musculoskeletal disorders among the members of a fine-art faculty.

Method:

Cross-sectional survey will be carried out on a representative sample of 150 academic staff and 1500 students. Data related to musculoskeletal symptoms and work related risk factors will be collected by a questionnaire and an appropriate assessment tool. Physical examination (PE) including GALS (gait-arms-legs-spine) locomotor system inspection will be performed on each subject. Subjects with a suspicious clinical finding will be referred to hospital for further diagnose and treatment. 4 years follow-up with 6 month intervals is planned to determine incidence of musculoskeletal symptoms and to establish a causal relationship between symptoms and related risk factors. Each follow-up will include PE, GALS inspection and a self - administered questionnaire.

Conclusion:

By determining common musculoskeletal problems and related risks among artists, we can develop better management and prevention strategies specific for this group.

Points for discussion:

1. What could be assessment tools to realize musculoskeletal disorders and risk factors specific to the research population?
2. What should be the critical methodological points carrying a musculoskeletal research on this specific.

PRESENTATION 23: Saturday 10th May, 2008
10.00 – 10.30 h.

THEME PAPER

TITLE: Dentists' spine problems and physical activity.

AUTHOR(S): Nuri Topsakal, Pemra C.Ünal, Mustafa Karahan, Serap Çifçili
Arzu Uzuner

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Background:

The profession of a dentist, exposes them during their work to many harmful factors. One of them is the irrational posture adopted by them during their work that causes discomfort and disorders of the musculoskeletal system and the peripheral nervous and venous system.

Research question:

Besides, dentists are health professionals who can easily understand the health benefits of physical activity. In this study it is planned to evaluate the frequency of both of the musculoskeletal discomfort and physical activity that they report.

Method:

This is a cross sectional design using a self report questionnaire which was completed by 503 dentists at their offices who were randomly selected from the lists of the dentists association.

Results:

Male were 63.6%, 50.1% were 35 years of age, 48.1% have this profession for 10 years. 87.5% of them work for 5days/a week and 44.5% work for 9hours/day, 19.1% reported discomfort at least 2 parts of the spine (cervical, dorsal and/or lumbar), 92.6% mentioned that regular physical activity may improve their discomfort but only 55.3% make regular physical exercise.

More male dentists were making regular physical exercise than females ($p=0.007$) and as much as they believe in the health benefits of exercise they exercise regularly ($p=0.028$). 91.6% of them work 5 days/week. Interestingly, whose total spine discomfort score was higher, they regularly exercise ($p=0.024$).

Conclusion:

Having a busy working schedule or having musculoskeletal disorders are not barriers for physical exercise. Especially, belief in the effectiveness of health is the major point that influenced the dentists to change behavior. Some physical exercise programs may be presented to the dentists as a prophylaxis concerning the musculoskeletal system.

Points for discussion:

Points for discussion: Which analysis may be added to this study?
May a behavioral intervention be added to my supervision.

PRESENTATION 24: Saturday 10th May, 2008
10.30 – 11.00 h.

THEME PAPER

TITLE: Musculoskeletal complaints facilitate recognition of somatization.

AUTHOR(S): Berend Terluin, Harm W.J. van Marwijk, Petra Jellema

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Background:

Most general practice patients with psychosocial problems present themselves with physical symptoms. In most cases doctors fail to establish psychosocial diagnoses even though they may recognize the psychosocial background of the symptoms. Little is known about the role of musculoskeletal illness.

Research question:

- 1) Are psychosocial problems associated with musculoskeletal illness?
- 2) Do GPs recognize psychosocial problems and is this mediated by musculoskeletal illness?

Method:

Cross-sectional cohort study in general practice. 37 GPs included 2127 consecutive adult patients (15-64 year). Psychosocial problems were assessed with the Four-Dimensional Symptom Questionnaire (4DSQ). The GPs recorded their diagnoses and assessment of a possible psychosocial background. Patients with musculoskeletal diagnoses were compared with patients presenting other physical diagnoses regarding proportions with elevated 4DSQ-scores. Using logistic regression analysis GPs' recognition of psychosocial problems was related to elevated distress, depression, anxiety, somatization, and type of physical complaints (musculoskeletal or other).

Results:

516 patients had musculoskeletal diagnoses and 1338 patients had other physical diagnoses. These groups differed with respect to gender (men 40 vs 29%) and elevated anxiety (7 vs 10%) but did not differ in age, elevated distress, depression, somatization, or recognition of psychosocial problems (22 vs 24%). Recognition of psychosocial problems was associated with elevated distress and somatization, the interaction between distress and somatization, and the interaction between musculoskeletal illness and somatization. In patients with elevated distress and low or moderate somatization GPs recognized psychosocial problems in 26-50%. Severe somatization lead to the recognition of psychosocial problems in the presence of musculoskeletal illness in 58-85% but in its absence in 17-46%.

Conclusions:

Musculoskeletal illness is in itself not associated with psychosocial problems but it does facilitate the recognition of such problems in general practice patients presenting with physical illness.

Points for discussion:

Any idea why musculoskeletal illness seems to sensitize GPs to severe somatization in their patients while other physical illness tends to make GPs less sensitive?

PRESENTATION 25: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER

TITLE: Are PPI correctly used by Gps in patients with osteoarthritis or rheumatoid arthritis at high risk of gastroduodenal events?

AUTHOR(S): Nicola Buono, Ferdinando Petrazzuoli, Filippo D Addio
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Background:

Chronic treatment with NSAIDs increases the risk of peptic ulcer (PU) and serious gastroduodenal complications more than Cox 2 inhibitors. In Italy PPI prescription is free of charge when patients are chronically treated with NSAIDs or low dose of aspirin only in presence of these conditions: 1) positive anamnesis for past PU or gastrointestinal bleeding; 2) concomitant use of anticoagulant and steroid drugs, 3) old age.

Research question:

Do GPs usually follow guidelines when they prescribe NSAID and/or COX 2 inhibitors in patients with AO or RA and high risk of gastroduodenal damage?

Method:

A cross-sectional study of a representative sample of adults (13,724). 11,870 of them had at least one prescription of anti-inflammatory drugs between January 1, 2005 and June 30, 2007 and were selected in the electronic clinical patients records of 10 GPs.

Results:

3208 (23,4%) out of 11,870 had OA and 50 (0,34%) had RA. The prevalence of OA and RA (2006) was respectively 14,8% and 0,2% while the percentage of female was 65% (average 68,3±11,9) and 95,8% (average 67,4±12,3). The relative risk (RR) of gastro protection in patients treated with drugs for OA and RA, was 1,69 (IC 95% 1,54-1,86) for all the anti inflammatory, 1,60 (IC 95% 1,45-1,76) for NSAIDs, 2,48 (IC 95% 1,95-3,14) for COX 2 and 2,73 (IC 95% 2,09- 3,57) for together.

Conclusions:

GPs do not usually follow guidelines when they prescribe NSAID and/or COX 2 inhibitors in patients with OA or RA. Nimesulid and ketoprofen represent the most common prescriptions for OA (70%). Gastro protection is underperformed in subjects with high risk of gastro duodenal damage while better gastroprotection receive those who are on Cox 2 inhibitors.

Points for discussion:

- 1) What is the prevalence of OA and RA in our Countries?
- 2) Are PPI free of charge when are prescribed in patients with high risk of gastroduodenal damage treated for OA/ RA with anti inflammatory drugs?
- 3) Do our GPs follow guidelines advices.

PRESENTATION 27: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER
Ongoing study with preliminary results

TITLE: About young French women with hypovitaminosis D and musculoskeletal pains.

AUTHOR(S): Contardo Gaelle, Marie France Le Goaziou, S Belaid, C Dupraz

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Background:

Dr.S.Belaid showed that hypovitaminosis D is frequent in young veiled female population, in Rhône Alpes area.

Research question(s):

Gaelle Contardo with the GP Lyon College group is conducting a new study in general female population with three questions:

- * what is the hypovitaminosis D prevalence in this young women population?
- * what are the confusing factors: sunlight exposure, food eating, skin colour, clothes, sport?
- *how many vitamin D units should be given to each woman during the year, to maintain a correct blood level (75nmol/l)?

Method:

200 non veiled women and 100 veiled women, 19/49 years old, will be selected by 12 GPs investigators in Rhône Alpes area, during winter 2008. Data will be extracted from a questionnaire about life quality (SF12), quantity of vitamin D in their food, sunlight time exposure, and vitamin D and PTH dosages.

Secondly, a deficiency group will be constituted to be treated with vitamin D doses and will be followed for 18 months. Some nutritional education and advices about sunlight exposure will be given. Every three months, vitamin D and PTH dosages will be done and finally, the same questionnaire will be answered.

Results:

90% of veiled women are expected in great vitamin D deficiency and 30% of the other non veiled women. 70% of the deficient women are expected to be tired or with musculoskeletal pains. Clothes are expected to be the most important factor of deficiency but it is possible that diet will be important. We expect an improvement of the blood level of vitamin D but the most important is a better quality of life and especially less musculoskeletal pains and tiredness.

Conclusion:

In May, data and results from the first part will be available to be presented in Antalya.

Points for discussion:

1. In others countries, do you have the same problem?
2. Do you have guidelines about this question?

TITLE: Can a short exercise prescription for osteoarthritis patients provide better adherence?

AUTHOR(S): Serap Cifcili, Mehmet Akman, P.C. Unalan, A. Uzuner, C. Apaydin

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Background:

Exercise prescription is the major part of the osteoarthritis management however, poor adherence is the most common explanation for the declining impact of the benefits of exercise over time.

Research question:

Can a short exercise prescription with demonstration in office improve exercise adherence among patients with osteoarthritis?

Method:

Patients who adm it to our outpatient clinic with knee pain, and who fulfill the American College of Rheumatology criteria or radiographically established knee osteoarthritis will be included. A randomized controlled trial with three groups is planned. First group will receive a short exercise prescription primarily focusing on strengthening quadriceps and demonstration with a leaflet, second group will receive a more comprehensive exercise program with a leaflet and third group will be given short exercise prescription with only a leaflet. Minimum fifty patients in each group will be included. Primary outcome measure will be exercise adherence, determined by patient diaries, weekly follow-up phone calls and monthly face to face interviews for at least six months. A researcher who is blinded to initial randomization will perform follow-up interviews. Follow-up Secondary outcome measure will be the effectiveness of exercise, assessed with WOMAC scores and thigh circumference.

Results:

We expect short prescription, demonstration and leaflet group will adhere more to exercise giving rise to better Western Ontario and McMaster Universities Osteoarthritis Index scores.

Conclusions:

This study might provide practical implications for osteoarthritis management.

Points for discussion:

1. Other methods for exercise adherence follow-up?
2. Is this an appropriate randomisation design for this research question?

**PRESENTATION 30: Saturday 10th May, 2008
11.30 – 13.00 h.**

POSTER

TITLE: Musculoskeletal Disorders in a Family Medicine Clinic in Turkiye.

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Background:

The prevalence of musculoskeletal complaints is high in general practice. The aim of this study was to investigate the characteristics of patients with musculoskeletal complaints of low back, neck, shoulders, and hand/wrist.

Research question:

1. What are the frequencies of musculoskeletal disorders in family practice?
2. What are the readmission rates for patients with musculoskeletal disorders?

Method:

18366 patient records from a family medicine clinic serving at the Public Hospital of Erdemli, Turkiye were investigated for musculoskeletal complaints and problems. Between January 2005 and July 2007 data from 1645 patients were found and evaluated for age, sex, complaints, average durations of outpatient care and re-admission rates.

Results:

Preliminary results: Mean age of patients with musculoskeletal disorders was 46.6 years. Female patients were in the majority with 66.5% (1093). Myalgia (40.2%), sprain and strain of lumbar spine (11.9%) and other soft tissue disorders, not elsewhere classified (6.0%) were the most diagnosed disorders. Patients spent 5 days in average for outpatient care.

Conclusions: Mean age of patients with musculoskeletal disorders is relatively low in the population of Erdemli.

Points for discussion:

1. What are the reasons for the appearance of musculoskeletal disorders in young ages in Erdemli?
2. How can musculoskeletal disorders be prevented?

PRESENTATION 31: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER
Ongoing study with preliminary results

TITLE: Low back pain in GP.

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Background:

Low back pain is a considerable health problem. However, in Bulgaria guidelines for the management of low back pain in primary healthcare settings have not been published. It is known that low back pain could be determined by inflammatory, degenerative, malignant, traumatic and other reasons. The most important symptoms of non-specific low back pain are pain and disability.

Research question:

To explore how GPs manage patients with low back pain.

Method:

Design: Structured questionnaire.

Setting: 12 general practices.

Participants: 12 general practitioners.

Main variables measured: prevalence of low back pain in GP and reported need for interdisciplinary approach to solve patient's problems.

Analysis: Alternative analysis.

Statistics: SPSS Version 15.0

Results:

GPs reported that about 1/3 of their patients have been consulted for low back pain. The results reveal that in 100% of cases the general practitioners referred their patients to a consultant - neurologist and significantly fewer of them referred patients to rheumatologists, orthopedists or other specialists – 40%.

Conclusions:

Guidelines for the management of low back pain in primary health care settings is needed in Bulgaria.

PRESENTATION 33: Saturday 10th May, 2008

POSTER

11.30 – 13.00 h.

TITLE: A school for osteoporosis – a new experience for effective health promotional activities in Bulgarian family practice.

AUTHOR(S): Valentina Madjova, Svetlana Hristova, Andrej Zabounov
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Background:

The widespread dissemination of osteoporosis put it on the third place among social significant diseases. Basic marker for its development and related fractures is the bone density. In risk assessment are included not only the biological factors and these, connected with lifestyle of the patient. As the bone density is accumulated in childhood and mainly in late adolescence, these periods are very important in primary promotion of osteoporosis.

Research question:

Is the new form of health promotional activity – a school for osteoporosis - effective in putting into practice new behavior models for changing eating habits and physical activities in the families of adolescents with obesity, predisposed to develop an early osteoporosis?

Methods:

An individual inquiry about eating habits, physical activities, family predisposition to osteoporosis and risk factors. The questionnaires are filled independently by patients and parents. The adolescents are educated together with their parents – 2 hours, two times per week.

Patients:

42 adolescents, aged between 10 - 18 years (26 girls and 16 boys) and their parents, patients of 112 general practitioners.

We estimate at the beginning: height, weight, waist circumference, blood glucose, lipids, physical activities and eating regimen, which are evaluated after 3 months of education. The study will be finished after 36 months.

Results:

The education is made by GPs, together with pediatricians, endocrinologists, dieticians and psychologists. The results are not shown, because the school works still 2 months.

Conclusions:

The special education would help the families in forming a correct attitude towards healthy lifestyle. The success of “school of osteoporosis” will support the health promotional activities of GPs in reducing osteoporosis.

PRESENTATION 34: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER
Ongoing study with preliminary results

TITLE: Patients' perceptions of osteoarthritis handling.

AUTHOR(S): Isabelle Aubin, Laurence Baumann-Coblentz, Dan Baruch, V. Zéline
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Background:

Osteoarthritis is a very common pathology, concerning in France about ten million patients. It is a disabling disease leading to possible important changes in patient's life because of both pain and movement limitations. On GP's side, it is a very banal and mild pathology since it will not threaten life. EBM recommendations propose first non-pharmacological measures such as daily activity, weight reduction and physiotherapy. The first medication recommended is paracetamol. It appears that there could be a gap between patient's perception of his pathology and his everyday life impairment and the medical management that offers no "heavy" treatment, relieves pain but does not treat, and involves patient's goodwill. It is likely that some patients will turn to alternative medicine because they feel misunderstood and not cared for and are disappointed by traditional care.

Research question:

How do patients feel about their osteoarthritis treatment and its apparent simplicity?

Method:

Qualitative study.

Semi structured interviews will be conducted by four researchers - asking patients from different regions in France, Paris and its suburbs – which will be typed, transcribed, coded and analysed. Until saturation of data. Patients with different osteoarthritis ailments will be interviewed. Three pilot interviews will be led in order to be able to modify the questions.

Expected results and Conclusions:

This study is on going. We expect a better understanding of the patients perceptions of their pathology and their expectations, which could improve the management of the disease.

Points for discussion:

Do you think your osteoarthritis patients seek for other type of care?

**PRESENTATION 35: Saturday 10th May, 2008
11.30 – 13.00 h.**

POSTER

TITLE: Education on reproductive health: It works!

AUTHOR(S): Vildan Mevsim, Dilek Güldal, Tolga Gunvar, Özge Saygin
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Background:

While the Turkish population continues to get younger, the portion of the population capable of reproduction is also increasing and is expected to reach the 40% mark in 2025. Due to the rise and spread of HIV/AIDS, providing the number of services addressing the sexual and reproductive health needs of young people has become more important.

Research Question:

How much do the level of students knowledge of sexual and reproductive health and the usage rate of special reproductive health units change as a result of receiving peer education and reproductive health counseling?

Method:

A “before and after” intervention study is conducted. A questionnaire is applied to the first year university students both at the beginning and at the end of the academic year. 1734 and 1345 students out of 5236 accepted to involve the study in order. Between the two surveys, a training program is conducted including peer education. SPSS 12.0 is used for data evaluation and chi square and Mann-Whitney U tests for statistical analyses.

Results:

The knowledge score of reproductive health is increased 15.28%, of sexually transmitted disease 10.56%, of contraception methods 9.92%. In general the total knowledge score is increased 2.77%.

Conclusions:

Sexual and reproductive health issues are difficult to talk about and to discuss openly but it is possible to change the attitude, behavior and knowledge levels of young people by using truthful, direct and honest approaches.

Points for discussion:

Can we design a standard questionnaire for primary care to evaluate the knowledge, attitude and behavior of reproductive health which can apply easily and shortly for Europe?

**PRESENTATION 36: Saturday 10th May, 2008
11.30 – 13.00 h.**

POSTER

TITLE: Is the use of videotape recording superior to verbal feedback alone in the teaching of clinical skills?

AUTHOR(S): Vildan Mevsim, Nilgun Ozcakar, Dilek Guldal, Tolga Gunvar
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Background:

Recently, medical schools are committed to teach good communication and good history taking skills. However, there remains an unresolved question as to which constitutes the best educational method.

Research Question:

Is the use of videotape recording superior to verbal feedback alone in the teaching of clinical skills.

Methods:

A randomized controlled trial was designed. The study was conducted with 52 of the Dokuz Eylul University Faculty of Medicine second year students. All students' performances of communication and history taking skills were assessed twice. Between these assessments, study group had received both verbal and visual feedback by watching their video recordings on patient interview, control group received only verbal feedback from the teacher.

Results:

Feedback based on videotaped interviews is superior to the feedback given solely based on the observation of trainers.

Conclusion:

However feedback from videotape is superior, the financial costs and the extensive length of time involved in videotaping must be taken into consideration.

PRESENTATION 37: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER

TITLE: Contribution to the evaluation of the teaching of humanities and social sciences and humanism after the first year of the medical studies at the Rennes's Medecine Faculty.

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Background:

Medicine carried out extraordinary the advanced scientific ones during last century, deriving sometimes towards a scientific illusion. In front of this report, voices rose, at the same time in the society and the profession, for a return of humanities in the initial medical formation. It is in this context that the social sciences were introduced in the Faculty of Medicine. We find much work concerning the evaluation of this teaching carried out during the first year of the medical studies, but little concern the years following. However, it is during those that the future doctors will confront themselves with the suffering man.

Research question:

One was thus interested exclusively in teaching of the social sciences and humanism after the first year of medicine, and more particularly in Rennes.

Method:

First of all, it was used a quantitative approach by the means of a questionnaire with thirty and one questions with closed answers and a question to open answer. This one was distributed to the postgraduate students of general medicine of faculty.

Then, perceptions of the teachers in social sciences concerning the subject were collected following a qualitative approach, thanks to the realization of semi-directed interviews.

Results:

It arises, interalia, that the majority of the questioned people favours this type of teaching, and that it finds it insufficient and unsuited. A lack of means and brakes institutional are frequently reported by the professors

Conclusions:

Thus, according to the population of the investigation, the teaching of the social sciences and humanism appears essential, but also insufficient, unsuited and little considered on the institutional level. Proposals are thus put forth to try to cure the stated problems: in particular the creation of an identified teaching structure and a necessary handing-over in question of the medical model transmitted to the future doctors.

Points for discussion:

1. The handing-over in question of the medical model transmitted to the future doctors.
2. The doctor-patient relationship in the light of these results.

**PRESENTATION 38: Saturday 10th May, 2008
11.30 – 13.00 h.**

POSTER

TITLE: Being a role model in early medical school years.

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Background:

Medical doctors are expected to be role models for the society. They are supposed to gain this role during their medical school years. Confronting with real patients during the clerkship years may have an important role on this process. It may be necessary to find out if there is a change towards being a role model during the pre-clerkship years of medical school.

Research question:

What does affect the relationship between the health emphasize and health behaviour of the pre-clerkship medical students?

Method:

It s a cross-sectional study carried out via 222 (%83.7) pre-clerkship students of DEU Medical Faculty on June, 2007. A questionnaire consisted of Healthy Life Style Behaviour Scale (HLSBS) developed by Pender with various subscales including health responsibility, physical activity, nutrition, and Health Emphasize Scale (HES) developed by Wallston, and questions related to socio-demographic characteristics of the students. We used SPSS 12.0 for statistical analysis, t-test, Mann-Whitney U tests.

Results:

Of the students %72.2 was male with a mean age 21.38 ± 1.00 years. 64.9% believed that their living environment affected their health positively, 20.3% were smoking, 44.6% were using alcohol, 10.8% had a chronic disease. Mean scores of HLSBS of in all sections were similar among classes ($p > 0.05$). The students score for HES was as high as 7.80 ± 2.67 out of ten, however this was not supported by subscales of HLSBS. The mean score for health responsibility was 22.14 ± 4.66 (min 10-max 40), for nutrition was 15.09 ± 3.29 (min 6-max 24), and for physical activity was 10.57 ± 3.14 (min 5-max 20). Over all mean score for HLSBS was 122.50 ± 18.24 (48-192).

Conclusions:

Although medical students know the importance of health and healthy life, they seem very far away from doing so and being role model in early years of education. Some changes on medical curriculum may be necessary to promote the health behaviours of medical students.

Points for discussion:

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

PRESENTATION 39: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER

TITLE: Evaluation of introduction to clinics practice by third year students of Dokuz Eylul university.

AUTHOR(S): Nilgun Ozcakar, Dilek Guldal, Vildan Mevsim, Zafer Sisli

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Background: In third year of Medical Faculty of Dokuz Eylul University (DEU) there is an "Introduction to Clinical Practice" program that targets to develop patient-physician interview skills. Students meet real patients before clinics and use all techniques related to history taking practices they learn.

Research question: What was the evaluation of the students on "Introduction to Clinical Practice" for different clinical settings?

Method: It is a descriptive cross-sectional study carried out via 90 (72.0%) students of third class of Medical Faculty of DEU. In training year 2003-2004 the feedback forms for "Introduction to Clinical Practice" used to determine the evaluations of the students for history taking and physical examination practices in adults in primary care centres and medical unit of DEU, and paediatric age groups in DEU hospital and state hospital experienced through real patients under clinical skills trainers supervision. Scoring in the forms was between 1-5 for both trainers and practices. We analysed the data with SPSS 11.0 and used t-test for analysis.

Results: Mean scores of the students ranged between 3.46 and 4.70 for different items. There was a significant difference between DEU hospital and state hospital for adult practice ($p=0.032$) and the students reported that they saw different clinical cases more in state hospital ($p=0.006$). For paediatric practice ($p=0.011$) also there was a significant difference between DEU hospital and state hospital in evaluation of practice environment. The students state that they felt like a doctor and felt comfortable during their interviews. They believed that the trainers concerned and willing for the practice (4.71), supportive (4.52) and gave appropriate feedback (4.64) to them.

Conclusions: For medical students it is important to meet real patients with different age groups in different environments for history taking, physical examination, and observe clinical decision making process of their supervisors.

Points for discussion:

Medical curriculum needs to provide early exposure with patients in different clinical settings especially in primary care settings for medical students to be more comfortable and confident in the clinics.

**PRESENTATION 40: Saturday 10th May, 2008
11.30 – 13.00 h.**

POSTER

TITLE: Prescription audit of anti-hypertensive drugs in diabetic patients with Arterial Hypertension at a GP practice in Central Portugal.

AUTHOR(S): Tiago Villanueva, Ana Maria Pisco, Tânia Pires Silva

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Background:

Around 20 to 60% of diabetic patients also have Arterial Hypertension. Patients with diabetes mellitus have an increased risk of developing renal complications and other organ damage. Angiotensin Converting Enzyme Inhibitors (ACEI) and Angiotensin Receptor Blockers (ARB) comprise first line therapy for Hypertension in diabetic patients according to the 2007 guidelines for the management of arterial hypertension by the European Society of Cardiology.

Research question: What is the quality of the prescription of anti-hypertensive drugs in diabetic patients with Arterial Hypertension at a practice in Central Portugal?

Method:

The Electronic Health Record Software used at the GP practice enabled the creation of a statistical group that included all the diabetic patients with arterial hypertension registered at the practice. Afterwards, the Electronic Health Record of each patient was consulted in order to gauge and register the type of anti-hypertension medication prescribed.

A double entry table was then built on Microsoft Excel, which registered the number of patients just medicated with ACEI, the number of patients just medicated with ARB, the number of patients simultaneously with ACEI and ARA, the number of patients medicated with anti-hypertensive drugs other than renin-angiotensin system blockers, and the number of patients without any anti-hypertensive medication.

Results:

Out of 179 diabetic patients with arterial hypertension in the practice, 166 (92,74%) were medicated with one or more classes of anti-hypertensive drugs. A total of 142 patients (79,32%) was medicated with at least one blocker of the renin-angiotensin system.

Conclusions:

About 80% of diabetic patients with hypertension at a GP practice in Central Portugal are medicated with first-line therapy for Hypertension according to the 2007 Guidelines for the Management of Arterial Hypertension by the European Society of Cardiology.

Points for discussion:

1. Other similar studies in other countries.
2. Limitations of this sort of study.

PRESENTATION 41: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER

TITLE: A physiologic events cascade, irritable bowel syndrome, may even terminate with chronic gastritis

AUTHOR(S): Mehmet Rami Helvaci, Cahit Ozer, Mustafa Cem Algin
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Background:

When specifically asked, about one third of people report recurrent upper abdominal discomfort, and probably irritable bowel syndrome (IBS) and chronic gastritis (CG) are the most frequently diagnosed ones among all.

Research question:

Is there any relationship between IBS and CG?

Method:

Consecutive patients with upper abdominal discomfort applying to the Internal Medicine Polyclinic were included into the study. IBS is diagnosed according to Rome II criteria and CG is diagnosed histologically. All cases with IBS were put into one group and the age and sex-matched and randomly selected cases without IBS were put in the other group. Comparison of proportions was used as method of statistical analysis.

Results:

One hundred and fifty-six patients with IBS and 179 patients without IBS were studied. CG was detected in 72.4% (113 cases) of cases with IBS, whereas this ratio was only 36.3% (65 cases) in the patients without IBS ($p < 0.001$).

Conclusions:

IBS probably is a cascade of many physiological events, being initiated with infection, inflammation, psychological disturbances-like many stresses and eventually terminated with dysfunctions of the gut and probably some other systems of the body via a low-grade inflammatory process. So CG may be one of the terminating points of the physiological events cascade, IBS. By this way, the giant gap about the underlying etiology and/or clinical onset of CG may be explained by the high prevalence of IBS in society. Keeping in mind this association will be helpful during prevention, treatment, and follow up of these common pathologies in primary health centers and internal medicine and gastroenterology polyclinics for physicians.

PRESENTATION 42: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER

TITLE: Urgent Health Problems and Family Medicine.

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Background:

The structure of health care services is changing in Turkey. Many pilot cities have established family medicine offices for the delivery of primary care. Preparedness of family physicians for urgent health problems outside normal hours needs to be evaluated.

Research question:

1. What are the types and characteristics of urgent health problems in this region?
2. Are all urgent admissions to the ED appropriate?

Method:

We designed this study prospective to record patient characteristics, problems, outcomes, and behaviour admitting with urgent health problems to the Emergency Department (ED) at the University Hospital in Van, Turkey. Presented problems and diagnoses recorded based on the International Classification of Diseases 10 (ICD-10) coding system were compared with the International Classification of Primary Care-2-Revised (ICPC-2-R) coding system.

The data were analysed in SPSS, version 12.0. Pearson's 2 test was used to test for differences in two by two tables, using a level of significance of $p < 0.05$.

Results:

Data were collected on 123 patients with a mean age of 22.6 years. According to ICPC-2-R a total of 109 complaints (codes) were used by patients. Only 39% of admissions were hospitalised where 23.6% were managed ambulatory and 34.1% of patients were discharged from the ED after a short observation period.

Conclusions:

Many admissions to the ED could be handled in the primary care setting. Data from the ED may reflect the profiles of urgent health problems in a community. Practices can initiate a preparedness program by learning characteristics of ED patients that reflect the spectrum of anticipated emergencies in their patient populations.

Points for discussion:

1. How can Turkish FPs prepare themselves for out-of-hours?
2. How can FPs contribute to reduced hospital admission rates?

**PRESENTATION 43: Saturday 10th May, 2008
11.30 – 13.00 h.**

**POSTER
Ongoing study, no results yet**

TITLE: POPIB Study.

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Background:

In 2000, one out of ten ten years old children suffered from obesity. Obesity prevalence was 4% at 4 years old, and 12% between 6 and 12 years old. Average normal evolution of child corpulence involves an adiposity peak between 6 and 12 months, then The BMI decreases, until 5 years of age. The adiposity rebound starts at 5 years old. Early adiposity rebound is predictive of future obesity. The earlier and the higher the adiposity rebound, the higher the risk of further obesity. A brief intervention targeted to parents about their infant food intakes is likely to modify it, and therefore lead to a reduction of the number of overweight or obese children. POPIB s aim is the design of a tool allowing these brief interventions.

Research question:

What are the characteristics and content of a brief intervention about food intakes targeted to parents of children, newborn to 2 years old, in general practice ?

Method:

Three-step qualitative study:

1. Literature synthesis and elaboration of a brief intervention tool, using the Delphi method.
2. Qualitative study involving general practitioners: validation of content and relevance of the tool, using focus groups.
3. Qualitative study involving parents: validation of form and understanding of the intervention, using focus groups.

Conclusion:

This qualitative study should lead to a subsequent quantitative study: a prospective cluster-randomized controlled intervention study will be designed to validate the intervention effectiveness. Primary end point will be the number of early adiposity rebounds three years after the intervention.

Points for discussion:

1. Inclusion criteria for the forthcoming quantitative study.
2. What should the parents focus really test?

**PRESENTATION 44: Saturday 10th May, 2008
11.30 – 13.00 h.**

POSTER

TITLE: Smoking habits and knowledge of family physicians and their attitude towards smoking cessation..

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Background:

Smoking is considered the most important preventable risk factor for morbidity and early mortality. Various methods are proven as aids in smoking cessation, whereas the primary care physician (PCP) holds an important role. However, the PCP's activities may vary because of different physician's and patient's characteristics.

Research question:

What is the relationship between attitudes towards smoking cessation and physician-patient characteristics in Israel.

Method:

A questionnaire was built with case descriptions, knowledge and attitudes regarding smoking cessation. Data analysis was done according to the PCP characteristics.

Results:

314 PCP participated in the study. 11.5% reported as smokers and 58% of them reported their wish to quit. 90% reported advising their patients regarding smoking cessation. Smoking PCPs used significantly less printed materials whereas ex-smokers reported higher referrals to smoking cessation groups. All PCPs reported biggest efforts to adult patients with other risk factors or existing complications. Ex-smokers reported higher efforts to promote smoking prevention in teenagers and pregnant women. The primary complaint of the patient was the most influencing factor in opening the subject. Although HMO guidelines and keeping good relationships with the patients do not prevent smoking cessation advice, high work load is very influential. Some PCPs supported prescribing smoking cessation drugs beyond their prescribing indications.

Conclusions:

Israeli primary care physicians consider smoking cessation as very important in their daily work. Differences between PCPs are common according to their smoking habits and their patient's characteristics. It is highly important to establish smoking cessation and prevention guidelines in combination with specific training to PCPs, including pharmacologic treatments.

Points for discussion:

1. Are differences in attitudes according to the physician's personal habits is more emphasized in smoking cessation counseling than in other health promotion issues?

PRESENTATION 45: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER
Ongoing study with preliminary results

TITLE: From Research to Practice; A Model Approach to Mushroom Poisoning Problem.

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Background:

Mushroom poisoning is an important problem especially in spring time and fall in Turkiye alike our region (Eskisehir). Mihaliccik, a district nearly 100 km far away from Eskisehir, having the mushroom poisoning problem. We decided to assist solving the mushroom poisoning problem by education of people and during this period, we investigated the problem detailed in Mihaliccik, as a pilot study for whole region.

Research question:

What are the details, such as guarantees of gathering, cooking and eating wild mushroom and attitudes of people when the mushroom poisoning happened?
What is the response of education about mushroom poisoning?

Method:

We performed the questionnaire face to face, and then we gave information about wild mushrooms and mushroom poisoning who were from ten villages in Mihaliccik in 2005. We asked mushroom poisoning related questions such; as if mushroom had got before, if so where got it, how understood that it wasn't poisoning, ever had someone got poisoned close to, got any education about and what they wanted to know about it.

Results:

Initially 788 participants enrolled in study and educated about mushroom poisoning. Six hundred ninety-eight (88,6%) participants had mushroom regularly, of whom 605 (76,8%) had gathered himself/herself, 48 (6,1%) got from their neighbours and 45 (5,7%) bought from bazaar. Six hundred eighty-four (86,8%) participants depended on people who gathered or sought as if mushrooms were poisoning or not, 396 (50,3%) participants were witness to a mushroom poisoning event before. And 112 (14,2%) of the participants wanted to learn how to select the non poisonous wild mushrooms. Total number of poisoned patients from the Mihaliccik district was 19 in 2003 and 2004, and in 2006-2007(after the education) there was only 3 event admitted to the university hospital.

Conclusions:

Health problems of community must be investigated detailed and education programs must be planned after this stage.

Points for discussion:

1. What are your suggestions for education and research stages for the further studies?
2. How can the limitations be passed over in such a study in rural area?
3. Similarities and differences for other countries?

PRESENTATION 46: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER

TITLE: General practitioners continuous care and home visits to Statutory Health Care patients in Germany, 1996 until 2006.

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Background:

Continuous care and home visits are core activities specific for General and Family practices.

Research question:

For Germany, to describe the workload from continuous care patients and home visits and its change from 1996 until 2006, also to relate this to patients' sex, age group and disease burden.

Method:

Electronic patient records from 144 general practices in Lower Saxony and elsewhere in Germany, from 1996 until 2006, serving a total of 331,801 Statutory Health Care (SHC) patients, are analysed per year and per quarter-of-year cross-sectionally for number of patients who need continuous and coordinated care (NoCoPs), at home or in foster homes, and for number of home visits (NoViPs), results then related to total number of patients (NoPs) and number of contacts (NoCs) by calculating rates (NoCoPs / NoPs and NoViPs / NoCs). For longitudinal analysis over the 5-year-period beginning 1999 until end of 2003, a complete sample of 16 practices with 66,595 SHC patients is extracted from the above total and analysed accordingly. Patients need for continuous care and for home visits is modelled from sex, age group and disease burden (ICD-10-codes).

Results:

Numbers and rates indicating need for continuous care are higher for patients with female sex, old age, and higher number of diagnoses. Numbers and rates of home visits are higher for teenagers and rapidly increasing for those over 70 years. The insignificant decrease from 1999 until 2003 in patients needing continuous care or home visits vanishes behind a large inter-practice variability. Age group and number of diagnoses, but not so patient s sex, are significant predictors for need of continuous care or home visits.

Conclusions:

Older patients in Germany, and those with high burden of disease profit especially from the specific activities of general and family practitioners, i.e. continuous care and home visits.

Points for discussion:

1. Proportion of continuous care patients and home visits in other European countries.
2. Who cares for the elderly in your country?
3. Foster home and institutionalizing - an acceptable perspective for European old citizens?

PRESENTATION 47: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER

TITLE: Cross-cultural adaptation and validation of the Turkish patient satisfaction questionnaire short form (PSQ 18) in primary care patient.

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Background:

Patient satisfaction in primary care has emerged as an important component of the quality of medical care. Primary health care organizations must use patient satisfaction data to improve the quality of their services.

Research question:

The purpose is to adaptation and validation of the RAND's Patient Satisfaction Questionnaire short form (PSQ-18) into the Turkish languages and culture in primary care practice.

Method:

All patients of the study were attending Maltepe primary health care center out patient department every month on regular follow-up visits for hypertension therapy. We approached 98 patients during one month. Of these patients 90 were fully completed questionnaire. For reliability analyses, we repeated the same questionnaire one month later to same 90 patients. The short Form (PSQ 18) s acceptability was high (< 8.16 % of non-responders). These patients were comprised of 52 women and 38 men, their ages ranging from 37 to 58 years (M =47.59, SD = 10.13).

Results:

Cronbach's alpha for test and re-test one month later was found 0.87 and 0.89 for reliability. Construct validity were evaluated by factor loading. Short Form (PSQ 18) has 18 items that are collected into seven factors (general, technical quality, interpersonal manner, communication, financial aspects, time spent with provider and access/conviences) with factor loadings 0.55-0.89. Revealed loadings of the factors were above 0.55.

Conclusions:

The results obtained from the development and validation of the questionnaire provides evidence of its psychometric properties. The Short Form (PSQ 18) questionnaire showed satisfactory reliability and satisfactory validity. Therefore, it could become a useful instrument in quality-of-care assessment. A questionnaire which addresses primary care satisfaction is now available for research purpose as well as for daily practice.

Points for discussion:

Patient Satisfaction, Primary Health Care, Short Form Patient Satisfaction Questionnaire PSQ 18.

PRESENTATION 48: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER

TITLE: The incidence and related factors of urinary incontinence in patients attending to ankara university IBN-I Sina hospital.

AUTHOR(S): S. Kocaman, Ayşe Gulsen Ceyhun, A.S. Tekiner, Ak F. Parlak

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Background:

Although urinary incontinence is not directly related to death it causes major physical, social and psychological problems. It is also an important public health problem due to higher incidence.

Research question:

What is the incidence of urinary incontinence in patients 50 years and older who attended to out patients clinics of bn-i Sina hospital and the factors related to incontinence?

Method:

This cross sectional study was conducted between January to July 2007 in outpatient clinics of IBN-I Sina Hospital. Study population compromised of 507 patients at the age of 50 years and older. We obtained written informed consent and volunteer participation forms from each participant. Questionnaire forms were filled through face to face interviews with the study group. SPSS 11.5 were used for statistical analysis. Ethical Committee of Ankara University Medical School approved this study.

Results:

The study population compromised of 142 male and 365 female patients. The incidence of urinary incontinence for the whole group was 54.8%, whereas 68.6% of them did not seek professional help for this problem. Ninety five patients don t know the initiating or aggravating factors for their UI, 61 of them consider it was natural in older ages, 47 of them said it began with their co-existing illness (DM, HT, etc). The most frequent reasons for avoiding professional help were considering this condition normal in older ages, not feeling uncomfortable and feeling shy to talk about this subject.

Conclusions:

Although urinary incontinence has a high prevalence and a long standing condition we found that patients had little insight to seek help. On the other side health care professionals did not provide sufficient guidance on this topic. Urinary incontinence must be considered thoroughly in primary care by taking preventive measures in order to meet the requirements of patients.

Points for discussion:

1. How can we raise the awareness of patients to seek help with this condition?
2. How can we imply or create guidelines for urinary incontinence that can be used in outpatient clinics?

PRESENTATION 49: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER

TITLE: Acceptability of a computer-based counseling system for promotion of physical activity in primary care for patients with chronic diseases.

AUTHOR(S): Annette Becker, D. Herzberg, N. Marsden, Erika Baum, H. Jung
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Background:

There is evidence on the effectiveness of physical activity in primary and secondary prevention for patients with chronic diseases. Computer-based counseling systems (CBCS) in health care play an important role in the toolset supporting doctors to inform and motivate their patients with respect to therapeutic activity.

Research question:

Our aim was to develop a CBCS for promotion of physical activity and to study its acceptability for primary care patients with diabetes and/or coronary heart disease.

Method:

In an interdisciplinary team we developed an interactive CBCS tailored to the patients motivational level and disease (transtheoretical model of behaviour change). We used TabletPCs with a touch-sensitive screen. The information was given by a professional speaker including videos, pictures and interactive dialogs. A pilot study was performed within five general practices. 79 patients with diabetes or coronary heart disease tested the CBCS while waiting or on a scheduled home visit. Immediately after the session semi-structured interviews were held on a subgroup of 26 patients (following the Dynamic Acceptance Model for the Reevaluation of Technologies (DART)). All interviews were subject to content analysis.

Results:

The study sample includes 34 women and 42 men (mean age 64 years, range 18-87). Patients of all ages and with varying computer knowledge reported that the CBCS is easy to use, some commented on the usefulness of the multimedia approach and its advantages over written information. Even though most patients reported the information gained to be useful, opinions differed concerning the applicability of the message to them.

Conclusions:

CBCS may be useful in general practice, even in higher age groups and for patients without any prior computer knowledge or experience. However, its effectiveness has to be studied further.

PRESENTATION 50: Saturday 10th May, 2008
11.30 – 13.00 h.

POSTER

TITLE: Administrative and reporting tasks of family physicians in Europe.

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Background:

Administrative tasks in primary and further care levels are increasing continuously. Electronic health records and hard copies are stored in parallel. The former are more useful and precise for date management. The administrative and reporting tasks of family physicians are regulated by rules and contracts.

Research question:

What are the differences in the administrative tasks of European primary care physicians?

Methods:

Family physicians from 23 countries of the European General Practice Research Network were asked to fill a questionnaire. Twenty one questions were constructed on the main domains of administration and reporting duties for insurance companies or health authorities.

Results:

GPs are employees in 13 countries, in the others they are contracted with 1-250 insurance companies. The activity report should contain: the name of patients (in 5 countries), in other 5 only coding (identity, insurance, birth date) is need; referral to specialist or hospitals (in 9 countries). Sick leave does not have to be reported only in 2 countries. In 6 countries the ICD code should be indicated on the prescription form. Receipts are handwritten or printed, only in 6 countries yet in Latin; in others native languages are used. Option agreement on price of drug is needed in 3 countries. Free medical systems, (without co-payment of the patient) exist in 11 countries. GPs have a financial budget in 5 countries. The results of their answers regarding the other domains are presented and analyzed, comparing countries and insurance systems.

Conclusions:

Different systems exist in Europe. No clear relations between administrative workload and number of insurance companies were found. Financial data and epidemiological data are rarely consistent. State-operated primary care systems need less administration. Primary care systems work in very different administrative circumstances. Financial data and epidemiological data are rarely consistent. A date recording system serving both purposes should be the ideal solution.

Points for discussion:

1. Are you satisfied with required administration in your country?
2. What could you suggest or advice to improve it besides decreasing administration?

**PRESENTATION 51: Saturday 10th May, 2008
16.00 – 16.30 h.**

FREESTANDING PAPER

TITLE: Is idiopathic facial paralysis an infectious disease?

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Background:

Since Will Pickles epidemiology in a country practice first postulated an infectious aetiology for Bell's palsy other observations. In particular, paired serology and studies of the cerebral ganglia have tended to support that hypothesis. One consequence has been the increasing prescription of antiviral agents by GPs.

Research question:

Does the spatiotemporal incidence pattern of Bell's palsy in Scotland support or refute an infectious aetiology?

Method:

The subjects in this study were participants of the Scottish Bell's Palsy Trial. The diagnosis was made by a GP and confirmed by an otorhinolaryngology specialist within 72 hours of onset. Information required for each subject included: date of onset; postcode sector and age. Postcode sectors were used to protect the anonymity of the subjects. Software that analyzes spatial, temporal and space-time data using the spatial, temporal, or space-time scan statistics (SaTScan) software was used to analyse the date of onset and postcode sector for 548 cases to determine the presence of geographical clusters. A Poisson model was used for analysis.

Results:

There was marked seasonal variation in incidence: 18 cases occurred in June 2005 and 11 cases in June 2006 compared to 35 cases in December 2004 and 31 cases in January 2006. 12 spatial and 12 spatiotemporal clusters were found with a p value <0.05. Further analysis was focused upon two major clustering events on the west and east coast. For each of these separate events the clustering is likely to be part of the same phenomenon. The time period between consecutive cases within a cluster may represent the incubation period of an infectious organism which may play a role within that cluster.

Conclusions:

These results which found significant spatial and spatiotemporal clusters are in keeping with previous work supporting an infectious aetiology.

Points for discussion:

1. What other conditions are best studied in GP research networks?
2. Why did the SBPS trial not demonstrate any benefit from aciclovir?

PRESENTATION 52: Saturday 10th May, 2008
16.30 – 17.00 h.

FREESTANDING PAPER

TITLE: Influenza Vaccination in Lower Saxony during 1995/1996, 2002/2003, and 2005/2006 – a secondary analysis of record data from Statutory Health Insurance (SHI) practices.

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Background:

Seasonal influenza vaccination is highly efficient in primary prevention of additional morbidity or death, and consecutive indirect costs from influenza infection, especially in subgroups of those over 60 years or endangered by impaired health condition. Comprehensive, reliable or longitudinal data on Influenza vaccination coverage rate (VCR) in Germany are not available.

Research question:

To extract and analyse information about influenza vaccination from routine patient record data of ambulatory practices serving the SHI population of Lower Saxony, Germany.

Method:

Routine data of the seasons 1995/1996, 2002/2003, and 2005/2006 from two primary sources are analysed, (1) reimbursement data of all ambulatory practices in Lower Saxony, (2) comprehensive patient records from 79 General practices serving more than 100,000 patients.

Results:

Number of influenza vaccinations rose from 204,146 (1995/1996) to 637,016 (2002/2003), and to 1,016,554 (2005/2006), of which 91.8% (2002/2003) and 90.4% (2005/2006) were done by GPs and Family doctors. Small and medium-sized practices showed higher influenza VCR, compared to those in bigger practices ($p < 0.01$). Being aged over 60 years or being of impaired health condition were reliable predictors for influenza vaccination, with odds ratios of 4.96 (CI95% 4.73 – 5.20) and 4.03 (CI95% 4.03 – 4.58) in a combined model.

Conclusions:

Secondary analysis of routine SHI practice data in Lower Saxony, Germany, from two independent sources shows that vaccination against influenza is given to increasingly more patients, more than 90% by General and Family practices. Influenza VCRs in small and medium-sized practices are significantly higher than in bigger practices; in subgroups aged over 60 years and/or those endangered by impaired health condition are up to sevenfold higher, compared to the alternative population; found in Lower Saxony are far below those needed for effective protection of total population or vulnerable subgroups, positioning this German state at lower ranks in international comparison.

Points for discussion:

1. How to increase influenza vaccination rates in Germany: within or without General and Family practices?
2. Secondary data analysis in primary care setting: gains and pitfalls.

TITLE: Effect of C-reactive protein point of care testing and clinician communication skills training in lower respiratory tract infections on antibiotic use and patient recovery: a cluster randomised trial

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Background:

Lower respiratory tract infection (LRTI) accounts for 28 million general practice consultations in the EU and the US annually. Over prescribing antibiotics for LRTI is an important driver of antimicrobial resistance. We aimed to assess the effect of a C-reactive protein (CRP) point of care test (a disease focussed approach) and enhanced communication skills training for general practitioners (GPs) (an illness focussed approach) singly and combined on reducing antibiotic prescribing for LRTI.

Research question:

Can CRP point of care testing and enhanced communication skills training for GPs, either separately or combined, reduce antibiotic prescribing for LRTI without compromising clinical recovery and patient satisfaction.

Method:

Pragmatic, 2x2 factorial, cluster randomised controlled trial: 40 GPs recruited 431 LRTI patients. The main outcome measure was antibiotic prescribing at the index consultation. The primary analysis was intention to treat and assessed the predefined marginal effects of the two interventions in a three level logistic regression model.

Results:

GPs in the CRP group prescribed antibiotics to 31% of patients vs. 53% in the control group (adjusted OR 0.21, 95% CI 0.06–0.78, p 0.02). GPs trained in enhanced communication skills prescribed antibiotics to 27.4% of patients vs. 53.5% (adjusted OR 0.12, 95% CI 0.03–0.47, p<0.01). There was a statistically significant effect of both interventions on antibiotic prescribing at any point within 28-day follow-up. Clinicians allocated to both interventions prescribed antibiotics to 23% of included patients (adjusted OR 0.05, 95% CI 0.01–0.21). Patient recovery and satisfaction was similar in all study groups.

Conclusions:

Both CRP point of care testing and enhanced communication skills training significantly reduced antibiotic prescribing for LRTI without compromising patient recovery and satisfaction. A combined illness and disease focussed approach was superior to either alone in achieving evidence based management of this common condition in general practice.

Points for discussion:

1. If we had to choose between the two interventions (illness or disease focussed) for implementation on a larger scale, which would be preferred?
2. Could the interventions have implications for other conditions in general practice?