

Bled Meeting

Friday 17th to Sunday 20th October, 2002

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PRESENTATION 1: Friday 17th October, 2002
09.20 - 09.50 h. THEME PAPER

TITLE: A sociological analysis of interactions between specialists and general practitioners in joint medical teleconsultations.

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Background: As part of a large randomised controlled trial of joint medical teleconsultations, virtual outreach clinics were provided as an alternative to standard outpatient referrals. GP and patients sat together in their local surgeries and 'saw' hospital specialists in outpatient clinics via video conferencing facilities (ISDN 2). These teleconsultations were triadic in nature and offer a valuable opportunity to learn about social and inter-professional issues relevant to the introduction of technological innovations in health care settings.

Aims/Objectives: To conduct a sociological analysis of the views and experiences of specialists and general practitioners about social interactions during joint medical teleconsultations.

Methods: Using a grounded theory approach, semi-structured interviews (n=39) and focus groups (n=8 groups) were conducted with hospital specialists and general practitioners. The total sample of clinicians was 60 (n=15 specialists; n=45 general practitioners). Analysis was conducted according to the principles of framework analysis using NVIVO software.

Results: Clinicians reported a number of communication challenges and problems in their efforts to interact with each other in front of patients during joint medical teleconsultations. There was a divergence of views between specialists and general practitioners about appropriate roles for general practitioners and, also, some confusion about responsibility for patient care. The use of medical language was also considered problematic, as was the inability to talk directly to each other about the presenting case.

Conclusions: The re-configuration of standard outpatient referrals as virtual outreach clinics using joint medical teleconsultations disrupts communication and social interactions between clinicians. These disruptions require further analysis and attention to inform telemedicine implementation efforts in the NHS or elsewhere.

Relevance to EGPRW: The research presented here was developed during earlier EGPRW meetings and the opportunity to update members of progress and outcomes is considered important. The theme of this paper corresponds strongly with the theme of this EGPRW meeting. The content of the paper also acts as a 'sister paper' to another submission from our project (MacFarlane, Harrison, Wallace, Berlin, Murray and Haines).

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PRESENTATION 2: Friday 17th October, 2002
09.50 - 10.20 h. THEME PAPER

TITLE: Re-configuring clinical services at the interface between primary and secondary care: clinicians' views on virtual outreach clinics as an alternative to standard outpatient referral.

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Objectives: To explore the views of hospital specialists and general practitioners about joint teleconsultations between specialists, general practitioners and patients virtual outreach as an alternative to standard outpatient referral.

Design: Interview and focus group qualitative study using a grounded theory approach.

Setting: General practice and outpatient clinics in London and Shrewsbury, which were the sites of a randomised trial of teleconferenced consultations between GPs, patients and consultants.

Participants: 15 consultants and 45 general practitioners

Results: The presence of general practitioners during joint teleconsultations was perceived as beneficial, because of the opportunity to provide specialists with additional clinical information, which assisted history taking and diagnosis making. Their presence, however, also caused some difficulties. Clinicians found teleconsultations were time consuming and there was a divergence of views between specialists and general practitioners about the most appropriate role for general practitioners. General practitioners tended to see themselves as facilitators of the consultation whereas specialists tended to expect the GP to play an active role in presenting the clinical features of the case. Referrals that required a hands on examination or sensitive one to one discussions were generally not considered appropriate for joint teleconsultations by clinicians.

Conclusions: The presence of general practitioners during joint teleconsultations offers benefits for health service delivery. There are, however, clinical, organisational and interactional challenges that require attention if this telemedicine application is to become a feasible option in the NHS.

Relevance to EGPRW: The study is closely related to the main theme of the EGPRW meeting and has relevance for European general practice. In addition, it was developed with substantial input from EGPRW, and we wish to inform members of the outcome.

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PRESENTATION 3: Friday 17th October, 2002
10.40 - 11.10 h. THEME PAPER

TITLE: Changing the proportion of second and third generation oral contraceptives prescribed and the role of information technology.

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Background: Repeat prescriptions of oral contraceptives (OC) are a task for GPs, but they often are just a passive replication of the gynaecologist's choice. However, the latest meta-analysis on the risks of third generation OCs suggests that GPs might take a more active role towards a greater use of the safer second generation OCs. While the single GP has difficulty in promoting such changes, it may be that groups of GPs with new methods and technologies would be successful. The aim of this study is measure the effect of an evidenced based programme to promote a change to more rational prescribing, using the example of the "Pill".

Objectives: Evaluate if a multi-facet intervention is able to increase, in one year, the proportion of women taking second generation OC, with respect to a control group of GPs providing usual care.

Methods: 10 GPs, organized in a Telematic Mailing List, planned the following steps: the diffusion and evaluation, by an Italian EBM expert tied to the Cochrane Library, of a meta-analysis of the BMJ (July 01) regarding OC ; the evaluation in computerized clinical records of the "baseline" proportion of second and third OC, from May 31, 2000 to May 31, 2001; simple cognitive-behavioral techniques that could cause a change; communicative written forms, for women and gynecologist specialists; verify, after the intervention, the proportion of second and third generation Ocs as of May 31, 2002. Data was also collected on OC prescribing, in a control group of 7 GPs. These were comparable to an "intervention" group, by age, gender and geographical area, in the communes of a Valley in Valdagno. All GPs were users of the same "PC-server".

Results: Intervention Group- At baseline we found 479 women (90%) with prescriptions of third generation OCs, and 56 women (10%) with prescriptions second generation pills. At the end of the intervention period there were 305 (55%) third generation birth-control pills, and 255 (45%) with second generation pills. These data show evidence of a significant increase of the second generation OC proportion at the end of the intervention respect to the baseline ($p < 0,01$; Confidence Interval increase: 30%-39%). In the control group there were no significant differences: proportion of the second generation OC at the baseline: 15%; at the end (May 2002): 12%.

Conclusion: The example of our Mailing List for OC prescription displays the potential of information technology for improving diffusion of the knowledge of an important meta-analysis and of consequent major changes in prescription habits.

Relevance to EGPRW: We would like to know from European GPs if a diffusion via web of new cultural and technical tools could bring important advantages, by stimulating the EBM change of prescription behaviour, which may outshine the risks of a lower standardization of this new kind of audit and research.

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PRESENTATION 4: Friday 17th October, 2002
11.10 - 11.40 h. THEME PAPER

TITLE: A Randomised trial of a preconception care clinic

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Background: The objective of preconception care (PCC) is to promote healthy pregnancy. There are major negative health consequences after many poor pregnancy outcomes. Epidemiological studies show numerous factors associated with miscarriage, low birth weight, prematurity, stillbirth, congenital malformation and neurodevelopmental problems. These include smoking, alcohol, subfertility, genital infections, low or high body weight, zinc deficiency, low folate diet, certain occupations, exposure to pesticides and lead, use of certain medications, the presence of lupus anticoagulant, diabetes and epilepsy. There is little published work describing or evaluating the delivery of PCC, and

the uptake of proven measures, such as preconception folate supplementation, is known to be low.

Aims: To determine whether attending a preconception clinic will lead to improved pregnancy outcomes.

Method: Randomised controlled trial (Zelen design). Subjects were women who had experienced a poor outcome in a recent pregnancy, mostly miscarriage, identified from hospital records. After randomisation the intervention group was invited to attend the clinic. Of 1049 subjects identified, 704 were randomised to intervention and 35 were eventually valid participants. Those who attended were given individual advice, tested for infection and mineral status and treated accordingly, and given vitamin and mineral supplements. The main outcomes were birthweight, gestation, miscarriages and SCBU/HDU bed occupancy in the next pregnancy.

Results: The trial failed to meet its recruitment target of 100 births in each of the control and intervention groups. There were fifteen pregnancies with documented outcomes in the clinic attenders, with four miscarriages and 11 live births, mean birthweight 3085g. There were 61 pregnancies reported for the control group of 345 women with five miscarriages and 56 live births, mean birthweight 3175g. The estimated cost of the intervention was £274.50 per couple.

Conclusion: No conclusions can be drawn about the effectiveness of the intervention. There is bias in the study related to the low response rate. The clinical data collected are of interest, and lessons can be learned from the trial for the future design of research.

What do I hope to get out of the presentation?: I wish to stimulate discussion on methodology of research in primary care in this field.

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PRESENTATION 5: Friday 17th October, 2002
11.40 - 12.10 h. THEME PAPER

TITLE: Menopausal Problems and Hormonal replacement therapy in general practices in Germany

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Background: Germany has the highest and longest use of hormonal replacement therapy (HRT) within Europe. Prescriptions are done by gynecologists and family doctors .

Objectives: We wanted to study the role of the GPs in advising their patients about menopausal problems in Germany. By using a smart card, anybody can consult specialists and GPs for free without referral.

Method: Questionnaires were given to 200 women aged 59-65 years in 29 GP-offices (15 female, 14 male GPs). The receptionist was asked to give it to females irrespective of the reason for consultation. They should be sent back anonymously.

Results: We got back 101 questionnaires, of which 7 had to be excluded. Of the remaining 94 patients (61 with female and 30 with male GPs) 42% had undergone hysterectomy. The median time of the most severe complaints was 50 years. Most women suffered from a variety of complaints. Severe hot flushes (41%) or sleeping disorders (38%) were cited most frequently. At the time of consultation these complaints were still severe in 10% and 26% respectively. For menopausal problems GPs had been the most important advisers for 16 women (14 with female GPs). They ranked behind partners and gynecologists. The second important adviser was the GP for 21 and the third important for 7 women. 52% of the women had used HRT, having been initiated by the gynecologist (34%), GP (13%) or the women herself (6%). More details can be given in the presentation.

Conclusions: In Germany GPs are ranked behind gynecologists and partners when dealing with menopausal problems. The high use of HRT and hysterectomy raises questions about the impact of the health care system.

Relevance to EGPRW: New technologies like HRT have to be used with clear indication, evidence based and with shared decision between doctors and patients. We would like to discuss influence of non-medical interests and beliefs and the role of GPs in that context.

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PRESENTATION 6: Friday 17th October, 2002
12.10 - 12.40 h. THEME PAPER

TITLE: Osteoporosis, HRT and the patient - doctor encounter.

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Background: Women at midlife and their doctors face decisions relating to screening for risk of osteoporosis using bone densitometry, and the use of HRT for prevention of osteoporosis, while medical evidence about the risks and benefits remains controversial. However, even if evidence from clinical trials and epidemiology clearly showed overall benefit, each individual woman and her doctor still face uncertainties in making their decision.

This presentation is offered under the theme 'New Technologies in General Practice' although the technologies themselves are not new. There is a high level of lay knowledge about bone densitometry and HRT, which potentially reduces the inequality of knowledge about the technologies between patient and doctor. The study has lessons for newer technologies where lay knowledge may not yet be so high.

Aim: This presentation will explore how uncertainties are considered in the patient-doctor encounter using the example of screening for osteoporosis and the use of HRT for prevention.

Method: Semi-structured interviews have been undertaken with midlife women and with health professionals. Relevant consultations between patients and health professionals have been recorded. The following data has been collected in the first year of this two-year project: 52 consultations, 32 interviews with health professionals and 53 interviews with women. The whole study considers the technologies of bone densitometry, breast screening and HRT. This presentation will not consider breast screening as fieldwork for this is not yet complete.

Results: Although women and doctors use the discourse of medicine characterised as precise and independent of context and person, they also demonstrate an understanding of the uncertainty inherent in the evidence from epidemiology and clinical trials. Women integrate this evidence with their own experience of their bodies, their current social situation and their understanding of their social risks. Examples from the study data will be used to illustrate this.

Conclusion: This study highlights the dilemmas facing patients and doctors when using epidemiological and clinical trials evidence when considering an intervention for prevention for an individual. This study demonstrates that both patients and doctors are

developing ways of integrating the different types of knowledge and experience that impinge on an individual in their decision making.

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PRESENTATION 7: Friday 17th October, 2002
12.40 - 13.10 h. FREESTANDING PAPER

TITLE: "Is the use of the spirometer easy and feasible in everyday GPs' practice?"

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Background: Guidelines for Chronic Obstructive Lung Disease and Asthma require spirometry for a better management of patients, but spirometry is often not so easy to perform. This is due to the long waiting lists, the long distance from the spirometry centres and the loss in time that patients don't wish to face.

Objective: Checking which difficulties GPs find in using their own spirometers in daily practice.

Method: 20 out of 350 GPs in practices in Caserta (Southern Italy) have personal spirometers. A questionnaire is being sent to these 20 GPs. Questions cover the simplicity in the usage of the spirometer, the number of spirometries performed each week, the patient satisfaction and finally the GPs' opinion of the usefulness of owning a spirometer. This study is still in progress.

Results: Preliminary results show that 85% (17) of the GPs interviewed use personal spirometers very often, reaching an average of 6 tests performed per week (range 2-8). They find the use of the spirometer quite simple. 2 GPs out of 17 let their practice nurses perform spirometry. 15% (3) don't use it at all because of the difficulty involved and lack of time. Patients seem to show a high degree of satisfaction and interest in the development of spirometry in their GPs' practices.

Conclusions: The use of the spirometer seems to be simple and feasible in the GPs' daily practice, although more time is required to dedicate to the patient.

Relevance to EGPRW: Primary care plays a leading role in COPD and Asthma management and this can much improve if the new available technologies, are used in daily general practice

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PRESENTATION 8: Friday 17th October, 2002
14.45 - 15.15 h. THEME PAPER

TITLE: Prediction of the outcome of peripheral arterial disease using the ankle-brachial pressure index.

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Background: In the western world peripheral arterial disease (PAD) is a major threat to the health of the elderly. Despite the results of previous studies showing that the Ankle-Brachial Pressure Index (ABPI) is a meaningful indicator of the prognosis of patients with PAD, only 20-40% of the general practitioners centres in the Netherlands use the ABPI measurement.

Objectives: The objective of our current analysis is to assess the prognosis - progressive limb ischaemia, cardiovascular morbidity and (cardiovascular) mortality) - of subjects with and without PAD, classified according to subsequent ABPI categories.

Method: The data set of the Limburg Peripheral Arterial Occlusive Disease Longitudinal Study (18 general practice centres, n=3649, mean age 59 years, mean follow-up time 7.2 years) was analysed for this purpose. Baseline and follow-up measurements included a self-administered questionnaire on signs and symptoms and a vascular physical

examination. The ABPI was measured independently, using a handheld Doppler device. Outcome measures were progressive limb ischaemia, cardiovascular morbidity and (cardiovascular) mortality. Cox proportional hazard models were used to investigate the associations between ABPI categories and clinical outcome.

Results: Subjects with an ABPI between 0.90 and 1.00 were at higher risk to develop progressive limb ischaemia when compared to those with ABPI values ≥ 1.00 . Patients with a moderately reduced ABPI ($0.70 < 0.90$) were at higher risk for the development of progressive limb ischaemia and non-fatal cardiovascular disease when compared to subjects with an ABPI ≥ 0.90 . Patients with an ABPI < 0.70 not only developed non-fatal events more often but also were at highest risk to experience a fatal event.

Conclusions: Our results demonstrate that the lower the ABPI, the worse the prognosis with regard to fatal and non-fatal (cardio) vascular events. In general practice this knowledge can be helpful in identifying high-risk patients.

Relevance to EGPRW: The measurement of ABPI is used as diagnostic instrument for PAD. Our results and others indicate that the ABPI measurement is also as a prognostic instrument important for PAD. This is an extra argument in favour of implementing the ABPI measurement in primary health care. At EGPRW we wanted to discuss this practical implication of the ABPI measurement as a prognostic tool for PAD patients.

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PRESENTATION 9: Friday 17th October, 2002
15.15 - 15.45 h. THEME PAPER

TITLE: A pragmatic study of the validity and effectiveness of primary care anticoagulant management using near patient testing.

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Objective: To pragmatically test the validity and effectiveness of primary care anticoagulant management using near patient testing.

Methods: The GP Unit of the Western Health Board supplied twelve Coagucheck monitors to sixteen rural practices which had been previously providing regular supervision of anticoagulant dosage. Practices were requested to record data for each eligible patient from September 1998 to April 1999 and to forward one blood sample per week to the regional hospital laboratory for parallel testing.

Results: Nine practices returned data on a total of 122 patients. The most common indications for anti-coagulation were atrial fibrillation (56 patients), valve replacement (12) and deep venous thrombosis or pulmonary embolus (12). Regression of the mean of 185 paired readings against their difference confirmed the validity of the Coagucheck monitor ($r^2 = 0.00$ [95% CI -0.38 to 0.38]). A total of 692 INR tests were performed representing an average of 5.7 tests per patient. It was possible to provide a desired therapeutic range for 609 (88%) of these tests. The number of patients enrolled, tests reported and proportion of tests achieving the desired therapeutic range all differed significantly between the practices. Four minor episodes of bleeding were reported.

Conclusions: This large study confirmed the validity of anticoagulant management using the Coagucheck monitor in primary care. The effectiveness of anti-coagulation management was similar to other studies performed both in the community and hospital. How this level can be improved in individual practices requires further study.

Relevance to EGPRW: This is an example of the use of new technologies in everyday general practice. We would be interested in establishing research links with other European partners in furthering such research.

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PRESENTATION 10: Saturday 19th October, 2002
08.30 - 09.00 h. FREESTANDING PAPER

TITLE: A preliminary study exploring discussion of diet, nutrition and food safety in primary care in European studies.

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Background: Diet is an important influence on both health and disease. In Europe 90% of encounters between the public and health services occur in primary care, so these professionals are in a pivotal position to inform and influence public behaviour in this respect. They can discuss life-style and relate this to diet, health and food safety. In addition they are regarded as trustworthy and reliable informants and there is evidence to show that the advice of health care professionals can impact on their patients' behaviour . Studies have also shown that for effective information transfer, educational materials need to be focussed and targeted , as primary health care professionals often deal with a broad base, but also need to be selective when faced with individuals in consultation.

Aim/Objectives: · A) To compare and contrast how the organisation of primary care services in European countries can influence the activities of GPs in giving advice about diet, nutrition and safety. B) A base-line audit of participants' activity discussing diet, etc. in routine consultations.

Method: · A) Participants submitted a description of the organisation of primary care in their country, relating this to how it could influence the activities of GPs in giving dietary advice. Core investigators collated this information; conclusions were fed back to participants for verification.

An audit pro-forma was drawn up (PW, FG). It was translated and independently back translated by non-UK participants for their own use. Feedback from the participants was incorporated in developing the final version of the form. · B) Participants collected information from one week's consultations. Patients were anonymised, basic information on their age, sex and the reason for encounter was collected. If any discussion of diet, nutrition or food safety occurred the detail, concerning initiation, nature of the discussion and follow up was also noted.

Results: · A) The results of the contextual comparison of the influence of the structure of a country's primary care system will be presented. · B) The results of the base-line audit will be summarised.

Conclusions/Discussion: The influence of context (A) on the results (B) will be discussed.

What do you hope to get out the presentation at EGPRW? · Feedback on the method · Feedback on the international comparisons · Ideas on the next stage! · A sense of which way of presenting this information works best in practice.

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PRESENTATION 11: Saturday 19th October, 2002
09.00 - 09.30 h. FREESTANDING PAPER

TITLE: Promotional and health educational activity of GPs concerning diet, nutrition and food safety in healthy and sick patients.

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Backgrounds: The correct diet is one of the basic elements of healthy lifestyle and to a great extent influences the health status of people.

Aim: The aim of the study was to establish the promotional and health educational activity carried out by GPs concerning nutrition.

Method: The method we used was a direct observation. 30 GPs (17,5% random sample) took part in the study. Each GP-participant was under observation by an investigator for a period of 5 working days and a specially designed card was used for filling the data. The total number of consultations was 2130. In 271 (13%) of the cases GPs consulted healthy people and in 1907 (87%) they consulted patients with a health problem. 928 (43,6%) were male and 1202 (55,4%) were female. The patients were divided into 6 groups according to their age. We used ICD-revision for classifying the diseases

Results: The study established that from 2130 consultations in 1164 (54,6%) there was a discussion about diet, nutrition and food safety. In 81,6% the GPs were the initiator for

starting a conversation. There prevailed consultations with patients over 60 years as well as with patients with chronic disease of social importance. 13% of all consultations were carried out with healthy people. GPs most often had a general conversation about nutrition and recommended advice corresponding to the main health problem. In 1048 (90%) of the consultations where nutrition was discussed the GPs planned a follow up observation.

Conclusion: The study established that the diet problems were discussed in more than 50% of the consultations in general practice and also that chronic diseases were the most frequent reason for bringing up discussions and giving advice about diet, nutrition and food safety.

Relevance to the EGPRW: The performed study is a part of an international study and gives the opportunity to compare our results with the ones of the other European countries. It shows that the GPs are actively involved in health promotion in the field of rational nutrition.

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PRESENTATION 12: Saturday 19th October, 2002
09.30 - 10.00 h. FREESTANDING PAPER

TITLE: Effect of computer-based nutrition course on practice of GP-trainees. Controlled trial using incognito standardized patients.

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Background: Nutrition education is not an integral part of either under- or postgraduate medical education. Computer-based instruction on nutrition might be an attractive and appropriate tool to make up arrears.

Objectives: To assess the degree to which computer-based instruction on nutrition improves overall practice behavior of GP-trainees and GP-trainee's handling of nutrition-related cases and the adequacy of nutrition-based consultation categories.

Method: A controlled trial, using three incognito standardized patients' visits as a practice test in a pre- and post-test format with 49 first year GP-trainees. The experimental group (n=25) received computer-based instruction on nutrition. The controls (n=24) took the standard vocational training program.

Results: Based on all visits (n=287), the mean percentage of correctly performed items during the three standardized patients' visits (assessed by checklists) showed an increase in the experimental group from 20% on the pre-test to 36% on the post-test while the control group changed from 20% to 22%. In analysis of covariance, with the pre-test scores as covariate, the group difference on the post-test significantly amounted to 13.7 % (95% CI 8.8 - 18.7). Experimental group GP-trainees significantly improved between pre- and posttest on all cases (intestinal problems, CVD/hypertension and overweight/diabetes mellitus) and consultation categories (general history taking, nutrition history taking, physical examination and nutrition guidance). Experimental versus control group differences on the post-test (ANCOVA) were significant for all cases and consultation categories.

Conclusions: The computer-based instruction proved its effectiveness by substantially enhancing practice behavior in the field of nutrition of GP-trainees. Effects of computer-based instruction appeared to be case-independent. It provided GP-trainees with a consistent way of handling nutrition-related medical problems.

Relevance to EGPRW: Curricula of many GP-vocational training departments show a deficiency in nutrition education. The format and proven effectiveness of the computer-based instruction offer an opportunity for practice directed nutrition education.

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PRESENTATION 13:

Saturday 19th October, 2002
10.00 - 10.30 h. FREESTANDING PAPER

TITLE: A profile of Family Practice in Malta built using Electronic Medical Records.

AUTHOR(S): Jean Karl Soler
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Background: Since EGPRW Malta (1996) the first author has been proposing research in Family Medicine using Electronic Medical Records (EMR) to collect data. The authors have been collaborating on just such a project in Malta along the lines of the successful Transition project, which has run and continues to run in various countries around the world. The data from 2001 are presented.

Aim/Objectives: To study routine family practice activity in selected family practices in Malta using an EMR to collect data. To study practice activity and patient population profile. To identify common reasons for encounter and health problems encountered and treated by family physicians, and to study process of care including referral and prescription activity within an episode of care structure. To compare data from various areas and practices, and to study the characteristics of family practice in Malta and compare it with family practice in other countries.

Method: A group of ten doctors in solo and group practice, working full or part-time as private Family Physicians all over Malta, have been recruited for this study. Participating doctors have been trained to use a customised EMR in their everyday clinical practice. Clinical data are structured in an episode-oriented format and are classified using ICPC-2-E. Data from all doctors has been collected and collated in a common database, and the detailed analysis of the data from 2001 is presented.

Results: Data has been collected from 16,163 encounters with 7,478 patients in 2001 (3,395 male, in 4,449 families) dealing with 16,399 episodes of care with 20,632 diagnosis records. Patients presented 28,259 reasons for encounter, including 8,447 requests for intervention, and doctors performed 39,574 interventions, 969 referrals and 12,736 prescriptions. Results of the first year of data collection will be discussed, and compared with similar studies using ICPC and ICPC-2 in the past. Similarities and contrasts will be highlighted and discussed, including: · Practice population profile · Practice activity, including home visits, clinic visits, telephone consultations, etc., by year and month · Reasons for encounter and requests for interventions, process of care, and diagnosis, with top 40 lists of each · Incidence and prevalence of diseases by age/sex · Distributions of health problems structured as episodes-of-care · Prescriptions, referrals, and investigations

Conclusions/Discussion: This is the first long-term epidemiological study from Family Practice in Malta, and will provide an opportunity to demonstrate similarities and contrasts between Maltese Family Practice and that in other countries. The authors trust that the discussion will be very active and will help to stimulate the development of this project.

What do you hope to get out the presentation at EGPRW?: The authors are looking for critical review of the project by peers, suggestions for improvement of the database and/or methods of analysis, and suggestions for further research.

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PRESENTATION 14: Saturday 19th October, 2002
10.50 - 11.20 h. FREESTANDING PAPER

TITLE: Living with diabetes can be difficult in any health care system. A report on the EUROBSTACLE project.

AUTHOR(S): Etienne Vermeire, University of Antwerp, Belgium
Hilary Hearnshaw, University of Warwick, UK
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Background: In January 2001 the EGPRW Research Strategy Committee agreed to fund a study to discover whether obstacles to adherence for people living with type 2 diabetes, were different in countries with different health care systems, by replicating in other countries, a study originally done in Belgium.

The initial partners were from Belgium and the UK. Further partners were recruited, via EGPRW national representatives, from Croatia, Estonia, France, the Netherlands, and Slovenia.

Method: In September 2001 researchers from the 7 different countries met in Antwerp to agree the protocol for the study, learn the method of focus groups, and agree a timetable. In each country, a content analysis of transcriptions of focus groups, of was followed by an expert group who offered their interpretation of that data, in relation to the diabetes care provision in their national health care system. Data from five countries, have already been aggregated and the remainder should be completed soon. A taxonomy for diabetes care provision was generated in order to make comparisons between different health care systems. The research team acted as an expert group at a further team meeting in June 2002, funded by a further research grant. The team reached consensus in refining and rephrasing the primary codes to a set of secondary codes. This was particularly testing due to the multilingual nature of the data.

Results: 40 focus groups (n=276) were conducted in 7 countries. One expert group was held in each country. The data were classified into 5 themes: diagnosis, knowledge, treatment, communication, adherence. Obstacles and solutions were identified in each theme. Preliminary analysis indicates that the themes and obstacles are common across countries and independent of the health care system.

Discussion: Despite experiencing the usual problems of qualitative research and of international collaborations, this study has achieved its targets so far. The problems were not trivial but have all been resolved, as in normal research practice.

Relevance to EGPRW: This study funded by EGPRW has achieved one further research grant, one further international research proposal, and a conference presentation at WONCA London. Papers on the results in each country will be prepared in addition to a collaborative paper. Thus, EGPRW has both generated and supported a successful research activity, increased research capacity by recruiting and training new researchers, and demonstrated the value of the EGPRW Research Funding.

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PRESENTATION 15: Saturday 19th October, 2002
11.20 - 11.50 h. FREESTANDING PAPER

TITLE: Patients' perspective - obstacles to adherence to treatment for type 2 diabetes.

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Background: Although very important for the results of treatment, patients' compliance has long been given only minor attention in therapy of chronic diseases. Evidence from existing studies suggests that adherence to treatment of chronic diseases is not more than 35-75%. Life - style changes are the most difficult to adhere to. Research into the topics on the causes of low adherence is needed, especially research of the points of view of the patient, who receives the treatment and the advice.

Objectives: To explore the opinions of patients about their disease, their health beliefs, related to their illness and the obstacles that they encounter in adhering to advised therapeutic regimen.

Method: The study is a part of multi-centered international qualitative study Eurobstacle, which includes additional research questions. On the Slovenian national level, 5 focus groups (FG) of 34 participants were run in two Slovenian cities. Participants were diagnosed with type 2 diabetes mellitus (DM), and included any kind of treatment and diabetes care provider. Each group met once, the meeting was audiotaped, transcribed and content text analysis performed. To triangulate the study, a questionnaire was completed at the end of the FG by each participant. Results: Importance of the diet seems well understood, but if only diet is prescribed for treatment of DM. Many patients think that their condition is not serious. Another common opinion is that patients don't need any special diet. All they need is a healthy nutrition, appropriate for everybody. Some patients find education about diet confusing and too restrictive if more than one diet is prescribed. Negative aspects: many changes are necessary in every-day life. Diet changes brings social disturbances, constant renunciation, being different from others, no understanding of their special needs is found at work. People get used to take pills and with organisation and time, it becomes a habit. The general attitude to taking pills and fear of side effects are important. Insulin is positively accepted, fear of insulin being mentioned several times by patients NOT on insulin therapy. Physical activity is a matter of personal habits, time and coexistent diseases.

Conclusions: If DM is not perceived as a serious condition, diet causes no problems to the patients. If patients perceive that strict adherence to the diet is necessary, it becomes difficult to follow. Together with regular exercise it represents a necessary change in life style, adherence may be especially difficult because of personal characteristics and obstacles in the patients' social environment. Patients stated that adjustment to taking pills and insulin is possible and both medications can be included into daily routine. Trust into doctor's decision and his assertiveness helps patients to accept insulin. Nevertheless insulin is a complex medication that can bring working ability into question.

Relevance to EGPRW: Further research is needed for established obstacles to treatment from patients' perspective. The discussion of the results of this exploring study would help in focusing the main problems of adherence.

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PRESENTATION 16: Saturday 19th October, 2002
11.50 - 12.20 h. FREESTANDING PAPER

TITLE: Does a communication aid for patients improve patient participation in primary care consultations?

AUTHOR(S): Eva Hummers-Pradier

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Background: Shared decision making and patient participation are considered key concepts for primary care. Usually, general practitioners are held responsible for stimulating patients to take a more active role. However, shared decision making may be implemented with more success if the patient herself or himself became a driving force in the consultation.

Objectives: A communication aid booklet will be distributed to help patients to be more active in their next consultation. It presents some strategies to verbalise one's own agenda. This communication aid should enhance the degree of patient participation.

Method: The influence of the communication aid will be measured by a controlled trial with 300 consecutive patients attending 10 general practices and 300 controls consulting the same practices in a preceding week. Main outcome measures will be participation as perceived by patients, the perceived ability to address one's own concerns, measured by standardized instruments, giving an overall participation score.

Expected results: A difference of at least 10% in the participation score between the intervention group and the controls is sought.

Relevance to EGPRW: We are interested in feedback on our study idea (intervention directed at patients) and the research instruments we will present at the meeting. Our research may also be a model of co-operation between a team offering and developing instruments (UK team) and a team developing an idea and performing the study (German team).

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PRESENTATION 17: Saturday 19th October, 2002
15.20 - 15.30 h. ONE SLIDE/FIVE MINUTES PRES.

TITLE: International Primary Care - the transferable learning.

AUTHOR(S): Geoffrey Meads
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Background: The UK government is co-sponsoring an 18-month research programme designed to identify new organisational developments internationally relevant to its future policy-making responsibilities. The research is being led by the Centre for Primary Health Care Studies at the University of Warwick, in collaboration with a number of external partners. Objective/Research Question: At this planning stage in the programme the research objective is to establish an appropriate framework for policy analysis. This framework should clarify the criteria for transferable learning. The question, therefore, is: "How can policy research promote effective organisations in primary care across different countries?"

Method: The research programme includes the preparation of up to twelve case studies and a thematic analysis on four principal themes. These are: models of local engagement, health and social services combinations, interprofessional learning and development, and the contribution of corporate sponsors including faith communities. These themes have been agreed and defined with the UK government

Outcomes and EGPRW Relevance: The learning from the programme will initially be disseminated through London NHS based masterclasses. It will help inform the government's development of new Care Trusts, an NHS University and Public-Private partnerships. Two books on "International Primary Care" have also now been commissioned from the research team. The Costa Rican Ministry of Health plans to operate a parallel project and through the EGPRW further partners would be welcome.

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PRESENTATION 18: Saturday 19th October, 2002
15.30 - 15.40 h. ONE SLIDE/FIVE MINUTES PRES.

TITLE: Does student's presence in GP's office influence the well-being of GP's patients.

AUTHOR(S): Milos Milosevic
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Background: Slovenian medical students attend their GP practice in 6th year of their study. Their learning process involves constant contact with patients in the GP's office. In 7 weeks practice in the GP's office, they do most of the things general practitioners do. These involve talking to patients, doing physical exams, analysing and describing of the pathology, suggesting treatment and so forth.

Objectives: As there is an intense interaction between students and patients, we would like to find out the degree to which the well-being of patients is influenced by the presence and actions of a student in GP's office. We think that students do not make a negative influence on the well-being of patients. Method: We made a survey of 100 patients. The questionnaire contained 10 questions about patient's feelings regarding student's presence in GP's office. The survey was anonymous.

Results: From 100 questionnaires, 91 were successfully completed. There were 43 males and 48 females, average age 47 years, most of them were employed. The results confirmed our hypothesis. Patients were generally pleased by the presence of a student. We did not find any statistically significant negative student's influence on patient's well-being.

Conclusion: The sample of our survey was rather small, but nevertheless we concluded that students in GP's offices do not have any negative influence on general well-being of the patient.

Relevance to EGPRW: The survey gives certain clues about teaching strategies of medical students in GP's offices. It shows us that the way Slovenian medical students are enrolled in GP's teaching process, from the perspective of patient's well-being, is the right one. The aim of this research is also to encourage other medical student's research activities.

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PRESENTATION 19: Saturday 19th October, 2002
15.40 - 15.50 h. ONE SLIDE/FIVE MINUTES PRES.

TITLE: Case Management to increase adherence of patients with Chronic Diseases in primary care - A Study programme of two randomised controlled studies

AUTHOR(S): Jochen Gensichen
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Background: One main effect of Case management (CM) is to influence the adherence of patients. In case of depression it is well known that continuity and adherence to treatment are crucial to prevent relapse and serious events. In cancer the effectiveness of screening protocols as well as follow-up protocols depends on participation in diagnostic procedure.

Objectives: Two studies with similar design will examine the effect of two different realisations of CM to increase the patient's adherence.

Intervention: Both studies implement regional adapted clinical-pathways of care. In depression therapy practice staff will be trained as a CM and gives regular reminder to patients and monitors symptoms and medication via telephone calls. CM for follow-up for patients with colorectal cancer is based on mailed reminder to GP and patient including with tailored information about the measures in the follow-up protocol.

Method: We will start randomised controlled trials with group randomisation (on practice level) of patients (a) $n=2 \times 200$, (b) $n=2 \times 152$. Details of study design will be shown. The main outcome parameters are: (a) Status of Depression, adherence to medication and follow-up, and health care costs. (b) Fulfilled follow-up diagnostic, Quality of Life, cancer progression, and health care costs. Some details about the conceptualisation (operationalisation) of patient adherence remain open and should be discussed.

Expected Results: We expect increase of adherence and significant improvement of target outcomes in intervention group compared to usual care in both trials.

Relevance to EGPRW: As there is a great number of different approaches of CM under study we expect a stimulating discussion of different experiences of CM in cancer care and depression. Emphasis will be given to the feasibility in general practice.

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PRESENTATION 20: Saturday 19th October, 2002
15.50 - 17.00 h. POSTERSESSION

TITLE: How can a computerized system improve the care of patients with a risk?

AUTHOR(S): Ferdinando Petrazzuoli
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Background: Nowadays doctors in general, and general practitioners (or family doctors) in particular, are often overwhelmed by the high number of guidelines and their complexity that have been continuously spreading in our profession. These are seldom adhered to, and the relevant data for management of patients with cardiovascular risk is disappointing.

Objectives: The aim of this study is to examine with what success the implementation of the guidelines for cardiovascular risk in a computer program, can improve the care of patients with a high cardiovascular risk.

Method: Since 1998 many Italian family doctors have been following the computer program Iatros for the management of their practices. In June 2000 the guidelines on cardiovascular risk according to the "Recommendations of the Second Joint Task Force of European and other Societies on coronary prevention (1998)" were implemented. Four family doctors assisted the computer programmers in simplifying the use of these guidelines. A survey on the use of this system has been conducted among 400 Italian family doctors, spread over various parts of Italy. Data are being collected and stored in a computerised system. Questions were asked about the usefulness of the program, the simplicity of its use and about the satisfaction of family doctors. It has still being questioned whether and to what extent this program has improved the care of patients with a high cardiovascular risk.

Results: Preliminary results show that more than 60% of the family doctors investigated follow this program and from these about 85% find it very useful. The program seems to have greatly improved the care of the patients. As a result an aspect that seems to have changed most, is the prescription of statins and platelet inhibitors.

Conclusions: Guidelines implemented in our computer program are easy to follow and because of their simplicity many GPs are using it to advantage.

Relevance to EGPRW: Even though nowadays computers are commonly used in primary care their great potential is still not realised to the full.

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PRESENTATION 21: Saturday 19th October, 2002
15.50 - 17.00 h. POSTERSESSION

TITLE: Benefit of bed rest for acute bronchitis in cold seasons.

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In cold seasons the incidence of acute bronchitis has a sharp increase [compared to the incidence in warm seasons].The wind, low temperature,and humidity influence the outcome in the treatment of this disease :it takes longer to recover , there are more frequent complications , and the treatment is more expensive. Many people fear they might lose their job if they are absent from work for some days- even with medical justification - or they consider their responsibility to work is more important than their medical status. This study aims to provide some information about the benefit of bed rest as the treatment of acute bronchitis in cold seasons versus regular exposure to cold air.

Methods-Materials: Each patient was evaluated clinically and paraclinically after 5 days, a week, two weeks and four weeks , considering the day a patient entered the study as the baseline. The duration of the disease is reported in number of days from the baseline until

cure. Other possibly influencing factors that were registered are: age, sex, pollution, tobacco use, and change of antibiotics.

Methods: A prospective observational cohort study was performed , including 78 patients with acute bronchitis from the researcher' s office in the period January - May 2002. Patients aged over 18 years were included in agreement with the standard criteria for the diagnosis Acute Bronchitis. All patients gave an informed consent .33 stayed at home [with "bed rest "], 45 patients were daily exposed to cold air [without "bed rest "].Both groups of patients received suitable drugs for their condition.

Analysis: The mean duration of the disease in both groups was compared using confidence interval for the difference in two population means [two samples :unpaired case].

Results: During the study period patients with acute bronchitis had a mean duration of disease of 6.7 days .Patients who stayed at home had a mean duration of 5.48 days , those who were exposed to cold air had a mean duration of 7.62 days.

Table 1:Mean duration of Acute Bronchitis [in days] for patients with "bed rest " and without "bed rest " , and comparison of the means using confidence interval for the difference in two population means .

Period	With "bed rest "	Without "bed rest"	Standard error SE[d]	95%CI
January-February to 5.02	5.71	9.09	0.81	1.74
March - May to 1.97	5.31	6.21	0.52	-0.17
January - May to 3.18	5.48	7.62	0.52	1.09

Conclusions: In this study a significant difference between the group of patients with acute bronchitis staying at home and the group of patients that was regularly exposed to cold was shown. An international study, looking at the benefit of 'bed rest' for Acute Bronchitis in the cold season, as an important factor in the management of the treatment for this disease, can compare more results and extract the truth for guidelines

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PRESENTATION 22: Saturday 19th October, 2002
15.50 - 17.00 h. POSTERSESSION

TITLE: The revival of small local hospitals in England and Wales as new community partnerships.

AUTHOR(S): Geoffrey Meads
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Context: Historically small community hospitals in England, Wales and Scotland have been funded and managed as support services to larger general acute hospitals. For twenty years after the NHS reorganisation of 1974 their numbers declined as secondary care became both more centralised and specialised. In 1994 the NHS adopted a new policy of being "Primary Care-led" with its major budgetary and service planning responsibilities transferring to organisations led by groups of general practitioners.

Objectives: Over the 1999-2002 period the national Community Hospital Associations in partnership with City and Warwick Universities have attempted to 1) establish the current service profile and development trends in UK community hospitals, and 2) identify examples of good practice in terms of new community partnerships promoted by the new primary care commissioning organisations.

Strategies: The action research approach has included i) a national survey of community hospitals; (ii) individual case studies of new community partnerships; and (iii) development workshops with professional and policy representatives on alternative processes of devolved decision making.

Main Outcomes: A reversal in recent trends has witnessed an increase in community hospital services with around 9,000 beds (50%) now directly managed by local general practitioners. Four new models of service have been defined - extended primary care, integrated health and social care, intermediate care and rehabilitation - each with the potential for public/private partnerships. The studies have been published as a series of reports, chapters, and articles in the British Journal of General Practice.

Conclusions: The UK government recently announced a further £900 million for intermediate care initiatives. Each of these is required to demonstrate a community

partnership approach, with the new national network of GP-led Primary Care Trusts looking to exploit the potential now recognised in community hospitals.

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PRESENTATION 23: Saturday 19th October, 2002

15.50 - 17.00 h. POSTERSESSION

TITLE: Use of electronic mail services in general practice in Plovdiv, Bulgaria.

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Background: The use of modern communication technologies is an important advantage in the work of general practitioners assuring convenient, easy and timely communication with patients and health professionals as well as access to various information services. The limited use of computer applications in primary care in Bulgaria draws the attention of health managers and researchers to this issue.

Objective: To identify the extent to which general practitioners utilize modern electronic technologies to communicate with patients and to exchange information with other health professionals in their everyday work and to reveal their perceptions and the barriers to the use of e-mail services.

Method: A direct questionnaire survey of 40 (10% random sample) general practitioners practicing in Plovdiv during June 2002.

Results: Of the general practitioners surveyed 83% (33 / 40) responded. 70% were female and 30% were male and 61% were 20 - 40 years of age. Only 21% had access to a computer and used e-mail mainly for their private mail. 58% of the practices did not keep records of their patients' e-mail addresses in any. The preferred method of transferring information to patients was by means of phone calls (91%). For their professional communication with colleagues respondents used mainly telephone (97%) and personal visits (76%). Only 15% indicated the use of e-mail in professional communication and only 3% were subscribed to some sort of electronic information service or bulletin. The

common barriers to computer use were financial (10%), lack of computer skills of elderly patients and some colleagues (24%) and lack of personal contact when using e-mail (6%). However 58% acknowledged that e-mail would save time and broaden their access to information.

Discussion: The use of e-mail should be an integral part of professional communication in general practice providing high quality. The results of the study however reveal that its use is still limited and its potential unused because of cost, lack of hardware and skills turning personal calls and visits into preferred method of transferring information.

Relevance to EGPRW: Electronic communication technologies are powerful resource for improving quality of primary care and studying their use is directly related to EGPRW meeting.

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PRESENTATION 24: Saturday 19th October, 2002
15.50 - 17.00 h. POSTERSESSION

TITLE: New technologies in the treatment of chronic heart failure in general practice in Bulgaria.

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Background: Treatment of chronic heart failure is an important and common problem in general practices. In the last few years besides classical treatment-diuretics, vasodilator agents, cardiac glycosides, new drugs were introduced- angiotensin-converting enzyme inhibitors (ACE inhibitors) and new generation non-selective β -blockers with α_1 blocking effect (vasodilating β -blockers) which increased the effectiveness of the treatment and prolonged the duration of patient's life. Aim: The aim of the study was to establish whether GPs were aware of the new technologies in the treatment of chronic heart failure-application of ACE inhibitors and β -blockers.

Method and material: 15 GPs (4% representative sample of all GPs in Plovdiv) and 45 patients with chronic heart failure were randomly selected. A questionnaire, an interview and medical data analyses were used.

Results: The study established that 15(100%) GPs were aware and applied new ACE inhibitors, 12(80%) knew about new β - blockers but only 5(33 %) applied them in their practice. The average age of the patients was 61 ± 4 years. In 26(58%) heart failure was a result of ischaemic heart disease and in 19(42%) of hypertension. Distribution of the patients according to the class of the heart failure (NYHA classification) was: I class- 3(7%), II-14(31%), III-20(44%), IV-8 (18%). All 45 patients were treated with ACE inhibitors, chosen according to the price- 41(91%) patients were treated with cheap Bulgarian drugs containing Enalapril maleate (Vasopren, Enpril, Renapril) and only 4(9%) with drugs with proven effectiveness in world trials (Prestarium, Renitec,). New β -blockers (Carvedilol, Dilatrend) were used only in 10 cases (22%)- II-III class, because of lack of information about their effectiveness and problems with reimbursement by the National Health Insurance Fund (NHIF). Conclusions: Most of the GPs were aware of new technologies in treatment of chronic heart failure. Besides classical drugs- diuretics, nitrates and glycosides they apply ACE inhibitors but only 33% used new β -blockers. The price and difficulties with reimbursement by NHIF are restrictive factors in applying modern therapy.

Relevance to EGPRW: GPs have an important role in treatment of chronic heart failure and application of new technologies is essential to improvement of patient's life.

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PRESENTATION 25: Not delivered

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PRESENTATION 26: Saturday 19th October, 2002
15.50 - 17.00 h. POSTERSESSION

TITLE: Can Influenza Vaccine Produce Myopathy/ Muscle Damage in Patients Treated with Statins? A Pilot Study

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Background: Influenza is a systemic disease, producing frequently myalgia and even myositis and rhabdomyolysis. In addition, myopathy is also one of the common adverse effects of Statins (a commonly used class of drugs which lower cholesterol levels).

Aim: To evaluate if Influenza vaccine given to patients treated with Statins potentiates muscle damage.

Methods: Patients aged > 50 years old, who received Influenza vaccine were included. Half of them received Statins. A 5 cc blood sample for CPK (creatine-phospho-kinase) and Aldolase levels were obtained for all the patients, before and 5-7 days after vaccination. A questionnaire including clinical and demographic data, local and systemic reactions post-vaccination was completed.

Results: 98 patients were included. 52 of them received Statins (26 males and 26 females) , and 46 represent control group (18 males and 28 females). Mean age was 69.7 years. Clinical and demographic characteristics were similar in both groups. Local reactions were observed in 20 patients (20.2%), 7 in the Statin group and 13 in the control group (NS). Only 2 patients, one in each group, had myalgia (2%). CPK levels (U/L) slightly increased after influenza vaccination in both groups of female patients and in males only in control group. (NS). ALDOLASE levels (U/L) increased only in control females: 5.15±0.41 vs. 5.95±0.53 (p=0.013). All values of CPK and Aldolase prior and post vaccination remain within normal ranges.

Conclusions: Influenza vaccine do not cause changes in CPK and Aldolase levels in patients treated with "Statins" as well as in control group. No myopathy or muscle damage were observed in either group. We can conclude that giving influenza vaccine is safe for patients receiving Statins.

Relevance to EGPRW: Primary care physicians play a leading role in primary prevention program, mainly in elderly patients. The increase use of "Statins" in adults and elderly patients and the updated recommendations for influenza vaccine for this target population, emphasize the importance and relevance of our results.

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

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

AUTHOR(S): Caroline Huas

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

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

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

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

14 had initiated a prescription. - In 25 out of 29 GPs prescribing morphine for chronic pain, the indication was for musculoskeletal pain.

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

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

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PRESENTATION 28: Sunday 20th October, 2002
09.00 - 09.30 h. THEME PAPER

TITLE: Use of information technology in health promotion and disability prevention in older people: Update from the Pro-Age project.

AUTHOR(S): Kalpa Kharicha
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Background: As the European population continues to grow older, there is an increasing need for health care interventions with the potential for postponing functional decline and maintaining or promoting health. There is evidence that health promotion in later life is at least as effective as it is in younger people (or greater). The Health Risk Appraisal for Older People (HRA-O) approach was piloted in 3 European centres - London, Bern and Hamburg - and found to be a feasible and acceptable tool for identifying health and disability risk factors.

Objectives: The overall objective of the project is to assess the potential of the HRA-O approach for preventing functional decline and improving quality of life in older primary care patients.

Method: The HRA-O approach is made up of (1) a self-completion postal questionnaire to identify health and disability risk factors which are evidence based and associated with a high yield for possible change; (2) decision support software for analysing responses and production of the following: i) personalised feedback and health education for patients and ii) summary reports for primary care practitioners. Community living older people aged 65 and over (60 and over in Hamburg), without cognitive impairment, major physical or psychiatric disability) were recruited from general practices in London, Bern and Hamburg. Patients were randomly assigned to one of three arms of an on-going RCT.

Results: Base-line data has been collected on 3139 older people in London, 4047 in Bern and 3326 in Hamburg. Socio-demographic details, health related characteristics and preventive care use of older people in the main intervention group of the trial will be presented on the following sample: London (n=1240), Bern (n=1075) and Hamburg (n=878).

Conclusion: HRA-O is feasible and acceptable in three European countries. It can be used to profile the health of older populations and their uptake of services, demonstrate variability of older population health between settings and identify individuals where intervention seems appropriate.

Relevance to EGPRW: The European population is ageing and older people are high users of primary care. The HRA-O approach has been shown to be feasible in three European countries with a limited impact on primary care workload.

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PRESENTATION 29: Sunday 20th October, 2002
09.30 - 10.00 h. THEME PAPER

TITLE: Telegenetic counselling patients at risk for Breast Cancer.

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Background: The demand for genetic counselling is likely to expand as knowledge of the Human Genome is advancing rapidly. Expertise to support genetic counselling will be scarce and practitioners will have to cover large areas even in urban locations. Susceptibility to certain types of cancer has a genetic basis, and on the basis of family history high-risk groups may be identified. It is intended to establish a telemedicine service for breast cancer genetic testing based in a major centre in London, in order to provide genetic counselling support to primary health care professionals. Telemedicine research suggests that this type of service may be an excellent candidate for remote consultation using video-conferencing, and we intend to research this method of service delivery.

Methods: The study will employ qualitative and quantitative methods. A purposive sample of women referred for genetic counselling will be recruited and subjects will be interviewed prior to their consultation in order to elicit their views on a variety of issues relating to their experiences and expectations prior to the consultation. The same subjects will then be interviewed after their consultation in order to determine their satisfaction with the consultation, and to review the decisions that they had taken. Respondents will also be asked to complete a questionnaire on decisional conflict. In addition, a number of consultations will be recorded subject to the patients' consent, and these will be analysed by the researcher to identify the nature of the communication occurring during the consultation, with particular reference to potential problems introduced the use of the videoconference.

Results: The study should provide an understanding of: · the effectiveness and acceptability of telegenetics service for breast cancer genetics · the range of patients' and staff expectations from the telegenetics counselling /service · the coincidence between the patients' and staff needs and the service provided · ways in which the service may be improved. · areas for further evaluation

Relevance to EGPRW: This study relates closely to the main theme of the EGPRW meeting, and is of considerable importance in Europe. We shall be interested to know whether other EGPRW members have had experience of this kind of work.

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PRESENTATION 30: Sunday 20th October, 2002
10.00 - 10.30 h. THEME PAPER

TITLE: Standpoints, attitudes and barriers to vaccination against influenza among vaccinating - physicians in Slovenia.

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Background: High morbidity, absenteeism from work or school, numerous complications and increased mortality in high risk populations during epidemics of influenza still present a serious health problem worldwide. Yearly epidemics, the aging of the population and the possible future pandemics focus our efforts on preventive measures, i.e. vaccination against influenza. In order to prevent an epidemic effectively and to provide collective immunity, a vaccination rate of 40% is required. Meanwhile, about 30% of overall population in North America (USA and Canada) and in Europe were vaccinated, and only about 4% of Slovenian population received vaccine (1996). Several studies demonstrated the importance of one's own GP's opinion in motivating for vaccination. As the physicians of primary level see their patients most frequently and perform the majority of vaccinations, their standpoints and attitudes play a major role in response of their patients to vaccination.

Aim/objectives: The purpose of this study is to investigate and ascertain the attitudes, standpoints and barriers of Slovene doctors towards vaccination. Adequate education, motivation, an acceptable schedule, a register of patients at risk and an effective patient information system may be some of the contributing factors to a successful and effective vaccination practice.

Methods: 300 doctors will be selected at random from the Slovene register of vaccinating doctors, which consists of approximately 1,000 names. An anonymous questionnaire, consisting of 25 questions, will be sent to them by mail. Beside the data on age, gender, education, the location of their offices and their working schedule, a set of validated questions concerning attitude to prevention in general will be asked. The first mailing will be performed in June 2002. Unless a 60% response is received, a second mailing will follow in Sept. 2002.

Results/conclusions/ discussion: The answers will be statistically analysed. They will reflect the standpoints, attitudes and barriers concerning the vaccination against influenza. Consequently, based on these facts, new strategies, modules and adequate interventions could be planned. Hopefully, a well co-ordinated programme working with the co-

operation of doctors in primary care can amplify the effect of preventive measures, i.e. vaccination against influenza, in the general population. The outcome of our research will show which methods of work are the most appropriate and effective (i.e. an educational intervention, financial support, improvement of information system etc.).

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PRESENTATION 31: Sunday 20th October, 2002
10.50 - 11.20 h. FREESTANDING PAPER

TITLE: The evaluation of the impact of intensive teaching on how to break bad news on a group of Slovenian general practitioners.

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Background: It is well recognized that teaching of communication is necessary in medical schools. Evaluation is needed to teach a method that changes practice, especially in the most difficult task physicians have to perform: breaking bad news.

Objectives: This study evaluates the impact of a training programme in how to break bad news in order to investigate: · the acceptability of the teaching of a six step model for disclosing bad news, · the use of training model for the simulated patients · the use of the rating scale for videotapes analysis.

Method: A randomized controlled study included 50 general practitioners who were offered a 2-day intensive programme on how to break bad news in small groups of 10-12 participants. Tests were done before and after training by 10 minute videotaped interviews, using people trained to simulate patients. Videotapes were analysed using an established scale as a specific instrument for rating the use of stages of the model and different aspects of communication skills. Participants completed pre- and post-intervention questionnaires about their perception of problems in the process of delivering bad news.

Results: Preliminary results are showing progress in using strategies of staging in delivering bad news and changes in some skills in psychological support. Participants reported less uncomfortable feelings and less distress after the intensive training. They

have gained increased confidence in their ability to disclose unfavorable information to the patients. Training of the simulators seems to be appropriate to measure the impact of the programme on the physicians performance.

Conclusions: The overwhelming response to the programme invitation and the enthusiastic response of those attending, suggest that such intensive teaching programme is needed. Preliminary results show the acceptability of the use of six step model of teaching, training of simulators was successful. The analyses of videotapes will be presented.

Relevance to EGPRW: The pressure on general practitioners to learn skills of good and efficient communication has increased markedly. The specific teaching in the field of disclosing bad news are needed and there are debates about aspects of that teaching and the evaluations of the impact of teaching on practice. The discussion in the forum would be profitable.

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PRESENTATION 32: Sunday 20th October, 2002
11.20 - 11.50 h. FREESTANDING PAPER

TITLE: Seeking quality performance and implementing a pilot intervention program in Primary Health Care Setting in Cyprus.

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Background: Primary Care in Cyprus was recently seen as the basis of the new National Health System and there is growing interest about quality performance and improvement in this Mediterranean country. In order to improve quality of care and suggest the necessary changes in the current primary care system, a bilateral agreement between the Ministry of Health of Cyprus and the School of Medicine, University of Crete was made. We decided to implement a controlled field trial with the aim of assessing the

effectiveness of a multifaceted outreach intervention tailored to the needs of primary care physicians serving rural and urban population.

Aim: The aim of this paper is to highlight the design and important components of the pilot intervention study that will be carried-out in four primary health centers of Cyprus.

Setting: The study will be implemented in the largest Nicosia area and all health centers are eligible in the intervention.

Methods: Four health centers with a total of 10 physicians, that are serving both rural and urban areas, have fulfilled the specific selection criteria, and have been assigned to the intervention and control group. The intervention will be consisted of the introduction of an electronic patient records computer system based on ICPC-2 and medical practice management of the targeted chronic illnesses, and as well as appropriate staff training. Outcome measures will cover three specific areas: quality of care in selected common chronic illnesses, prescribed medications and patients' evaluation of general practice/family medicine, using the EUROPEP, an internationally standardized instrument. Data will be collected in two phases, at baseline and at follow-up Indicators for process and outcomes evaluation have been set-up.

Expected Results: The aim of the study is to improve the quality of care provided for the selected chronic illnesses and health conditions by measuring effectiveness in a number of process and clinical outcome indicators. Moreover, we expect to implement a rational use of medications and to increase patients' satisfaction.

Implication of study for general practice: The study will explore important means in improving primary care physicians' performance using standards and evidence-based medicine in a Mediterranean setting and propose changes in the current system.

What we hope to get out of the presentation at EGPRW: We hope to get feedback and learn from the experience of the EGPRW participants and particularly to discuss the methods of such multifaceted intervention studies appropriately designed for implementation in the Mediterranean setting.

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PRESENTATION 33: Sunday 20th October, 2002
11.50 - 12.20 h. FREESTANDING PAPER

TITLE: Cross cultural Health Related Quality of Life measurement among patients in general practice with the SF-36 and EQ-5D.

AUTHOR(S): Hong-Mei Wang(1,2)
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Background: There is an increasing consensus to view health in terms of people's subjective assessment of their sense of well-being and ability to perform social roles. Health related Quality of Life (HRQoL) instruments (e.g. the SF-36 and EQ-5D as generic measures) are becoming necessary tools in the measurement of health status and in the assessment of clinical effectiveness. On the background of a successful translation and validation of SF-36 in China (mainland; including a study with 1.688 participants of the general population), a study was started to compare QoL of primary care patients in Germany (2002) and China (2003). This paper will report results from the German part and discuss cross cultural aspects on the basis of a comparison with the Chinese validation study.

Objectives: To demonstrate the health status profiles of patients in general practice in Germany; to compare the health status for patients in general practice with the general population norms in Germany and China. **Method:** 25 general practices were recruited in Germany. 50 questionnaires in each practice including the German version of the SF-36 and EQ-5D will be completed June to August 2002 by consecutive patients before consultation. Scores for every scale (the SF-36) or dimension (EQ-5D) will be calculated according to the established scoring algorithms. Subgroups according to reasons of encounter and chronic health problems will be analysed.

Results: Preliminary results of the German study will be available at the conference. Comparisons to German general population norms will be demonstrated. Previous comparisons of German and Chinese general population indicate that Chinese people have lower scores (of the SF-36) in general health, vitality, and mental health scales.

Discussion: Evidence on clinical validation of these instruments will be offered. The impact of illness and cultural interpretation on the differences will be explored. **Relevance to EGPRW:** As generic measures of HRQoL are widely used in Europe, information based on generic measures is useful for establishing the degrees of morbidity in the community, comparing different population subgroups including those in different cultures, which would help in assessing health burden of different diseases or informing those responsible for allocating health resources.

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