

# Book of Abstracts



## 28<sup>TH</sup> WONCA EUROPE CONFERENCE

SQUARE Convention Centre, Brussels  
7-10 June, 2023

**MAKING CHOICES IN PRIMARY CARE**



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# COMMITTEES

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# Themes

01. Sustainable healthcare
02. Shared Decision Making
03. Diagnosis
04. Analysis of Routine Data
05. Societal Impact
06. Access to Innovations
07. Goal Oriented Care
08. Interdisciplinary Collaborative Care
09. Advanced Care Planning
10. Decision Support
11. Population Management and Cooperation With Public Health
12. Prevention
13. General Practise Best Interventions
14. Making Choices in General Practice
15. (Large) Trials in Primary Care
16. COVID – 19
17. Screening
18. Overdiagnosis
19. CCH
20. Workforce Planning
21. Physician Burnout



# ORAL PRESENTATIONS

## 01. Sustainable healthcare

### Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 1004

### Presentation form

Lecture

**Update: EYFDM- SIG Medical Education: Making GP-trainees' voices heard.  
Mapping competencies and learning activities across postgraduate GP-training**

Fabian Dupont<sup>1)</sup>, Constanze Dietzsch<sup>2)</sup>, Johanna Klutmann<sup>2)</sup>, Helene Junge<sup>2)</sup>, Sophie Sun<sup>3)</sup>, Szidonia Maria Janos<sup>4)</sup>, Aaron Poppleton<sup>5)</sup>

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The working environment and the competencies required for providing quality primary care have changed dramatically in recent years. Trainers and trainees in general practice (GP) often have a clear understanding of psychomotor and cognitive competencies. In contrast, consensus has not been reached on the definition of affective competencies and their teaching methods. This may be a result of the limited attention they have received among educators. It is therefore important to identify how GP-trainees currently learn affective competencies and how they can be taught to trainees in order to prepare them for effective practice as future GPs.

This study is a multistage explorative sequential-mixed-methods study. It combines townhall-discussions (EYFDM-Forum 2022) with a two-step adapted Delphi approach and additional online interviews as member checking. A second discussion and validation took place during the WONCA London preconference. A tailored townhall discussion focussing on affective competencies will take place during the WONCA Brussels preconference, 2023.





30 early-career GPs from the EYFDM Network took part in the first stage of the study. This presentation will summarise these initial findings and present the preliminary findings from the 2023 townhall discussion. It will provide an insight into how affective competencies are currently taught in GP-training and how satisfied early-career GPs/GP trainees are with those practices. To ensure high quality training in general practice across Europe, we as early-career GP's need to be part of the discussion and development. Results will be published and presented at the EYFDM Forum (Vienna 2024).







## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 142

## Presentation form

Lecture

## Attraction and retention of teachers in a GP Training Department: the choices Maastricht has made

Ingrid van der Heijden<sup>1)</sup>, Matthijs Limpens<sup>1)</sup>

<sup>1)</sup>General Practice Training Department, Maastricht University, Maastricht, Netherlands

Attraction and retention of teachers in a GP Training Department: the choices Maastricht has made

With an increasing workload for General Practice in the years to come and a decreasing workforce, it is essential to inspire GPs to become teachers at the GP Training Department and educate the next generation of GPs. It is just as important to keep a GP teacher involved.

At the Maastricht GP Training Department we have recently had to deal with a retiring workforce of GP teachers and quite a large turnover in positions.

This workshop is relevant for GPs and GP trainees with an interest in becoming GP-teacher, for GP-trainers and –teachers, EURACT members and for teaching staff in general.

We will present the challenges we have faced in the past years and the ways in which we have recruited new teachers and how we have tried to provide good and sustainable employership. We will present the results of our biannual workforce satisfaction survey and explain our GP teacher traineeship and our GP trainers' curriculum, which has regular 'GP train-the-trainers' activities.

Participants will then share their ideas, challenges and solutions in attracting, binding and captivating the next generation of GP teachers. We will conclude this workshop with sharing an overview of inspiring solutions.

Estimated number of participants 20-25

Ingrid van der Heijden, GP, substitute Head and Curriculum Coordinator of GP Training Department, Maastricht University, the Netherlands

Matthijs Limpens, GP, Head of GP Training Department, Maastricht University, the Netherlands





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 160

## Presentation form

WONCA Network Workshop

## Meeting needs of rural and small urban communities: Territorially responsive, resilient, and regenerative policy, planning and delivery of health services

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<sup>7)</sup>Rural WONCA (WONCA Working Party on Rural Practice); and Mayne Academy of Rural and Remote Medicine, Rural and Remote Medicine Clinical Unit, University of Queensland, Herston, Qld, Australia

## Background

Rural proofing is a commitment to ensure, across all programming stages, that public policy does not disadvantage rural areas. Rural proofing for health implies that policies for rural health should be informed by people living in rural communities and rural organisations. These are key stakeholders and equal partners whose needs must be heard and views sought as active participants in decision making.

## Target Group

Primary care doctors, other health professionals, academics.

## Didactic Method

Three brief presentations will give orientations for healthcare providers on ways to engage in rural proofing of health policies, strategies, plans, programmes and financing modalities in order to optimize their benefits in rural areas and reduce health inequities in rural areas and small urban towns (e.g., towns less than 20,000).

The audience will be divided in three groups, each guided by a moderator, and key questions will be explored in relation to rural healthcare needs and delivery, rural workforce, advocacy and policy, and research for rural health care. Outcomes will be summarised in plenary.





### **Objectives**

The workshop will orient healthcare providers on ways to contribute to rural proofing for health, including through approaching policymakers, academic institutions and communities to create a movement for equitable access to patient-centred healthcare that is properly resourced and contributes to responsive, resilient and regenerative territorial planning.

### **Estimated number of participants**

40 participants





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 173

## Presentation form

Lecture

## The need for digital diabetes care: a mixed-method study

Suzanne Weijs-Schavemaker<sup>1)</sup>, Ingrid Hendriksen<sup>1</sup>, Jako Burgers<sup>1,2)</sup>

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<sup>2)</sup>Family Medicine, Maastricht University, Maastricht, Netherlands

### Background

Digital care can be considered for adults with type 2 diabetes as it is a chronic disease that needs regular monitoring. The facilities to provide digital care increased in general practice during COVID-19.

### Questions

What is the effect of digital care and what are the experiences and needs of patients and professionals on digital diabetes care?

### Methods

We conducted an exploratory literature study selecting reviews and studies of digital care interventions for adults with diabetes from PubMed. Additionally, we organized three focus groups with primary care providers and patients.

### Outcomes

The literature review included 16 articles and showed that digital care had no negative effects on clinical outcomes and can lead to a significant decrease in HbA1c levels. In the focus groups, healthcare providers reported that it is necessary to see patients physically at least once a year. Remote monitoring of blood pressure and laboratory values in between is suitable. Patients reported that digital care could increase autonomy and save time. Both healthcare providers and patients reported technical and logistic opportunities and barriers for digital diabetes care.

### Discussion

Findings were consistent from all perspectives. Patients and healthcare providers recognise the potential added value of digital diabetes care. It therefore seems useful to include digital care in the diabetes guidelines. More attention should be paid to the conditions and implementation strategies of digital care.

### Take Home Message for Practice

Introduction of digital care in general practice requires discussion of patient's needs and involvement of the entire primary care team.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 213

## Presentation form

1 Slide 5 minutes

## State of play of the use of art in the management of anxiety by general practitioners in Midi-Pyrénées.

Valentin Gonzalez<sup>1)</sup>, Linda Mauline<sup>1)</sup>

<sup>1)</sup>Paul Sabatier, Toulouse, France

### Background

The role of art within the therapeutic arsenal for treating anxiety has been highlighted in the scientific literature and especially in a 2019 WHO report stating, through more than 900 articles, of the contribution of art in this field. Nevertheless, this artistic recourse remains sparsely studied in general medicine and notably outside structural art therapy programs.

### Questions

Characterize the methods of use of art in the management of anxiety by general practitioners and report the benefits of this use from GPs' perspective.

### Methods

We conducted a qualitative study, based on semi-directed interviews with GPs in Midi-Pyrénées. Data analysis was performed using the grounded theory method with data triangulation.

### Outcomes

14 interviews were conducted from July 2021 to July 2022, finding a protean use of art in care, as a consultation tool or in the form of oral prescription of a complementary therapy, not restricted to the sole framework of structural art therapy. This recourse was part of a holistic approach to the patient. At last, GPs of the study reported many benefits at different levels of care.

### Discussion

This use of art in care, based on the GP-patient relationship, reveals a place of exchange of constraints resulting from the socio-economic characteristics of the patient as well as the artistic and professional limits of the doctor.

### Take home message for practice

Art can be used in multiple forms, for management of anxiety, based on care relationship and adapted to the characteristics of the patient and limits of the GP.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 238

## Presentation form

Lecture

## Knowledge of Sustainable Healthcare among family doctors in Europe

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## Background

Climate change is the biggest threat to humanity and our planet. As family doctors we are at the frontline managing the consequences on people's health but our role goes further. The health sector is responsible for 5 % of global greenhouse gas emissions, it is therefore our duty to make healthcare more sustainable and lessen its carbon footprint. This starts by raising awareness of family doctors about sustainable healthcare.

## Questions

How much knowledge do family doctors in Europe have about sustainable healthcare?

## Methods

We have designed a web based survey made of open and multiple choice questions and we plan to distribute it within the WONCA Europe network including EYFDM. There will be both qualitative and quantitative outcomes. Quantitative data will be analyzed by the SPSS program, while qualitative data will be analyzed with thematic coding developed by the researchers.

Outcomes Results will contain the following independent variables: country of origin, gender, age, years of experience in family medicine, related previous experience in sustainability and the dependent variable will be an overall knowledge score

## Discussion

This is an ongoing research project that is particularly suited to the conference's theme "Making choices in primary care" as making the choice of a sustainable primary care is both ethical and pragmatic

## Take Home Message for Practice

This lecture will promote a deeper understanding of sustainability and planetary health among attendees. Assessing the current level of awareness identifies deficits in knowledge and can guide future training and curriculum.







## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 241

## Presentation form

1 Slide 5 minutes

## COVID-19 and quality of care in Belgian general practices compared to 36 other European countries: results from the international cross-sectional PRICOV-19 study

Esther Van Poel<sup>1)</sup>, Piet Vanden Bussche<sup>1)</sup>, Benoît Pétré<sup>2)</sup>, Cécile Ponsar<sup>3)</sup>, Claire Collins<sup>4,1)</sup>, Michel De Jonghe<sup>5)</sup>, Anne-Françoise Donneau<sup>2)</sup>, Nicolas Gillain<sup>2)</sup>, Michele Guillaume<sup>2)</sup>, Sara Willems<sup>1)</sup>

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## Background

COVID-19 confronted general practices with unprecedented challenges to provide high-quality care. This paper aims to: (1) assess how Belgian general practices acted upon the six dimensions of quality of care during COVID-19; (2) study differences between the three Belgian regions; and (3) benchmark the performance of Belgian practices against the performance in other European countries.

## Methods

Data were collected in 2020–2021 using a self-administered survey in 479 Belgian practices. Thirty-four survey questions were selected as outcome variables. The adjusted logistic regression models included four practice characteristics as covariates: practice type, being a teaching practice, multidisciplinary, and payment system. Benchmarking against the performance in 36 other participating European countries was done for each outcome variable.

## Results

77.6% of Belgian practices reported incidents related to timely care. Limitations to the practice building or infrastructure threatened high-quality care in 55.6% of the practices. 57.2% always used a cleaning protocol, 38.5% provided sufficient time to disinfect between consultations, or a separate doctor bag for infection-related home visits (27.9%). Most (54.8%) Belgian practices actively reached out to vulnerable patients. Many significant differences between the Belgian regions disappeared when adjusting for practice characteristics. Belgium ranked relatively high on the European level for most outcome variables on safety and effectiveness. Regarding person-centeredness, equity, and efficiency, a scattered pattern was found. Regarding timely care, Belgium ranked in the lowest quarter of European countries.

## Conclusion

Future studies using different design methods are crucial to gain in-depth insights into the underlying mechanisms of ensuring high-quality care.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 243

## Presentation form

Symposium

## Organizational efforts undertaken in general practice to enhance safe and equitable care during COVID-19 in 38 countries (PRICOV-19)

Sara Willems<sup>1)</sup>, Esther Van Poel<sup>1)</sup>, Piet Vanden Bussche<sup>1)</sup>, Zlata Ožvačić Adžić<sup>2,3)</sup>, Adam Windak<sup>4)</sup>, Ferdinando Petrazzuoli<sup>5)</sup>, Lisa Fomenko<sup>1)</sup>

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## Introduction

COVID-19 forced general practices to reorganize their organization and revise care processes in the short term. Moreover, the virus' infectiousness put patient safety under high pressure, and the number of vulnerable patients increased. It follows that delivering high-quality care in primary care became an important challenge due to the limited resources.

This symposium bundles presentations on organizational efforts to ensure safe and equitable care in general practice during COVID-19 based on PRICOV-19, which is the largest and most comprehensive study that examines how general practices function during COVID-19. The collaboration with 45 research teams led to a large and rich database with about 5,000 participating general practices in 38 countries. Its results will significantly contribute to better preparedness of primary health care systems across Europe for future major outbreaks of infectious diseases.

## Individual contributions

Screening for and disclosure of domestic violence

Practical recommendations for future studies in primary care – lessons learned based on PRICOV-19

## Objectives

Getting familiar with the results of PRICOV-19, a multi-country cross-sectional study on the organization of general practice during COVID-19.

Getting an in-depth understanding of the results from different countries and their variation, and recommendations for future studies in primary care.

## Discussion

Are the study findings recognizable for your country/neighborhood





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 252

## Presentation form

1 Slide 5 minutes

## Integrated attention to the chronicity of people with Human Immunodeficiency Virus (HIV)

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## Background

Currently, chronic care in HIV patients is inefficient. These patients carry a control in the infectious unit of the reference hospital both in terms of the disease and the other chronic pathologies that they present throughout life. This makes them disassociate themselves from primary care where they only consult for mild pathologies losing their longitudinality with primary care centers.

Questions, Discussion Point

The care of HIV patients should follow a multidisciplinary model focused on the patient and integrated by: infectologist, family doctor, psychologist, psychiatrist, nutritionist and nursing, among others.

The creation of an integrated HIV Chronicity Functional Unit would allow continuity of care with integrated hospital-primary care communication through the figure of case manager as a link between levels.

## Content

Primary Care would carry chronicity control, treatment control and proximity dispensing of antiretrovirals. Hospital would control HIV disease, sharing information through integrated information systems.

## Objectives

Improve chronic care in HIV patients over 50 years of age.

Linking patients to primary care centres.

Improve prevention and monitoring of chronic pathologies.

Polypharmacy optimization.

Dispensing of proximity of antiretrovirals.

Reduce hospital admissions and complications arising from chronicity that entail high economic cost.

## Take Home Message for Practice

Primary care centres may have a greater importance in improving the chronicity of patients with HIV.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 291

## Presentation form

Lecture

## Health activism & the radical roots of primary health care

Joanna Dobbin<sup>1)</sup>, Rita Issa<sup>2)</sup>, Anna Hansemann<sup>3)</sup>, Ana Franco Spinola<sup>4)</sup>, Rocio García-Gutiérrez Gómez<sup>5)</sup>, Nick Mamo<sup>6)</sup>, Monia Sharman<sup>7)</sup>

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<sup>6)</sup>EYFDM/UMCG, Zwolle, Netherlands

<sup>7)</sup>London school hygiene tropical medicine, London, United Kingdom

Explore the role of primary health care in community activism through expert speakers, debate, and co-production

Despite Vichow stating ‘politics is nothing but medicine at a large scale’ in the 19th century; the debate around whether doctors should be political still exists today. The WHO’s three pillars of primary care include both addressing the broader determinants of health and empowering people and communities, however these are often least focused on by funders, politicians and health professionals themselves. Alma Ata & Astana contained goals around social justice, however how often do these principles inform day to day practice? Has primary care lost its radical roots? How can we work together to regain them?

A combination of presentation, debate and small group work

Explore the radical roots of primary health care, the role of Alma-Ata and Astana declarations.

Using the movement ecosystems approach to think about how social change happens, using examples from climate change

### Debate around the concept

Politics, activism & health: where do you sit? Using the five modes of science engagement model to ask participants views.

Small group work using a theory of change model to map different types of activism; from the ultra local, to the consulting room, the community and global movements.

### Small group work

Reimagining primary health care in our countries - what would it look like?

### Everyone

Those involved in climate change, migrants rights, sustainability, patient advocacy, health inequalities. Joanna is EYFDM rep for the UK, a primary care academic at UCL and migrant rights activist.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 297

## Presentation form

1 Slide 5 minutes

## Why are we failing nursing home patients? A systemic perspective

Joachim Sturmberg<sup>1)</sup>

<sup>1)</sup>General Practice, University of Newcastle, Holgate, Australia

For decades many nursing home residents report marked dissatisfaction with their care, but little has changed despite various smaller and larger reforms. A recent Royal Commission into nursing home care in Australia identified that the nursing home care system requires a systemic redesign, rather than more tinkering at the edges, though none of the stakeholders is making any moves in this direction.

We conducted a whole-of-system nursing home study that identified key reasons for the failings in the care of nursing home residents. First, the system has built-in conflicts of interest – while the Minister has ultimate responsibility for the residents' well-being, nursing homes are run under commercial conditions and overseen by a regulator itself conflicted by simultaneously approving, controlling and sanctioning nursing homes. Second, staffing levels are largely unregulated resulting in minimal overall staffing and a lack of qualified aged care nursing, allied health and support staff, and wages are pegged to or just above the minimum wage rates for each staff group. As a consequence, staff skills and staff mix are not aligned with the ever-increasing frailty of residents. Third, the regulatory focus on protocol-driven paperwork rather than care-quality adherence reduces time to attend to residents needs, frustrates staff who want to care leading to burn-out and resignations, perpetuating the cycle of poor care and outcomes.

Understanding the systemic interdependencies of the nursing home system leads to only one conclusion – the system is in need for a multi-stakeholder redesign effort.





## **Abstract topic**

01. Sustainable Healthcare

**Abstract ID:** 319

## **Presentation form**

Lecture

## **Maccabi-red; an "uber-like" emergency care service in the community**

Mattan Bar Yishay<sup>1)</sup>, Limor Adler<sup>1)</sup>, Ilan Yehoshua<sup>1)</sup>

<sup>1)</sup>Family Medicine, Maccabi Healthcare Services, Tel-aviv, Israel

### **Background**

Maccabi-RED, a new service developed in Israel, is currently allowing medical emergencies to be treated in the community, by primary physicians, within their local clinics. A phone-app is used to bridge the gap between patients and emergency care, providing instant accessibility to a willing local physician, as an alternative to the emergency department.

### **Question**

To quantitate and characterize the medical care provided by this service in a large national healthcare system.

### **Methods**

All Maccabi-RED visits recorded between September 2021 and August 2022 were included. Patient characteristics were compared to national demographics. Descriptive statistics alone were used to present data regarding recorded diagnoses, treating physician, treatments or referrals provided, and subsequent emergency department admissions or hospitalizations.

### **Outcomes**

31831 visits were recorded. Most frequent diagnoses were for pain, any (12.1%), otitis or otalgia (7.8%), contusions (7.6%), fractures (7.1%), foreign body (6.7%), pregnancy-related symptoms (6.3%), and upper-respiratory or unspecified viral infection (6.3%). Most common treatments reported were foreign body removal (5%) and cast application (3.5%). Only 7.8% of visits resulted in emergency department admission within 7-days. The average time from patient phone-app request to completion of treatment was 90 minutes.

### **Discussion**

Such a service could reduce emergency department visits, hospitalizations, transit and waiting times, and costs, while improving quality of care and patient satisfaction, on a national scale.

### **Take Home Message**

The transposition of medical services into the community by primary physicians can and should include alternatives to emergency departments.







## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 331

## Presentation form

Science Slam

## Unravelling the concept of self-management support in primary healthcare practice.

Lotte Timmermans<sup>1)</sup>, Peter Decat<sup>2)</sup>, , Veerle Foulon<sup>3)</sup>, Ann Van Hecke<sup>2)</sup>, Birgitte Schoenmakers<sup>3)</sup>

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## Background

Self-management of a chronic condition has been proven to be an essential strategy to cope with chronic disease(s). Although support from healthcare professionals is essential, challenges about self-management support persist in practice. Misconceptions and the complexity of the concept are the main contributing factors.

## Questions / Discussion Point

How can healthcare professionals guide patients to achieve self-management? What is considered adequate self-management? How do the principles of self-management support translate into practice? Is self-management applicable for everyone?

## Content

Facilitating self-management means focussing on five fundamental actions: Supporting patients, Involving them in their care, Listening to them, Coordinating their care and actively asking Questions (SILCQ). Whether self-management is successful for someone depends on the goals the individual has set. The extent and manner in which individuals engage in self-management is highly person-dependent. Focussing on the SILCQ actions helps to tailor support and to provide high quality of care.

## Take Home Message for Practice

Integrating self-management support into daily healthcare practice is a challenge. Understanding the underlying principles of the concept is essential to bring clarity. The SILCQ model offers a holistic approach to self-management support. It is of utmost importance to emphasize that good self-management support of a chronically ill patient begins with reflecting on one's behaviour as a healthcare professional and with focussing on the person behind the patient.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 335

## Presentation form

WONCA Network Workshop

## Presenting 2023 WONCA global postgraduate education standards

Victor Ng<sup>1)</sup>

<sup>1)</sup>Programs and Practice Support, College of Family Physicians of Canada, Toronto, Canada

## Background

The WONCA Global Postgraduate Education (PGME) Standards adopted in 2013 have served as the education standard used for WONCA accreditation and a guide for best practices in teaching, curriculum development, assessment, and quality improvement. As the field of education is ever evolving, the WONCA Working Party on Education (WWPE) has convened a task force to revise and update the standards to ensure that new trends in the field of education are incorporated. This workshop aims to present the updated draft 2023 WONCA Global Postgraduate Education Standards and provide an opportunity for WONCA members, family medicine teachers and trainees to offer feedback through facilitated discussions

## Target Group

Education Leaders, Family Medicine Teachers, Family Medicine Trainees and Students

Didactic Method

Interactive workshop (small round tables preferred)

## Objectives

- 1) Discuss and review the latest trends in global postgraduate medical education.
- 2) Present the draft 2023 WWPE Postgraduate Education Standards for review and feedback.
- 3) Facilitate structured discussion based on topics in best practices in medical education and consider possible additions to the 2023 draft WWPE PGME standards

## Estimated number of participants

50-75

## Brief presentation of the workshop leader

Dr. Victor Ng is Chair of the WONCA Working Party on Education; Associate Professor, Department of Medicine, Western University, Canada; and Associate Director, Programs and Practice Support, College of Family Physicians of Canada





## **Abstract topic**

01. Sustainable Healthcare

**Abstract ID:** 366

## **Presentation form**

Lecture

## **Using a collaborative and free-access planetary health repository to promote sustainability literacy amongst family doctors**

Oisín Brady Bates<sup>1)</sup>, Natasha Freeman<sup>2)</sup>, Zineb Bentounsi<sup>3)</sup>

<sup>1)</sup>Trinity College Dublin HSE General Practice Training Scheme, Dublin, Ireland

<sup>2)</sup>Royal College Of General Practitioners, London, United Kingdom

<sup>3)</sup>University of West London, London, United Kingdom

## **Background**

The Association for Medical Education in Europe states that “positive changes to education, healthcare, public health and planetary health are achieved through collective, collaborative, non-hierarchical and inclusive commitment and action.” A key concept used is that of “sustainability literacy.” Reflecting the above views regarding sustainability in medical education, we have developed a repository of resources on Planetary Health.

The concept involves a user-friendly, categorised bank of resources. The repository is aimed to support time-poor clinicians to access available scientific literature on a topic, find a planetary health course or quickly obtain information sheets for their patients. There are also links to quality improvement activities, tools and useful websites.

A live tour of the repository and a discussion of its contents.

Identification of any gaps or possible areas of development within the repository through discussion

User feedback which we will then use to improve the resource

## **Content**

A single slide of background information and then a live demonstration of the repository on a large screen.

A QR code for repository access during and after the session.

## **Take Home Message for Practice**

Introduction of the planetary health repository as a resource for GP/FM practitioners to engage with planetary health literature and tools in order to develop a positive planetary health practice

## **Workshop leader bio**

The workshop is chaired by the European Young Family Doctors Movement (EYFDM) special interest group for Planetary Health.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 391

## Presentation form

Lecture

## How Big Is The Gender Gap in Medicine? - SIG EYFDM Women's Health

Helena Alonso Valencia<sup>1)</sup>, Sara Esteves Araujo Correia<sup>2)</sup>, María Aránzazu Dorrego López<sup>3)</sup>, Ana Cristina Franco Spínola<sup>4)</sup>, Özden Gokdemir<sup>5)</sup>, Raisa Álvarez<sup>6)</sup>, Elena Klusova Noguina<sup>7)</sup>, Miriam Rey Seoane<sup>8)</sup>, Yusianmar Mariani<sup>9)</sup>, Raquel López Bravo<sup>10)</sup>

<sup>1)</sup>NHS England, Staplehurst, Tonbridge, United Kingdom

<sup>2)</sup>Tui Primary Care Centre, SERGAS, Tui, Vigo, Spain

<sup>3)</sup>Emergency Department - Hospital Álvaro Cunqueiro, SERGAS, Vigo, Spain

<sup>4)</sup>Centro de Saude Bom Jesus, SESARAM EPE, Funchal, Madeira Island, Portugal

<sup>5)</sup>Izmir University of Economics/ Faculty of Medicine, Izmir University of Economics/ Faculty of Medicine, Balçova, Izmir, Turkey

<sup>6)</sup>CS Arnedo, SERIS, Arnedo, La Rioja, Spain

<sup>7)</sup>SAMU061/ Policlínica de Rosario, IBsalut, Ibiza, Spain

<sup>8)</sup>CUAP MANSO, ICS Barcelona, Barcelona, Spain

<sup>9)</sup>Primary Care, Bupa Healthcare, London, United Kingdom

<sup>10)</sup>CHNP Rehaklinik, CHNP Rehaklinik, Ettelbrück, Luxembourg, Luxembourg

We would like to introduce the SIG Women's Health for EYFDM.

## Target group

any healthcare professional. Estimated number 40 participants.

The time would be divided into a brief 5-minute introduction of our work and interests as a SIG, followed by a 10 minute ice-breaker "Never have I ever" using the same questions for the survey

We would present then the results of the survey to the public (approx. 10 minutes)

Then, we would use 25-minute role-play with the help of attendees, in order to expose non-violent conflicts and show some situations that affect female professionals from patients and/ or colleagues. Examples of these situations could be replicating situations that professionals have shared in the survey, that they have observed or experienced directly.

We would divide the attendees in groups to share opinions about the situations seen, analyse them from different perspectives and propose actions to make changes in the future. This will be made for each situation separately

The final 10 minutes would be used to share conclusions and close the session with home-to-take messages





In this workshop we would like to present the results of a survey based on the main topic of the special interest group, and replicating the impact these common situations have in female healthcare professionals.

I am a Spanish GP working in the UK for the last three years. My interest in discrimination against women started before I was a medical student. I enjoy practising in primary care, helping women and their health.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 430

## Presentation form

1 Slide 5 minutes

## The effort to consolidate the brasiliense Primary Health Care in Family Health Strategy model during pandemic Covid-19

Fernando Erick Damasceno Moreira<sup>1)</sup>, José Eudes Barroso Vieira<sup>1)</sup>, Paula Zeni Miessa Lawall<sup>1)</sup>, Maurício Gomes Fiorenza<sup>1)</sup>, Adriano de Oliveira<sup>1)</sup>

<sup>1)</sup>Primary Health Care, Secretary of State for Health of the Federal District, Brasília, Brazil

The Federal District -FD establishes by law the Family Health Strategy as a model for organizing health care networks only in 2018. This work shows the challenges experienced by the administrative management team of Primary Health Care - PHCFD from 2019 to 2022 to consolidate this model in force of the incipient appropriation by the population itself and health workers of network operation, updating of a new funding policy for the Unified Health System - SUS for PHC, coping with the Covid-19 pandemic, in addition to problems with corruption in the public machine and the party political interference. The work carried out by the management was based on a resilient defense of a model based on expanding the population register and access to services, primarily in vulnerable territories, encouraging the training of new specialists, accreditation of new Family Health teams, valuing multidisciplinary work and technical partnerships with national and international organizations for strategic actions. This, even in the face of great challenges, the Family Health Strategy in the Federal District has grown significantly. There were 132 new accredited teams, more than 1.5 million people registered, more than 200 new residents for APS and more than 2 million registered attendances than the previous year, and much more. Finally, despite the relevant results, the challenge of having a universal, comprehensive and equitable health system is still present. It is necessary to increase investments in health, continue to expand services and qualify teams for a more humane and resolute network operation logic.







## **Abstract topic**

01. Sustainable Healthcare

**Abstract ID:** 439

## **Presentation form**

Lecture

## **Emotional intelligence medical competence**

Alberto Parada<sup>1)</sup>

<sup>1)</sup>Family medicine, University of liege, Liege, Belgium, Basse-Bodeux, Belgium

WORKSHOP intelligence medical competence

### **Background**

We all experience feelings, emotions, pleasant or unpleasant, and the way we deal with them is very different from one person to another, depending on their character, temperament, education... As a general practitioner, &nbsp;trusted person of the patient, we must identify, know and (well) use these emotions (both personal and of the patient). Since the 1990s, the concept of emotional competence (or emotional intelligence) has been developed to reflect this. Emotional skills cover various dimensions relating to how we process our emotions and those of others

### **Target Group**

Didactic Method interactive reflective and collaborative workshop working in small (6-8 people) and large (all participants) groups

### **Objectives**

recognize your own emotions and those of others (patients), accept them and make (good) professional use of them. At the end of this interactive and participative workshop, the participating doctors will be able to identify and recognize the basic emotions and take advantage of them in the health relationship and therapeutic issues.

### **Estimated number of participants**

30 (to 60 people)

### **Brief presentation of the workshop leader**

general practitioner, clinician-teacher (general medicine department, University of Liege),SSMG active member, convinced of the importance of emotional skills in communication and the therapeutic relationship





## **Abstract topic**

01. Sustainable Healthcare

**Abstract ID:** 464

## **Presentation form**

1 Slide 5 minutes

## **Targeting sustainable and complex health care - teaching nonmedical aspects of palliative care and geriatrics to nonmedics, involved in health care**

Lyubima Despotova-Toleva<sup>1)</sup>

<sup>1)</sup>Bulgarian Long term and palliative care society, MU-Plovdiv, Plovdiv, Bulgaria

### **Background**

Palliative care and geriatrics become increasingly important for the society. COVID-19 long-term consequences add worries from medical and nonmedical point of view. Need to prepare nonmedical specialists capable to recognize current and future challenges, to understand and acquire competence when discussing, planning, managing and developing policy and societal measures in the fields emerges.

### **Questions**

What is the best way to prepare nonmedical specialists to acquire specific knowledge and understanding in palliative care and geriatrics?

### **Discussion Point**

How to balance and repurpose medical and nonmedical content when teaching to specific nonmedical specialists?

### **Content**

Targeting sustainable complex health care and sustainable development of achieved results of Palliative care and Geriatrics programs in the frame of project OMNIA (№ BG05M2OP001-2.016-0007) included important nonmedical aspects of both topics in the curricula. After reviewing the created interactive materials and based on our expertise (Multitype repurposing and sharing in medical education, EU project) the repurposed content can be used for education of nonmedical specialists. For recognizing future challenges and needs of palliative and geriatric patients related to COVID-19 aspects authors' materials prepared for COVID – 19 HUB project was used. Here I present some important challenges, considerations and decisions when repurposing such a content for nonmedics. The postgraduate course is devoted to jurists, healthcare managers and policy makers, psychologists, pedagogues etc.

### **Take Home Message for Practice**

Sustainable complex health care need continuing education, mutual understanding, collaboration between medical and nonmedical specialists on all levels and structures in healthcare and society.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 514

## Presentation form

Lecture

## International virtual knowledge exchanges for health professionals - Shaping an educational medium to meet learning needs

Aaron Poppleton<sup>1)</sup>, Alexandra Caulfield<sup>2)</sup>, Miriam Rey Seoane<sup>3)</sup>, Bernadeta Bridgwood<sup>4)</sup>, Oleg Kravtchenko<sup>5)</sup>, Rocio García-Gutiérrez Gómez<sup>6)</sup>, Daria Gheorghe<sup>7)</sup>

<sup>1)</sup>School of Medicine, Keele University, Keele, United Kingdom

<sup>2)</sup>University of Oxford, Oxford, United Kingdom

<sup>3)</sup>CUAP MANSO, ICS BARCELONA, Barcelona, Spain

<sup>4)</sup>University of Leicester, Leicester, United Kingdom

<sup>5)</sup>EURIPA, Bodø, Norway

<sup>6)</sup>EYFDM / semFYC, Madrid, Spain

<sup>7)</sup>General Practice, Saint Exupéry Network, Strasbourg, France

## Background

Virtual knowledge exchanges (VKEs) for health professionals offer the opportunity to experience aspects of another health system via a virtual format. VKEs for health professionals became widespread during the Covid-19 pandemic, yet little is known about the best ways to plan and evaluate such exchanges. Existing studies on VKEs in healthcare have heterogeneous aims, structure and theoretical underpinnings.

## Questions/discussion point

How best can we plan and evaluate a VKE for healthcare professionals in primary care?

Can we develop a theory/tool to help guide those planning a VKE?

What is the role of VKEs in the post-pandemic era?

## Content

This project seeks to develop a theory/tool for those planning virtual knowledge exchanges for healthcare professionals, through realist evaluation of a VKE to rural GP practices within Europe. We will be working in conjunction with EYFDM and EURIPA. In today's presentation, we hope to generate discussion on the proposed format of the exchange, which will be used as part of our realist evaluation.

## Take home message

VKEs offer possibilities and opportunities which in-person exchanges do not. The development of a theory/tool to guide those planning such an exchange should offer a valuable contribution to the sparse literature on such exchanges so far.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 565

## Presentation form

Lecture

## Practice ownership by a GP as single option for continuity of care? A more sustainable choice is needed

Hinda Stegeman<sup>1)</sup>, Nynke Scherpbier<sup>1)</sup>, Hanneke Vervoort<sup>1)</sup>, Vivian van Vliet<sup>1)</sup>, Manna Alma<sup>1)</sup>, Danielle Jansen<sup>1)</sup>, Marjolein Berger<sup>1)</sup>

<sup>1)</sup>General practitioner and elderly health care, UMCG, Groningen, Netherlands

### Background

In the North of the Netherlands the core value continuity of GP care (CoC) is under pressure, because of a shortage of practice owners (PO) and an increase of freelance GPs. In the literature there has been limited exploration of GPs considerations of becoming a PO. This qualitative study using focus groups and semi-structured interviews with mainly young GPs, seeks to explore the considerations to become and stay a PO. Results will give content to discussion of factors that may &nbsp;or may not influence carrier decisions of young doctors. The model of planned behavior (Ajzen and Fishbein) shows that carrier choices are based on many intercorrelated factors and guiding decisions asks for complex interventions

### Target Group

GPs in their training years, freelance/salaried GPs, GP-PO, early resigned PO

### Didactic Method

Presentation of the results of a qualitative study. Interactive discussion.

### Objectives

Explore considerations of GP's to become a PO using the theoretical model of planned behavior as point of departure. We aim to provide insight in the underlying beliefs of GPs regarding POship, and how they interact with each other. This knowledge may help finding an approach to make CoC sustainable. We will discuss opportunities, possible innovations and further research goals.

### Take Home Message for Practice

Rethinking the role of the PO in primary care is essential to preserve CoC.





### **Abstract topic**

01. Sustainable Healthcare

**Abstract ID:** 595

### **Presentation form**

1 Slide 5 minutes

## **Second victim knowledge and experiences among primary healthcare and hospital professionals in a health region in Catalonia, Spain**

Montserrat Gens-Barbera<sup>1)</sup>, Inmaculada Hospital-Guardiola<sup>1)</sup>, Eulalia Oriol-Colominas<sup>1)</sup>, Maria Moreno-Gomez<sup>1)</sup>, Yolanda Mengibar-Garcia<sup>1)</sup>, Angel Vidal-Rovira<sup>1)</sup>, Olivia Hernandez-Villen<sup>1)</sup>, Carmen Jimenez-Jimenez<sup>1)</sup>, Joan Reverte-Callul<sup>1)</sup>, Maria-Pilar<sup>1)</sup>

<sup>1)</sup>Unitat Territorial de Qualitat., Territorial Directorate of Camp de Tarragona. Catalan Institute of Health. Government of Catalonia. Spain, Tarragona, Spain

### **Background**

Quality and patient safety culture leads healthcare organizations (HCO) to have risk management systems and guidance to respond to severe adverse events (SAE): patient and family (first victims), professionals (second victim, SV), and HCO (third victim). Primary Health Care (PHC) and Hospital (H) professionals of Camp de Tarragona (2,670) serve the same population (approx. 340,000 inhabitants) and guidance to deal with SAE.

### **Question**

What's the experience of 2V in a health region?

### **Methods**

Cross-sectional study from August to September 2022. A 15 questions-on line survey on 2V experience. Statistical analysis of variables between H and PHC professionals.

### **Outcomes and Discussion**

87% PHC, 76% H professionals knew what to do in a SAE. However, only 50% PHC and 28% H were aware of the 2V Guide in the region. Only 27% PHC and 32% H used it. 13% PHC and 11% H experienced a SAE. 66% PHC and 29% H were aware of the SAE management team. 79% PHC and 64% H reported on the SAE, analysed it, and defined areas for improvement. However, only 41% PHC and 32% H always inform the patient and family. 34% PHC and 26% H participated in a root cause analysis. 91% PHC and 70% H knew how to identify a 2V. 29% PHC and 33% H recognized being 2V. The 2V talked mainly to peers (93% PHC and 90% H).

### **Take Home Message for Practice**

PHC and H professionals know about SAE guide. However, there is need to promote it mainly in hospital.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 624

## Presentation form

1 Slide 5 minutes

## Awareness as a clinical tool to treat chronic pain and medically unexplained pain symptoms

Paul Sercu<sup>1)</sup>

<sup>1)</sup>Healthcare, BodyMind Academy, Temse, Belgium

### Background

Neuroscience has shown that various brain functions, including perception in the broad sense, work together to create the feeling of pain. To explain the etiology and pathogenesis of chronic pain and somatically unexplained pain symptoms, more specifically, the predictive processing model has been proposed, and it has been gaining traction in recent years. A rough explanation is that the expectation, informed by memory, plays an important role in the development of pain. Physical factors, which can be produced by the brain itself, as well as psycho-emotional, social and environmental factors also play a role.

### Target Group

Patients suffering from chronic pain and patients suffering from medically unexplained pain symptoms

### Didactic Method

A phenomenological form of somatic psychoeducation is developed by Prof. Dr. Bois. The method is partly educational, partly therapeutic using perception as an important tool. The patient is taught to perform certain movements while in a state of full presence. Characteristics of this sensomotoric rehabilitation are the slowness of the movement execution, the following of movement chains, and the awareness of the movement and its effects on the body and the person

### Objectives

The aim is to positively affect the physical, cognitive, emotional and physiological pathways involved in the production of pain. On this basis, psychoeducation can be initiated, during which the patient **learns to manage his pain himself.**

### Estimated number of participants

30

### Brief presentation of the workshop leader

Paul Sercu

Director of the BodyMind Academy, Lector at PXL College postgraduation Somato-psycho-pedagogy. Researcher at the CERAP.







## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 636

## Presentation form

WONCA Network Workshop

## Developing the rural health workforce in Europe: understanding the challenges and barriers to inform solutions

Joyce Kenkre<sup>1)</sup>, John Wynn-Jones<sup>2)</sup>, Miriam Dolan<sup>3)</sup>, Jane Randall-Smith<sup>4)</sup>, Anna Falk<sup>5)</sup>, Ferdinando Petrazzuoli<sup>6)</sup>

<sup>1)</sup>Life Sciences and Education, University of South Wales, Pontypridd, United Kingdom

<sup>2)</sup>Health and Social Care, University of Lincoln, Lincoln, United Kingdom

<sup>3)</sup>Maple Healthcare, Lisnaskea Health Centre, Lisnaskea, United Kingdom

<sup>4)</sup>EURIPA, Paris, France

<sup>5)</sup>General practice, HC Centre Ånge, Västernorrland, Sweden

<sup>6)</sup>Health Sciences, Lund University, Lund, Sweden

In 2022, EURIPA published the ‘Blueprint for Rural Practice in Europe’, aimed to set the vision and provide a benchmark for the next 25 years. It examines key issues facing rural communities and the health professionals. General practice and the primary health care team remain at the heart of healthcare in rural areas. However, most doctors continue to be trained in urban settings and universities, as are most other health care professionals. EURIPA believes that the rural context must be included in all levels of training from school leavers, undergraduate through postgraduate education and CPD, to ensure that there is a comprehensive rural career pathway across professions. Rural career pathways need to be developed to ensure that students of today become the clinicians, teachers and leaders of tomorrow. EURIPA is undertaking a survey in early 2023 to understand the current position across Europe in rural medical and nursing education.

### Target group:

health care practitioners in practice and/or from universities involved in the education of doctors and nurses.

### Didactic method

The outcomes of the EURIPA survey will be presented.

Active participation will be in small groups to discuss the findings and explore the barriers and potential solutions;

### Objectives

Learn about rural medical and nursing education across Europe

Establish the issues that need to be addressed to develop the rural primary care workforce

### Estimated number of participants

Maximum 40

Joyce Kenkre, Emeritus Professor of Primary Care. She led the development of the successful fellowship programme for health care professionals in Wales.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 644

## Presentation form

1 Slide 5 minutes

## Experimenting a learning community in general medicine: Lessons from a case study on the ecological transition

Charlotte Bréda<sup>1)</sup>, Bruno Verstraete<sup>1)</sup>, Aurore Girard<sup>1)</sup>, Michel De Jonghe<sup>1)</sup>, Cécile Ponsar<sup>1)</sup>, Jean Macq<sup>2)</sup>, Cassian Minguet<sup>1)</sup>

<sup>1)</sup>Centre Académique de Médecine Générale (CAMG/IRSS) - Université catholique de Louvain, Woluwe-Saint-Lambert, Belgium

<sup>2)</sup>Institut de Recherche Santé et Société (IRSS) - Université catholique de Louvain, Woluwe-Saint-Lambert, Belgium

## Background

There are a variety of learning communities in the healthcare sector that are promoted as a means of generating and sharing knowledge, improving clinical practice, or increasing organizational performance. However, these models vary considerably in terms of mode of operation, structure, activities, and performance depending on the context in which these practices take place.

## Question

How create learning environments and experiences to embed learning communities to guide the development of innovative practices?

## Content

This project brought together fifteen general practitioners from different practices and researchers in general medicine and anthropology. A participative action research was conducted to elaborate on the way to co-produce knowledge and practical know-how using the case of ecological transition issues in general medicine. This communication will discuss the approach, methods, preliminary results, and some key challenges for the future of general practice. Thanks to this innovative approach, which mobilized qualitative social science methodologies and participatory approaches, new relationships were gradually forged between field practice and the academic world in terms of teaching, research, and service to society.

## Take Home Message for Practice

Learning communities in general practice are an innovative place to question practice, a source of new ideas for conducting practice-based research in a specific context, and a place for continuous learning for practitioners, trainees, and researchers.





## **Abstract topic**

01. Sustainable Healthcare

**Abstract ID:** 727

## **Presentation form**

WONCA Network Workshop

## **Connecting older and younger GPs in rural areas**

Oleg V Kravtchenko<sup>1)</sup>, Ferdinando Petrazzuoli<sup>2)</sup>, Ozden Gokdemir<sup>2)</sup>, Veronica Rasic<sup>2)</sup>

<sup>1)</sup>EURIPA/Dr. Odina's Clinic, BODOE, Norway

<sup>2)</sup>EURIPA, 92200 Nully-sur-Seine, France

## **Background**

Recruitment and retention of rural family doctors / general practitioners (GPs) has long been discussed. In these rapidly changes times following the outbreak of the pandemic in 2020 all GPs have been under considerable pressure. &nbsp;In rural and remote areas GPs can feel particularly isolated. &nbsp;Older GPs have immense experience of delivering care to their patients, distant from specialist care. &nbsp;In addition they have learnt coping behaviors to manage their isolation. However, retention is still an issue.

Students and young doctors going to rural areas can bring new ideas and contribute excitement and enthusiasm to a practice. However, they may not be well prepared for the independent practice requiring a wider skill set and greater range of competencies, remote from acute services and specialist expertise.

This workshop will explore how the generations can be better connected to improve retention of both younger and older doctors

## **Target group**

Participants will be rural health care practitioners but also students and young doctors starting their careers in rural areas, nurses and other healthcare workers are also welcome&nbsp;

## **Didactic method**

Active participation be in small groups to explore the opportunities for closer collaboration between young and older GPs.

## **Objectives**

- Learn about the challenges being faced by both older and younger doctors
- Identify good practice in connecting the generations
- Use the workshop outcomes to contribute to the wider global discussions

## **Estimated number of participants**

Maximum 40

## **Brief presentation of the workshop leader**

Dr. Oleg V. Kravtchenko is EURIPA President and rural GP from Northern Norway





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 729

## Presentation form

1 Slide 5 minutes

## Oral Health in Kindergarten – Intervention Project “A clean smile is a healthy smile”

Rita Pedrosa<sup>1)</sup>, Teresa Vaz<sup>2)</sup>, Sandra Ribeiro<sup>3)</sup>, Joana Mendes<sup>4)</sup>, Ana M Fonseca<sup>5)</sup>

<sup>1)</sup>USF Saúde no Futuro, ACeS Gaia, ARS Norte, Vila Nova de Gaia, Portugal

<sup>2)</sup>USF Nova Via, ACeS Espinho/ Gaia, Vila Nova de Gaia, Portugal

<sup>3)</sup>USF Aníbal Cunha, Vila Nova de Gaia, Portugal

<sup>4)</sup>USF S. Félix-Perosinho, Vila Nova de Gaia, Portugal

<sup>5)</sup>UCSP Mogadouro, Mogadouro, Portugal

Oral health should start in the first years of the child's life, being essential for general health. In Portugal, the National Program for the Promotion of Oral Health (PNPSO) recommends that all children attending kindergarten should brush their teeth in the educational establishment. According to the Portuguese Society of Stomatology and Dental Medicine (SPEMD), daily toothbrushing was performed in only 40,6% of the kindergartens under study.

The objective was to implement daily toothbrushing and other oral health promotion activities in a kindergarten.

An intervention project was carried out in a group of 37 children (aged between 2-5 years old), consisting of 4 sessions. The first session included one theoretical presentation on oral health and two practical activities. In the second session brushing was demonstrated and practiced with the children. In the end, a “Brushing Chart” was provided for monitoring this task. The third session consisted of a training lesson for parents. In the last session, a film was broadcast. To help the discussion, puppets of the characters were distributed to the children and doubts were cleared up.&nbsp;

Before the intervention, the study's children did not brush their teeth at kindergarten, and the main reason identified was the COVID-19 pandemic. Only a small percentage of kindergartens (22%) reported that they carried out activities on oral health topics with the children in the classroom.

With this intervention project, it was possible to implement daily toothbrushing in this kindergarten, in which 100% of the children of the intervention classes joined the project.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 734

## Presentation form

1 Slide 5 minutes

## Changing tools for rational antibiotic prescribing in general practice

Ludmila Bezdickova<sup>1)</sup>, Marek Stefan<sup>2)</sup>

<sup>1)</sup>Department of General Medicine, Institute for Postgraduate Medical Education, Prague 10, Czech Republic

<sup>2)</sup>Department of Infectious Diseases and Travel Medicine, 2nd Faculty of Medicine, Charles University and Motol University Hospital, Prague, Czech Republic

### Background

Fighting antimicrobial resistance (AMR) has become a major goal worldwide. Data from national surveillance systems are however not routinely used for clinical decision making in most countries.

### Questions, Discussion Point

What are the essential tools used for rational antibiotic prescribing in primary care in order to tackle AMR? Can surveillance of acute respiratory infections (ARI) and influenza-like-illness (ILI) be implemented into clinical decision making? Do point-of-care (POCT) methods actually help to deprescribe antibiotics?

### Content

Analysing experience from a single large sentinel general practice we aimed to evaluate the possibilities to safely reduce antibiotic prescribing. Throughout 2022, 1-5 samples (throat/nasopharyngeal swabs) weekly from patients with respiratory infections were tested for a standard subset of viruses causing ARI/ILI in a national public health surveillance laboratory. POCT methods were used as clinically indicated including antigen testing for COVID-19, influenza and group A streptococcus. Antibiotics were prescribed on a case-by-case basis, with the assistance of national antibiotic therapy guidelines. In selected cases the appropriateness of antibiotics was discussed with an on-call infectious disease consultant. Most patients tested positive for a viral pathogen, often associated with a moderately elevated level of C-reactive protein (CRP). The surveillance data were available retrospectively.

### Take Home Message for Practice

Surveillance of ARI/ILI, use of the collective data and POCT can optimise antibiotic prescribing on both the individual and national level. Moderately elevated CRP may be common in viral infections. Sentinel primary care practices and their participation on research should be supported.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 746

## Presentation form

1 Slide 5 minutes

## The carbon footprint of our prescriptions: inhalers

Décio Sousa<sup>1)</sup>, Carina Francisco<sup>1)</sup>

<sup>1)</sup>USF Colina de Odivelas, Odivelas, Lisboa, Portugal

### Background

Every day thousands inhalers are prescribed worldwide. In a society that wants to be more and more aware and sustainable, knowledge of the carbon footprint of each inhaler will allow the family doctor to make an informed and conscious prescription.

### Questions / Discussion Point

Are primary care providers aware of the climate impact their prescription have? Do all inhalers have the same carbon footprint?

### Content

Pressurised metered dose inhalers (pMDI) contain hydrofluorocarbon (HFC) propellants that are responsible for roughly 0.03% of yearly global greenhouse gas emissions and can contribute to global warming. The carbon footprint from 1 pMDI (200 doses) is estimated as equivalent to a 290-km automobile ride. Dry powder inhalers (DPI) and soft mist inhalers (SMI) contribute a lower carbon dioxide equivalency (It; 20 g CO<sub>2</sub>e per inhalation) than pMDIs (about 100 g CO<sub>2</sub>e per inhalation).

### Take Home Message for Practice

Reducing pMDI prescriptions when appropriate could have a meaningful environmental impact. Strategies that replace overuse of reliever MDIs can lead to significant reductions in greenhouse gas emissions.







## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** 760

## Presentation form

Lecture

## Motion is lotion! How movement can bring benefits for both staff and patients

Hussain Al-Zubaidi<sup>1)</sup>, Shahnaz Hassan<sup>1)</sup>, Joanna Fleming<sup>1)</sup>

<sup>1)</sup>Lifestyle and physical activity, Royal college of general practioners, Coventry, United Kingdom

### Background

Physical inactivity is a major modifiable risk factor for non-communicable disease and the COVID-19 pandemic has served to widen health inequalities in society. GP teams are ideally placed to identify and support those most in need.

### Target Group

The RCGP Active Practice Charter (APC) is a fun, simple way for primary care to demonstrate how they have brought movement into their surgeries, for the benefit of staff and patients. This interactive and active workshop is aimed at any primary care professional interested in joining this 'movement for movement'.

### Method

Following an introduction to the evidence behind and the criteria to achieve the APC employing interactive questions, a person with lived experience of a long-term condition will describe the benefits of being a patient in an Active Practice.&nbsp;

After a physical activity demonstration to get the audience energised, delegates will break into facilitated groups to consider barriers and opportunities of joining the movement.

### Objectives

To encourage ~50 participants to share ideas they have already achieved in their practices, and support them to achieve APC status. We hope to inspire colleagues outside the UK to sign up as the first cohort of international Active Practices!

Dr Hussain Al-Zubaidi is a lifestyle and TV doctor who has dedicated his carer to promote the prevention of disease through lifestyle. Focusing on communities with the highest health inequalities. He is the royal college of GPs lifestyle and physical activity lead.





## **Abstract topic**

01. Sustainable Healthcare

**Abstract ID:** 767

## **Presentation form**

1 Slide 5 minutes

## **Crisis in general practice: Irish general practitioners' vision for the future of the profession and how to get there**

Uzair Shabbir<sup>2)</sup>, Joe Macdonagh<sup>2)</sup>, Ray O'Connor<sup>1)</sup>, Andrew O'Regan<sup>1)</sup>

<sup>1)</sup>University of Limerick, Limerick, Ireland

<sup>2)</sup>Technological University Dublin, Dublin, Ireland

## **Background**

General practice in Ireland is reaching a crisis point, with insufficient capacity, personnel shortages, rural practices closing, high numbers of retirements and impending retirements plus insufficient numbers of younger general practitioners (GPs) to replace them; the net effect is a rising number of patients throughout Ireland being unable to access a GP quickly and safely.

## **Question**

To explore Irish GPs' perspectives on the current state of general practice in Ireland, their vision for the future of the profession and what is needed to achieve this.

Specific objectives include

To gain an insight into the current state of general practice in Ireland, specifically the barriers to effective patient treatment

To understand Irish GPs' vision for the future

To investigate how Irish GPs believe this vision can be achieved.

## **Content**

The study used a qualitative design, utilising semi-structured online interviews with practising GPs. All GPs provided informed consent prior to the recorded interviews. This study will be reported in line with the Consolidated criteria for Reporting Qualitative research (COREQ) (Tong et al., 2007).

## **Results**

Ongoing study

## **Outcome**

This study will provide contemporaneous data on the current challenges, barriers and experiences of GPs in Ireland.

The study will produce a picture of what the future of general practice could look like and what is needed to achieve this.

## **Take Home message for practice**

This research will provide a novel understanding of Irish general practice and its potential and it will inform future health planning.





## **Abstract topic**

01. Sustainable Healthcare

**Abstract ID:** 825

## **Presentation form**

1 Slide 5 minutes

## **Can EBM teaching be sustainable? The challenges of implementing sustainable healthcare**

Sietse Wieringa<sup>1,2)</sup>

<sup>1)</sup>Centre for Sustainable Healthcare, University of Oslo, Oslo, Norway

<sup>2)</sup>IRIHS Department of Primary Care Health Sciences, University of Oxford, Oxford, Liechtenstein

### **Background**

In 2021 AMEE published their Consensus Statement: Planetary health and education for sustainable healthcare. In this contribution we consider its consequences for EBM teaching.

### **Target Group**

EBM teachers in general practice, GP/nurse trainees, GP/nurse trainers, guideline developers

### **Didactic Method**

We present a critical review reflecting on underlying concepts within the AMEE sustainability statement from a theory of science perspective. We purposely aim to elicit tensions with evidence-based teaching rather than to resolve these to further guide implementation. These include how to include the harmony with nature idea, how to include new theory on knowledge and overcome paradigmatic research boundaries, and how to incorporate complexity and uncertainty in EBM teaching. In small groups we discuss these issues and consider consequences for EBM teaching

### **Estimated number of participants**

15-20

### **Brief presentation of the workshop leader**

Dr Sietse Wieringa, is a GP, hospitalist and researcher working in The Netherlands, the United Kingdom and Norway. He obtained a PhD in EBM at Oxford University.





### **Abstract topic**

01. Sustainable Healthcare

**Abstract ID:** 943

### **Presentation form**

Science Slam

## **Accessibility of primary health care in Flanders, Belgium**

Lisa Grielens<sup>1)</sup>, Sara Willems<sup>1)</sup>, Emelien Lauwerier<sup>1)</sup>, Ilka Jacobs<sup>1)</sup>, Els De Waegeneer<sup>1)</sup>, Gert Merckx<sup>2)</sup>, Stefan Teughels<sup>2)</sup>, Sophie Liekens<sup>3)</sup>, Irma Kemper<sup>4)</sup>, Thomas Boeckx<sup>4)</sup>

<sup>1)</sup>Public health and primary care, Universiteit Gent, Gent, Belgium

<sup>2)</sup>Domus Medica, Antwerpen, Belgium

<sup>3)</sup>Vivel, Brussel, Belgium

<sup>4)</sup>Agentschap Zorg & Gezondheid, Brussel, Belgium

In Flanders, Belgium, there is a risk of shortage in accessible primary care delivered by general practitioners (GPs). In a project funded by the Flemish Government, a methodology is being developed to assess care needs indicators (e.g., chronic conditions, poverty index) and care resources offered by GPs (e.g., continuity of care, care restrictions). The aim is to map indicators of care and resources on interactive geographical maps allowing interpretations on accessibility of primary care. The project follows a multi-phase approach. Phase I involved the set-up of the methodology. To this end, most relevant indicators for care needs were determined and extracted from existing databases. The assessment of care accessibility was developed through self-report, collecting information at the general practice level and at the individual GP level. Using this newly developed self-report instrument, data were gathered in two pilot regions within Flanders, with a response rate of 77% at practice level and 89% at GP level. These results shed new light on the accessibility of care in these regions, as 60% of GPs were not accepting new patients, unless they were relatives of already registered patients. For unplanned absence of one day, continuity of care could only be maintained in 40% of practices. Furthermore, up to 43% of GPs reported a heavily increased workload. Following the initial phase, a second phase is in development, involving optimization of the survey method and data collection in three additional regions. The final methodology will be used for broad implementation across the entire Flemish region.





## 02. Shared Decision Making

### Abstract topic

02. Shared Decision Making

**Abstract ID:** 149

### Presentation form

1 Slide 5 minutes

**Educational needs assessment for Shared Decision Making in primary care: a focus group study.**

Jasmien Jaeken<sup>1)</sup>

<sup>1)</sup>Academisch centrum voor huisartsgeneeskunde, KU Leuven, ACHG, Leuven, Belgium

### Background

Shared decision making (SDM) is the preferred approach for decisions where there is more than one medically option. It is a process that actively involves both patients and clinicians to weigh the benefits and risks of a healthcare decision, based on clinical guidelines and the patients' needs and values. Physicians tend to overestimate their own skills and their perceptions often do not match the patient's preferences. Even though both patients and physicians indicate that SDM should be strived for, implementation in daily practice remains low. A possible physician-reported barrier for this limited uptake is insufficient level of SDM training. To answer this barrier, numerous training programs have been developed to facilitate the uptake of SDM. The adult learning theory states that learning improves when it is based on learning needs. Without addressing these needs, it is likely for educational interventions to fail. It should be the first step when planning to develop a training.

### Research questions

What are the educational needs of general practitioners and resident concerning shared decision making?

### Methods

From January – March 2023, we will conduct online focus group discussions with residents and general practitioners in Flanders, Belgium. The discussion will focus on their educational needs regarding SDM, both in the past and in the future. Focus groups will be video- and audio recorded and transcribed verbatim. Data analysis will be guided by the 'Qualitative Analysis Guide of Leuven'.

This study will inform the development of an SDM training program for both undergraduates and continuing medical education.





### **Abstract topic**

02. Shared Decision Making

**Abstract ID:** 156

### **Presentation form**

1 Slide 5 minutes

## **How to deprescribe medication commonly used in the elderly**

Amanda van Walraven<sup>1)</sup>, Monique Verduijn<sup>1)</sup>, Henk-Frans Kwint<sup>2)</sup>, Rob van Marum<sup>3)</sup>

<sup>1)</sup>Dutch College of General Practitioners, Utrecht, Netherlands

<sup>2)</sup>SIR Institute for Pharmacy Practice and Policy, Leiden, Netherlands

<sup>3)</sup>Clinical Geriatrics, Clinical Pharmacology, Jeroen Bosch Hospital, Den Bosch, Netherlands

### **Background and purpose**

Medical guidelines often describe the initiation of chronic medication but usually not the process of discontinuation in aging patients. Just like prescribing medicines, reducing or stopping of medication should be part of daily medical practice as well. Especially in vulnerable or elderly patients. We developed a generic guideline on deprescribing in the elderly, supported by 10 factsheets on how to actually deprescribe frequently used medicines in the elderly.

### **Methods**

The factsheets were developed by a multidisciplinary working group. Since there is still little research from the perspective of patients and care providers on deprescribing, a mixed-method was conducted consisting of literature review, focus groups with patients and caregivers, with health care providers and narrative summaries of publications on ethical and disciplinary aspects of reduction and stopping medication.

### **Results**

10 common drug groups in the elderly were identified and elaborated in a factsheet on deprescribing.

### **These documents contain**

considerations whether or not to stop

what evidence is known about the advantages and disadvantages of stopping or reducing this drug group in the elderly

a stop or reduction strategy

### **Conclusions**

The goal of reducing and stopping medication is to optimize drug treatment and thus improve the quality of life and health of the patient. The development of the 10 factsheets offers GPs, other prescribers, pharmacists and patients tools to implement the reduction and discontinuation of medicines in elderly patients ( $\geq 70$  years) in daily practice.







## Abstract topic

02. Shared Decision Making

**Abstract ID:** 207

## Presentation form

Lecture

## Medications adherence and ER visits and hospitalizations among elderly patients

Michal Shani<sup>1)</sup>, Alex Lustman<sup>1)</sup>, Doron Comaneshter<sup>1)</sup>, Yochai Schonmann<sup>1)</sup>

<sup>1)</sup>Family Medicine Department, Sakler School of Medicine, Tel Aviv University, Tel Aviv, Israel

### Aim

We aim to explore the associations of adherence levels to chronic medications with emergency room (ER) visits and hospitalizations among elderly patients.

### Methods

Individuals aged 75-90 years, with a diagnosis of diabetes mellitus or hypertension, treated with at least one antihypertensive or antidiabetic medication during 2017 were included. We determined personal adherence rates by calculating the mean adherence rates of the medications prescribed to each individual. Adherence rates were stratified into categories. We retrieved information about all the ER visits, and hospitalizations in internal medicine and surgical wards during 2016-2019.

### Results

Of 171,249 persons included in the study, 60% were women.

The mean age was 81.2 years. 93% had Hypertension 46% had diabetes and 39% had both diabetes and hypertension.

The mean number of chronic medications used was  $3.1 \pm 1.5$ .

In total, 61,668 (36.0%) of the cohort visited the ER at least once during 2017; 44,910 (26.2%) were hospitalized in internal medicine wards; and 13,305 (7.8%) in surgical wards during 2017.

Comparing the highest adherence quintile to the lowest, odds ratios were 0.69 (0.63, 0.76) for ER visits, 0.40 (0.36, 0.45) for hospitalization in internal wards; and 0.61 (0.52, 0.72) for hospitalization in surgery wards.

ORs were similar for the three consecutive years 2016-2018.

### Conclusion

Better medication adherence was associated with fewer ER visits and hospitalizations among patients with diabetes and hypertension. Investing in improving medication adherence may reduce health costs and improve patients' health.





### **Abstract topic**

02. Shared Decision Making

**Abstract ID:** 230

### **Presentation form**

Case Reports By Young Doctors

## **Spanish doctors and nurses from rural areas as pediatricians**

Raquel Gracia-Rodríguez<sup>1)</sup>, Antonio Jesús González-Porras<sup>2)</sup>, Raisa Álvarez Paniagua<sup>3)</sup>

<sup>1)</sup>C.S. Bujalance, Córdoba, Spain

<sup>2)</sup>C.S. Fernán-Núñez, Córdoba, Spain

<sup>3)</sup>C.S.Arnedo, Arnedo, La Rioja, Spain

### **Didactic method**

First steps fracture are microfractures in children under 3 years of age due to unnoticed falls. X-rays have limited sensitivity for diagnosing a child's fracture and should be repeated if symptoms continue after 10 days.

### **Presented problem**

An 18-month-old patient with no previous pathologies who attended nursing triage for a week-long limp in the right leg. He did not present previous trauma, he does not refer pain or previous catarrhal symptoms, afebrile.

### **Management**

Physical examination: Right leg: Discomfort to hip mobility, not pain. No erythema, edema or temperature increase.

He was referred to his referring general practitioner for evaluation, who requested an X-ray and important pathology was ruled out and he was diagnosed with transient hip synovitis and prescribed treatment.

### **Outcome**

After twenty days on discontinuous treatment, the patient attended a well-child check-up by the nurse (18 months) where the mother commented that he continued to limp and had developed pain when handling his leg to change his diaper. Physical examination: Right leg: pain on palpation of the external part of the leg.

He was again referred to his general practitioner who again requested an X-ray where a fracture callus was identified in the medial part of the fibula corresponding to a fracture of the first steps.

### **Discussion**

The review of healthy children by nursing in Primary Care is essential for the prevention and early diagnosis of diseases. Physicians and nurses are at once independent, interdependent, and interconnected.





## Abstract topic

02. Shared Decision Making

**Abstract ID:** 266

## Presentation form

1 Slide 5 minutes

## User testing of DECIdE (shared DECision in hEalth)

Elodie Charuel<sup>1,2)</sup>, H el ene Vaillant-Roussel<sup>1,2)</sup>, Sarah Ch ateaufneuf<sup>1,2)</sup>, Thibault Menini<sup>1,2)</sup>, C eline Deveuve-Muroi<sup>2)</sup>, Marielle Duchassaing<sup>2)</sup>, M elody Mailliez<sup>3)</sup>

<sup>1)</sup>Department of General Practice, Clermont Auvergne University, CLermont-Ferrand, France

<sup>2)</sup>Research Unit ACCePPT, Clermont Auvergne University, Clermont-Ferrand, France

<sup>3)</sup>Institute of Psychology, Paris Cit e University, Paris, France

## Background

DECIdE (shared DECision in hEalth) aims to develop a decision aid for shared decision-making (SDM) about over-the-counter (OTC) medicines, based on scientific data evaluated by the REB (Rebuild the Evidence Base) method. A prototype was produced by a nominal group composed of general practitioners (GP), pharmacists and patients, for three common OTC drugs in primary care: phloroglucinol, antacids, topical non-steroidal anti-inflammatory drugs.

## Questions

What are the strengths of DECIdE to be maintained and the problems to be addressed?

## Methods

User testing is a classic method in industry for developing new products now used in medical science to test information material. DECIdE was user tested by GPs and pharmacists with their patients in simulated SDM situations based on written scenarios. The consultations were observed by clinical psychologists who conducted open individual interviews with each user after the simulations. The thematic analysis of the interviews explores the feelings of users in a SDM situation to improve the decision aid, using a phenomenological interpretative analysis approach. An ethic committee approved this study.

## Outcomes

DECIdE was tested in two iterative cycles of user tests with 2 MGs and 2 pharmacists, each including 2 patients (8 patients per round). After each cycle, DECIdE is improved to produce a "final" prototype. Final outcomes are expected in March 2023.

## Discussion

The final prototype will be submitted to a DELPHI group, composed of experts, for scientific validation.

## Take Home Message for Practice

User tests help to develop decision aids in a centred user approach.





## **Abstract topic**

02. Shared Decision Making

**Abstract ID:** 268

## **Presentation form**

1 Slide 5 minutes

## **Initiation and follow-up of gender-affirming hormone therapy (GAHT) in general practice**

Maxence Ouafik<sup>1)</sup>

<sup>1)</sup>Research Unit of Primary Care and Health, General Practice Department, University of Liège, Liège, Belgium

### **Background**

Transgender individuals (TGD) are affected by numerous health inequalities exacerbated by poor healthcare access. The provision of gender-affirming care has traditionally been reserved for specialised centres, leaving general practitioners (GPs) ill-equipped to respond to the needs of TGD. However, as demand increases, TGD are eager to access care in general practice rather than having to turn to secondary care.

### **Discussion Point**

This presentation focuses on: 1. experiences from my clinical practice as a GP in French-speaking Belgium caring for TGD and 2. perspectives for future primary care research in transgender health.

### **Content**

A retrospective analysis of patients' medical records (n=26), for whom I had initiated GAHT, was conducted. Demographic and laboratory data were collected alongside variables regarding transness disclosure, social support, fertility preservation, and gender-affirming care needs.

This cohort was followed for a median duration of 6 months. Participants were young (median age : 22) with high geographical mobility and diverse care needs. Laboratory outcomes were in line with international guidelines.

This study, albeit on a small sample size, &nbsp;indicates that the initiation of GAHT is possible within GPs' existing competencies. Larger quantitative studies, with longer follow-up are needed, as well as qualitative research on TGD's perspectives on healthcare settings, gender-affirming care needs, and expectations from their GPs.

### **Take Home Message For Practice**

There is a place for high quality transgender healthcare and research in primary care but more GPs should be trained on this topic to improve healthcare access and outcomes for this population.





## Abstract topic

02. Shared Decision Making

**Abstract ID:** 285

## Presentation form

Lecture

## The importance of considering the opinions of all members of the clinical relationship

Raquel Georgina Padin Pérez<sup>1)</sup>, Eduardo Osuna Carrillo de Albornoz<sup>2)</sup>, Domingo Pérez Flores<sup>2)</sup>

<sup>1)</sup>Murcia Health System, Murcia, Spain

<sup>2)</sup>University of Murcia, Murcia, Spain

The person-centered care model is based on shared decision making for which an effective communication process is essential. The existence of deficiencies in the informed consent process is accepted, largely due to an inadequate information and communication process. Analysis of the participants perceptions in the clinical relationship is key to the promotion of higher quality care.

Are there differences between patients and professionals' perceptions concerning information, consent, and satisfaction during clinical practice?

Descriptive and observational study was carried out, including separate surveys of 2570 patients and 2186 health professionals in Murcia, Spain (data collection January 2020 and December 2021).

While most patients (67.3%) manifest a clear preference to be informed about aspects of their health, 51.9% of professionals state they do not have enough time to carry out the information process and 21.2% believe the standard of care provided is reduced by inadequate communication skills. 10% of patients express serious dissatisfaction with the information received by professionals. 38.6% of patients are unfamiliar with informed consent with 53.5% reporting that professionals did not inform them of its function. Only 40.6% of professionals agree that sufficient support is provided to patients to understand the content of the document.

The quality of doctor-patient communication greatly influences patient satisfaction. Misunderstandings of both the meaning and significance of informed consent were frequently observed in both patients and professionals, with patients reporting important deficits in the decision-making process. Improvement in the communication skills of professionals and their involvement in the shared decision-making process should be encouraged.





## Abstract topic

02. Shared Decision Making

**Abstract ID:** 307

## Presentation form

1 Slide 5 minutes

## Insights on parental attitudes regarding childhood overweight in deprived areas: a qualitative study

Hevy Hassan<sup>1)</sup>

<sup>1)</sup>Department of General Practice, Erasmus MC University Medical Center, Rotterdam, Netherlands

### Background

Childhood overweight and obesity is a significant health challenge worldwide, and particular in deprived areas. In the Netherlands, the general practitioner(GP) plays an important role in identifying these children.

### Questions

This study aimed to explore the attitude of parents from deprived areas towards childhood overweight and, to identify their perspectives on the role of the GP.

### Methods

A qualitative study design was used. Semi-structured face-to-face interviews were considered as most appropriate to explore the sensitive topic of weight problems. Parents/caregivers of children aged 4-12years from deprived areas in Rotterdam were included. Convenience sampling and snowball sampling were used to recruit participants. Audio recorded semi-structured interviews were conducted. Interviews were transcribed and analyzed with MAXQDA using the method of thematic analysis. The codebook was designed in advance using themes from the interview guide and supplemented inductively with newly emerging codes during the process of coding.

### Results

Nine parents/caregivers were included from various origins, of which 67% were female and 67% was a single parent. Preliminary results revealed that nine themes can be identified in the interviews, of which 'parenthood', 'nutrition responsibility' and 'request for help' appeared to be major factors for the parents. More results will be available in February 2023.

### Discussion

The outcome of the individual semi-structured interview may lead to more insights on the factors that play a role for the parents from the deprived areas, which would enable the GP to better understand the specific kind of approach and support needed for these parents.









## Abstract topic

02. Shared Decision Making

**Abstract ID:** 462

## Presentation form

Lecture

## From protocolized to person-centered chronic care in general practice: an action-based research project

Mieke Bogerd<sup>1)</sup>, Jettie Bont<sup>1)</sup>, Pauline Slottje<sup>1)</sup>, Hein van Hout<sup>1)</sup>

<sup>1)</sup>Department of General Practice, Amsterdam UMC, Amsterdam, Netherlands

### Background

The management of persons with multiple chronic diseases, challenges health care systems designed around single diseases. A more comprehensive, person-centered approach is advocated for persons with multimorbidity. A group of Dutch general practitioners (GPs) took the initiative to develop such a care approach. The aim was to describe the development of this approach including the challenges and required actions.

### Methods

A participatory action research study consisting of four development cycles was conducted between January 2019 and June 2021 in 13 Dutch general practices. The target population included patients with  $\geq 3$  chronic conditions. Stakeholders were involved in the development process (e.g. GPs, practice nurses (PNs), patients). To inform decision-making in each cycle, data were collected through focus groups with healthcare providers, interviews with patients and analysis of routine general practice care data. In each cycle facilitators, barriers and potential improvements were identified.

### Outcomes

Both patients and GPs valued an extended comprehensive consultation. Most PNs embraced a more comprehensive way of working during regular disease management. The very large number of persons with multimorbidity urged GPs to prioritise the extended consultation to persons who may benefit most. Proactive scheduling and person-centered goal setting during consultations appeared to be difficult. To individually tailor follow-up was also challenging. Electronic medical files appeared to be badly designed for comprehensive reporting on multimorbidity.

### Discussion

This new approach may help GPs organize and target person-centered care for patients with multimorbidity in general practice. Several actions are required to successfully implement this new approach in daily practice.





**Abstract topic**

02. Shared Decision Making

**Abstract ID:** 47

**Presentation form**

1 Slide 5 minutes

**On breaking good news**

Alexander Logan<sup>1)</sup>

<sup>1)</sup>Houldsworth Centre, Logan Practice, Wishaw, Scotland, UK, Wishaw, United Kingdom

**Background**

Medical students and young doctors are schooled in How To Break Bad News. Less attention is paid about optimism. How To Break Good News. I attempt to build on Narrative Based Medicine presentations at WONCA Europe in Lisbon and Amsterdam, at Scandinavian Congress General Practice in Rejkjavik, at WONCA World in Rio di Janiero.

**Target group**

Young doctors everywhere, their trainers.

**Didactic method**

introduction, six vignettes for discussion, mentored discussion in small groups, reportage, vigorous discussion.

**Objective**

We present an issue and will discuss solutions. We build a website with patients.

**Estimated number of participants**

60

Brief presentation of workshop by lead.

**Four questions**

What is the patient worried about?

Should they be worried?

What's the good news?

How do we deliver the good news?





## **Abstract topic**

02. Shared Decision Making

**Abstract ID:** 582

## **Presentation form**

1 Slide 5 minutes

## **HPV vaccination - a qualitative study for identifying design considerations for a shared decision aid for use in general practice**

Dragos Paul Hagiu<sup>1</sup>), Julie Beal<sup>1</sup>), Xavier Chapuis<sup>1</sup>), Arthur Tron<sup>2</sup>), Marie Ecollan<sup>2</sup>), Juliette Pinot<sup>2</sup>), Henri Partouche<sup>2</sup>), Serge Gilberg<sup>2</sup>), , Sebastien Bruel<sup>2</sup>)

<sup>1</sup>)Department of general practice, Jacques Lisfranc Faculty of medicine, Jean-Monnet University, Saint-Etienne, Saint-Priest-en-Jarez, France

<sup>2</sup>)Department of General Practice, Faculty of medicine , Paris-Cité University, Paris, France

## **Background**

Human papillomaviruses (HPV) are responsible for the most common sexually transmitted infection in the world that can be prevented by vaccination. However, in a time of vaccine hesitancy, decision aids are tools that may be of help. In this context, a shared decision aid (SDA) intended for french general practitioners (GPs), soshpv.fr, has been developed.

## **Questions**

As part of the beta-phase of the international patient decision aids standards (IPDAS), this study aims to identify design considerations, barriers and facilitators of the SDA use in clinical practice to improve and validate the SDA.

## **Methods**

We carried out a qualitative study through semi-structured individual interviews from July 2021 to June 2022 with twelve GPs from different cities in France. A thematic analysis approach was used.

## **Outcomes**

Three main themes emerged around the SDA - features, use cases, and practice impact. The SDA was considered useful, visually appealing, and easy to use with possible integration into GPs' current practice. Nonetheless, usability obstacles have been identified, mainly time limitations and information regarded as too complex for use with certain patients (younger adolescents, foreigners).&nbsp;

## **Discussion**

The SDA seemed to lead to a physician's perceived gain in vaccine acceptance through a more frequent approach to vaccination, shared medical decisions and better information transmission. The identified design considerations allowed the improvement and validation of the SDA.

## **Take Home Message for Practice**

This study highlights the use cases and the potential benefit of an HPV vaccination SDA in clinical practice, simultaneously improving and validating the decision aid.





## Abstract topic

02. Shared Decision Making

**Abstract ID:** 627

## Presentation form

Case Reports By Young Doctors

## When shared decision is the key to success: a case report of poorly controlled type 2 diabetes

Catarina Novais<sup>1)</sup>, Cláudia Alves<sup>1)</sup>, Ema Mendonça<sup>1)</sup>, João Salgado<sup>1)</sup>, Joaquim Santos<sup>1)</sup>, Maria Figueiredo<sup>1)</sup>

<sup>1)</sup>USF Bom Porto, Porto, Portugal

## Didactic method

Case Report and discussion

Presented problem

70-year-old man, smoker, with socioeconomic difficulties hypertension, dyslipidemia and insulin-treated type 2 diabetes (28 years of evolution). Since diagnosis, diabetes has been difficult to manage, mainly because of poor adherence to therapies. The patient was followed by Endocrinology since 2010, being discharged for therapeutic noncompliance in 2019 (A1c of 16.1%) and in February 2022 (A1c of 11.4%).

## Management

In a shared decision process, given the patient's motivation for behavioral changes, he began directly observed administrations of insulin in the Family Health Unit. He started taking one of the insulin doses in consultation with the family nurse's supervision. Everyday, administration technique of insulin and motivation to maintain longstanding treatment were reinforced. Consultations gradually decreased frequency, becoming weekly and, later, monthly. Regular telephone contacts by the family team were also maintained to check blood glucose monitoring.

## Outcome

In June 2022, the patient showed admirable adherence to therapy at home, with excellent glycemic control and an A1c of 6.6%.

## Discussion

Primary Health Care is essential to provide longitudinal monitoring, adapted to each patient's needs. This case represents a patient with complex socioeconomic background that, along with his comorbidities, has become a challenge. Collaborative response of the family team, providing accessibility and continuous monitoring, portrays the success in the relationship with the patient, but also a real-time response to treatment.

## What we can learn from this

In a patient-centered practice, shared decision was the key to success, promoting the patient's self-management, motivation and therapeutic compliance.





Abstract topic

02. Shared Decision Making

Abstract ID: 663

Presentation form

WONCA Network Workshop

## Mental health disorders of Ukrainians caused by Russian-Ukrainian war and migration: gender aspects, rural primary care and challenges in different European countries. WWPWFM&EURIPA workshop

Victoria Tkachenko<sup>1)</sup>, Donata Kurpas<sup>2)</sup>, Nil Tekin<sup>3)</sup>, Ana Kareli<sup>4)</sup>, Joyce Kenkre<sup>5)</sup>, , Maria Antonopoulou<sup>1)</sup>

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<sup>2)</sup>Department of Family Medicine, Wroclaw Medical University, Wroclaw, Poland

<sup>3)</sup>Department of Family Medicine, University of Health Sciences, Izmir, Turkey

<sup>4)</sup>General Practitioner, Tbilisi State Medical University, Tbilisi, Georgia

<sup>5)</sup>Health Sciences and Education, University of South Wales, Pontypridd, United Kingdom

### Background

Full-scale Russia-Ukrainian war became a new powerful psycho-traumatic event that affects people's in Ukraine and over the world. It led to massive migration inside of country and abroad. The UNHCR reported 5.9 million internally displaced people and 13 million Ukrainian refugees or registered for temporary protection in Europe in January 2023. Most refugees are women (85%), aged 18-59, holding higher levels of education. Men made only 14% because of crossing-border limitations due to military status. The recent survey of International Organization for Migration showed every fourth Ukrainian needs mental health support among internally displaced people or refugees. The largest share of those who recently feel stress, strong nervousness, anxiety or depression is among women aged 25-34. Mental reaction is different depends on gender. It is estimated about 15 million Ukrainians need psychological professional help, 3-4 million need psychotropic medications. WHO predicts most people will recover without help; however, every fifth will have mental health condition and every 10 a severe condition in next 10 years. That is why the effective actions in mental primary care are needed.

### Target Group

family doctors, students, residents

### Didactic Method

The short presentations will be followed by panel discussion with interactive communication and brainstorming guided by moderators.

### Objectives

to discuss the spectrum of mental health disorders, gender aspects, features and challenges of rural primary care among Ukrainians in different European countries, who suffered from Russian-Ukrainian.

**Estimated number of participants – 80**







**Brief presentation of the workshop leaders**

Cooperation of WWPWFM (V.Tkachenko - European leader) and EURIPA





## Abstract topic

02. Shared Decision Making

**Abstract ID:** 671

## Presentation form

1 Slide 5 minutes

## Associations between social concordance and patient reported outcome measures a secondary analysis of an international survey

Dorus Eggermont<sup>1,2,3)</sup>, Anton Kunst<sup>3)</sup>, Peter Groenewegen<sup>2)</sup>, Robert Verheij<sup>1,2)</sup>

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<sup>2)</sup>Nivel, Utrecht, Netherlands

<sup>3)</sup>Department of Public Health, Amsterdam UMC, University of Amsterdam, Amsterdam, Netherlands

## Background

Patient experiences (PREMs) are important indices of quality of care. Similarities in demography between patient and doctor can affect the patient-doctor interaction and may be associated with patient experiences.

## Questions

Study the association between gender and age concordance with doctor-patient communication, involvement in decision making, experienced comprehensiveness of care and satisfaction and investigate whether these associations are dependent on a countries' Gender Equality Index (GEI).

## Methods

Secondary analysis on a multinational survey (n=62.478) containing information on general practices and the patient experiences regarding their consultation (QUALICOPC). Multi-level analysis is used to calculate associations of both gender and age concordance with four PREMs.

## Outcomes

The female/female dyad was associated with higher ratings of doctor-patient communication and patient involvement in decision making. Both dyads with a female GP are associated with higher scores of experienced comprehensiveness of care and patient satisfaction, thus demonstrating an association with GP gender for these two PREMs. Age concordance was associated with more involvement in decision making, more experienced comprehensiveness, less satisfaction but not with communication. No association was found between a country's level of GEI and the effect of gender concordance.

## Discussion

Consultations with a female GP in general, and female/female consultations in particular, are associated with higher ratings of multiple PREMs irrespective of the GEI of the countries concerned. Age concordance was associated with all PREMs except communication.

## Take home Message

Possibly, social concordance creates a suggestion of shared identity, diminishes professional uncertainty and changes communication patterns, thereby affecting health care outcomes.





## Abstract topic

02. Shared Decision Making

**Abstract ID:** 738

## Presentation form

Lecture

## Cracking the menopause

Yusianmar Mariani<sup>1)</sup>, Alessio Platania<sup>2)</sup>, Raisa Álvarez Paniagua<sup>3)</sup>, Helena Alonso Valencia<sup>4)</sup>, Ana Cristina Franco Spínola<sup>5)</sup>, Ozden Gozdemir<sup>6)</sup>

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<sup>6)</sup>Izmir University of Economics, Izmir University, Izmir, Turkey

## Background

Most women will spend, at least one-third of their lives in the menopausal stage being the age range between 48 and 55 years, although this varies amongst countries. In the UK, menopausal women represent approximately 1/3 of the entire female population.

Symptoms of menopause can range from psychological, emotional, and neurological vasomotor, which affect their relationships with themselves and others as well as their performance at work. &nbsp;Hormone Replacement Therapy has been shown to improve their symptoms including sexual symptoms in menopausal women. However, the impact of menopause on a woman's quality of life is frequently overlooked.&nbsp;

We aim to debunk the myths around menopause and increase awareness among health practitioners that could help women,&nbsp;know what to expect and how to approach it with different strategies to maintain a good quality of life.&nbsp; &nbsp;

## Target

Family Doctors, trainees, and nurses.

## Method

The workshop will last 40 minutes. Basic notions about menopause will be presented thru interactive games.

Participants will work in small groups to discuss scenarios. Each group would summarize their conclusions (20-25 minutes).

At the end, brief conclusions will highlight the knowledge acquired.

## Objective

Learning about menopause myths and strategies in order to help women to face this period of their lives and to have the best quality of life possible.





### **Number of participants**

30-40

Brief presentation of the workshop leader: Yusi is a GP, working in a multicultural setting in London. With PG Sports Medicine and Master in Women's Health and a special interest in menopause.





## **Abstract topic**

02. Shared Decision Making

**Abstract ID:** 793

## **Presentation form**

Lecture

## **How to approach evidence-based shared decision making and clinical management for patients fasting Ramadan**

Salman Waqar<sup>1)</sup>, Sahira Dar<sup>2)</sup>

<sup>1)</sup>Imperial College London, High Wycombe, United Kingdom

<sup>2)</sup>NHS Scotland, Glasgow, United Kingdom

### **Background**

There are approximately 1.8 billion Muslims in the world, with 44 million residing in Europe. Data suggests 93% of them are likely to observe Ramadan fasting - a highly social month characterised by abstaining from food and drink during daylight hours, including most medication.

As chronic diseases are highly prevalent in European Muslim communities, healthcare professionals are likely to encounter requests from patients asking for their suitability for Ramadan fasting. Behavioural change and activation during Ramadan means it is also an opportunity to discuss smoking cessation, weight management, and healthier eating.

Some Muslim patients have a very strong motivation to fast in Ramadan even if they have significant comorbidities. Indifference to this enthusiasm may lead to patients and their families losing trust in their clinicians, and possibly coming to harm from self-management and not seeking further counsel when needing advice. However, if they are sensitively and appropriately counselled, patients can be supported to have a safer Ramadan and gain the benefits the month brings.

### **Target Group**

GPs, primary care prescribers, nurses, and professionals involved in chronic disease management.

### **Didactic Method**

Interactive discussion with 10 clinical cases using the British Islamic Medical Association Ramadan Compendium.

### **Objectives**

Gain confidence to enable pre-Ramadan consultations to take place  
Understand how to adjust management plans where appropriate and safe  
Provide delegates with an evidence-based and patient-centric framework based on peer-reviewed published guidelines

### **Estimated participants**

30-50

### **Workshop leader**

Dr Waqar is an academic GP in the UK and the author of over 10 Ramadan peer-reviewed publications.





## **Abstract topic**

02. Shared Decision Making

**Abstract ID:** 898

## **Presentation form**

1 Slide 5 minutes

## **How preferences of patients with chronic diseases exist beyond shared decision-making in general practice.**

Gilles Cornelis<sup>1)</sup>

<sup>1)</sup>Faculty of Medicine, Catholic University of Louvain, Brussels, Belgium

The patient-centered approach incorporates patient preferences into clinical decisions. This approach represents a fundamental value of general practice and is implemented nowadays by shared decision-making. However, despite years of research, the definition and role of patient preferences during medical decision-making remains unclear (Charles & Gafni, 2014). Moreover, the available research on the topic often overlooks the sensitivity of preferences to context and the component of co-construction with it (Lichtenstein & Slovic, 2012). In this study, we aim to explore preferences of patients with chronic diseases (CD) in a comprehensive way, through interactions between the general practitioner (GP) and the patient. As a first step of our study we have so far carried out individual semi-directed interviews with 14 GPs. The transcripts of our interviews are currently being analyzed according to the principles of the grounded theory. Preliminary results provide information on how preferences of patients with CD arise from different types of interactions related or not with the process of medical decision-making. The way such preferences are manifested extends beyond medical shared-decision making and transcends the strict framework of the consultation to find different echoes in the professional life of doctors: medical knowledge, organization of the practice, relations with peers and professional identity. Our ongoing works shed some light on how preferences of patients with CD play a role in how GPs work with their patients, beyond the objective of shared decision-making. The results of this study could lead to reconsider the role of preferences in clinical settings.







## Abstract topic

02. Shared Decision Making

**Abstract ID:** 916

## Presentation form

Lecture

## Patient and family engagement in patient safety in primary care: a scoping review.

Jose M Valderas<sup>1,2,3)</sup>, Darla Carvalho<sup>4)</sup>, , Adrian Paul Vasquez Mejia<sup>4)</sup>, , Marta Dora Freitas<sup>2)</sup>, , Gouveia Alexandre<sup>2)</sup>, , Leonardo Graever<sup>2)</sup>, , Jinan Usta<sup>2)</sup>, , Mercy Wanjala<sup>2)</sup>, , Mehmet Akman<sup>3)</sup>, , Ignacio Ricci Cabello<sup>4,2)</sup>

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<sup>3)</sup>Working Party in Research, WONCA, Brussels, Belgium

<sup>4)</sup>Institut d'Investigació Sanitària Illes Balears, Palma de Mallorca, Spain

## Background

Patient and family engagement is a high priority for improving in patient safety in primary care.

## Question

To identify and synthesize the scope of available research about tools, interventions and quality improvement initiatives which aim at improving patient safety in the primary care setting through patient and family engagement.

## Methods

This scoping review's protocol followed Joanna Briggs Institute and PRISMA guidelines. We used specifically tailored electronic algorithms with a combination of controlled vocabulary and search terms in MEDLINE, EMBASE, and the Cochrane Library. Eligible studies were evidence syntheses in English that reported the development, implementation or impact of relevant interventions, tools, or quality improvement initiatives. References were screened with Rycan. We extracted study data regarding publication, aims, study population, methodology, scope, level of engagement.

## Outcomes

Out of initial 1,115 references, 26 syntheses were included. Most of them (76%) consisted of systematic literature reviews, and 70% were published from 2016 onwards. Five reviews focused on primary care whereas the rest were not setting-specific. Most frequently researched topics included medication management across transitions of care, medication side effects, and detection errors. Only a minority of reviews focused on specific ways of involving patients, such as individual information-sharing sessions for proactively involving patients in symptom monitoring and understanding their medications; or on different approaches to encouraging patients to ask questions.

## Discussion and Take Home Message

A body of research supports best evidence for improving patient safety in the primary care setting by supporting patient and family engagement.





## Abstract topic

02. Shared Decision Making

**Abstract ID:** 921

## Presentation form

Case Reports By Young Doctors

## Why am I not getting better?

Marta Castro Carregal<sup>1)</sup>, Laura Galende Rodriguez<sup>1)</sup>, Nieves Dominguez Gonzalez<sup>1)</sup>, Virginia Da Rocha Souto<sup>1)</sup>, Rafael Fernandez Tiessen<sup>1)</sup>

<sup>1)</sup>Primary Center Ventorrillo, Primary Center Ventorrillo, A Coruña, Spain

## Background

cutaneous mycoses are most common fungic infections all around the world, it's estimated that 10-15% of total population will be infected by a dermatophyte along their lives. A good clinic history and physic exploration let us approach our presumptive diagnosis.

## Method

In our case, we have a 42-year-old patient, the only precedent in her life is Down Syndrome. Evaluated in 2006 by a Dermatology specialist because an onychomycosis. After that, twice again, was evaluated as a consequence of a possible tinea pedis treated with miconazole, hydrocortisone, ciclopirox with only partial improvement without new valuation until 2022. By this moment, we value her again as a result of erythematous scaly plaques localized on feet, ankles added to impressive hyperkeratotic nails. By this way, most possible diagnosis was tinea pedis together with onychomycosis; so do it, we decided start treatment with terbinafine 250 mg/day for 4-5 weeks. Result? Total disappearance and no recurrence.

## Results

tinea can be confused with many other skin disorders, specially eczema related to allergic contact, atopic, psoriasis, seborrheic... difference between all of them is not an easy target if we don't reevaluate our patients. Response to treatment is the only confirmation to our suspect in this case.

## Objective

the absence of follow-up can be a distraction for recognize differential diagnosis and find the good one. Sometimes it is not a misdiagnosis but a lack of treatment adjustment.





## Abstract topic

02. Shared Decision Making

**Abstract ID:** 951

## Presentation form

Case Reports By Young Doctors

## When the challenge is elsewhere

Ema Mendonça<sup>1)</sup>, Catarina Novais<sup>1)</sup>, Cláudia Alves<sup>1)</sup>, Joaquim Santos<sup>1)</sup>, João Salgado<sup>1)</sup>, Filipa Figueiredo<sup>1)</sup>

<sup>1)</sup>USF Bom Porto, Porto, Portugal

## Presented problem

65-year-old woman, history of hypertension, type 2 diabetes and low grade GIST (removed laparoscopically in 2022). Due to a suspicious thyroid nodule (histopathology revealed follicular adenoma), the patient underwent total thyroidectomy in 2021.

Treatment with levothyroxine showed initially good control of thyroid function: in 2021 she was euthyroid. In February 2022 though, she presented with asymptomatic decompensated thyroid function (TSH 148.2 uUI/mL). The patient claimed adherence to therapy.

## Management

Since it became clear that she was simultaneously taking levothyroxine with PPI in the morning, a pharmacological interaction was assumed, the dose of levothyroxine increased, and teachings on the importance of separating PPI intake from levothyroxine intake were provided, reinforcing the need for therapeutic adherence. Thyroid function improved gradually afterwards. However in May 2022 there was a new TSH increase (TSH 32.6 uUI/mL). Patient denied noncompliance with treatment at all times. Due to difficult-to-control hypothyroidism, she was referred to an Endocrinology consultation, where after some insistence, she admitted she was missing her medication.

## Outcome

This highlighted the need to think the therapeutic relationship over. And the opportunity to work on it, in turn, brought up a new understanding of the person behind the noncompliant patient.

## Discussion

At the beginning of career, junior doctors sometimes tend to explore problems contaminated by the biomedical way, having reduced levels of suspicion for issues that relate to an effective patient-doctor relationship, where shared understanding of health-related goals is decisive to a successful treatment and the key to person-centered care.





## 03. Diagnosis

### Abstract topic

03. Diagnosis

**Abstract ID:** 109

### Presentation form

1 Slide 5 minutes

### The linguistic validation of the gut feelings questionnaire in Turkish

Huseyin Elbi<sup>1)</sup>, Neslisah Tan<sup>2)</sup>, Ece Yukus<sup>1)</sup>, Fatih Ozcan<sup>1)</sup>, Vildan Mevsim<sup>2)</sup>, Erik Stolper<sup>3)</sup>

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<sup>2)</sup>Family Medicine, Dokuz Eylul University, Izmir, Turkey

<sup>3)</sup>CAPHRI School for Public Health and Primary Care, University of Maastricht, Maastricht, Netherlands

### Background

Gut feelings are frequently used by general practitioners in the clinical decision-making process, especially in situations of uncertainty. The Gut Feelings Questionnaire (GFQ) has been developed in the Netherlands to determine the presence or absence of gut feelings in GPs' clinical reasoning. After linguistic validation procedures, the GFQ is available in English, French, German, Polish, Spanish, and Catalan, which will enable cross-border studies on the subject. However, a Turkish version of the GFQ is lacking.

### Objectives

A Turkish version of the GFQ.

### Methods

A linguistic validation procedure was conducted, which took place in six phases forward and backward translations, consensus procedures, and cultural validations.

### Results

There were several linguistic and cultural difficulties, but we succeeded in finding adequate and responsible solutions. A Turkish version of the GFQ is available now.

### Conclusion

With the Turkish GFQ, Turkish GPs may participate in European studies on the topic.





## Abstract topic

03. Diagnosis

**Abstract ID:** 118

## Presentation form

Case Reports By Young Doctors

## Silicosis and co-infections: from rarity to complexity

Joana Filipa Carneiro de Moura<sup>1)</sup>, Ana Rua<sup>1)</sup>

<sup>1)</sup>Family Health Unit Freamunde, Paços de Ferreira, Portugal

Chronic silicosis is an environmental lung disease that develops slowly, 10 to 30 years after exposure. Silicosis predisposes the patient to other diseases such as tuberculosis and, in rarer cases, aspergillosis.

55-year-old male bricklayer with dyspnea and dry cough associated with anorexia and asthenia on 05/2019. A lung CT revealed extensive silicosis changes with a pseudotumor pattern. He was medicated with tiotropium bromide, improving slightly until 11/2019, when he began to experience asthenia, anorexia, dyspnea and cough with phlegm. He was medicated with a cycle of inhaled and oral corticosteroids, however, with no signs of improvement. Therefore, a tuberculosis diagnosis must be considered. Performs bronchoalveolar lavage with isolation of Mycobacteria Kanasi, initiating treatment. Due to the persistence of symptoms on 10/2020 (approximately 11 months after the start of anti-bacillary treatment) and since extensive bilateral pulmonary cavitations were observed on the pulmonary CT, a new bronchofibroscope was performed. The result was positive for Galactomanan (aspergillosis), initiating treatment which resulted in a gradual improvement of the symptoms.&nbsp;

Patient with a history of occupational exposure for about 30 years, developing pulmonary silicosis. Due to subsequent predisposition, he developed mycobacterial infection after 6 months, and fungal over-infection at the 1 year mark. This case alerts us for the importance of monitoring patients with silicosis regularly to detect early co-infections, sometimes difficult to find due to the similarity of symptoms and radiological presentation. It also shows the importance of creating appointments in primary health care aimed at this type of patient.





**Abstract topic**

03. Diagnosis

**Abstract ID:** 15

**Presentation form**

1 Slide 5 minutes

## Unknown pregnancy in a patient with latent Syphilis: a case report

Marta Monteiro Ferreira<sup>1)</sup>, Sofia Bodas de Carvalho<sup>1,2)</sup>, Catarina Gomes Madeira<sup>1)</sup>, Luis Filipe Teixeira<sup>1)</sup>

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<sup>2)</sup>UCSP Lapa, Lisboa, Portugal

Syphilis is a sexually and vertically transmitted infection caused by the bacterium *Treponema pallidum*. The range of manifestations of the disease are wide depending upon the stage of the disease and are not affected by the pregnant state. Pregnancies complicated by maternal infection are at increased risk of several adverse complications, including pregnancy loss, preterm birth, stillbirth, impaired fetal growth, congenital infection, and neonatal mortality. Universal antepartum screening is recommended because treatment can prevent adverse maternal and offspring outcomes.

A 23-year-old woman, without medical history, presented with an eight-day history of non-pruritic skin rash on the trunk, thighs, and palms. As she reported three months of amenorrhea, a confirmatory pregnancy test and a standard laboratory panel of the first prenatal visit was requested. She did not return to the Family Health Unit (FHU) with the requested results. A year later, the patient scheduled a new health appointment and showed a recent positive pregnancy test, referring an abortion following the previous visit.&nbsp;

A prenatal laboratory panel was requested, which resulted in a positive VDRL test, confirmed later with positive FTA/Abs and TPHA. A dose of Penicillin G benzathine 2.4 M.U.I. was administered at the FHU and the patient was referred to an Obstetrics appointment, which was urgently scheduled.

The aim of this report is to reinforce the importance of regular medical follow-up and universal antepartum screening, in order to prevent maternal and fetal complications including the ones caused by syphilis infection.







## Abstract topic

03. Diagnosis

**Abstract ID:** 167

## Presentation form

Lecture

## On finding needles in haystacks

Alexander Logan<sup>1,2)</sup>, Maggie Simpson<sup>3)</sup>

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<sup>2)</sup>Department of General Practice, University of Glasgow, Glasgow, United Kingdom

<sup>3)</sup>Department of General Practice, University of Edinburgh, Edinburgh, United Kingdom

## Synopsis

How do we diagnose rare scary things? More to the point, how do we avoid missing that diagnosis?

The lump that is a sarcoma? Discitis? Horner's Syndrome in an adolescent? Fever that is meningococcal septicaemia?

## Background

Alec Logan is a Scottish GP. Deputy Editor BJGP for 15 years. He serves on Sarcoma UK's expert advisory group on earlier diagnosis of sarcoma. In the UK at present average time from presentation to diagnosis of sarcoma is 25 weeks. The delay for soft tissue sarcoma is often much longer. That delay leads to avoidable fatality. How can we change that?

Our workshop derives from AL's presentation (with sarcoma patients, oncology, orthopaedic and radiology specialists) at the UK Parliament, Westminster, JAN 11, 2023. And an opinion piece BJGP spring 2023.

Maggie Simpson is a 2 year medical student at Logan Practice. She is a cardiology nurse specialist, board member British Heart Failure Society. Part of Edinburgh University's globally innovative programme for re-training existing health care professionals as new doctors, the HCP-Med course. HCP-Med students are based in a general practice learning environment for Years 1 to 3. Maggie is learning about the oceanic vastness of differential diagnosis. How does she feel about that? Finding needles. Listening to the drum of hooves. It's a horse, usually, but occasionally a zebra.

## Target group

All GPs. Especially young scared GPs. Patients with lumps. And health care planners.

## Didactic method

Four clinical scenarios, all real, all anonymised. Then mentored group work.

Then reportage, chaired discussion.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 188

### **Presentation form**

1 Slide 5 minutes

## **Development of a clinical prediction model to safely rule out serious infection in acutely ill older patients visiting ambulatory care.**

Thomas Struyf<sup>1)</sup>, Jan Verbakel<sup>1)</sup>, Jos Tournoy<sup>1)</sup>, Ann Van den Bruel<sup>1)</sup>

<sup>1)</sup>Public health and primary care, KU Leuven, Leuven, Belgium

### **Background**

A timely and accurate diagnosis of serious infections in older adults presenting to ambulatory care is challenging because of their nonspecific clinical presentation. Diagnostic accuracy studies of good methodological quality are scarce in this population. Adding biomarkers to the diagnostic process may improve decision making and patient prognosis.

### **Questions**

Can the diagnosis of serious infections in older adults be improved with a clinical prediction rule using clinical features and biomarkers?

### **Methods**

We are currently conducting a prospective diagnostic study, consecutively including acutely ill patients ( $\geq 65$ y) presenting to general practice or the emergency department. Clinical information and blood samples are collected at inclusion. A prediction model will be developed using a multivariable logistic regression model, maximising sensitivity to rule out serious infections safely.

### **Outcomes**

So far, we have included 270 participants of whom 91 were diagnosed with a serious infection. By June, we anticipate to have included 550 participants which will allow us to develop one prediction model with clinical features only, and one with biomarkers added to the clinical information. Finally, we will derive a simplified risk score to facilitate implementation.

### **Discussion**

Strengthening the diagnostic assessment of serious infections in ambulatory care by adding blood tests that can be performed at the point-of-care will inform immediate decision-making, reducing referrals to specialist care solely for diagnostic purposes and allowing care delivery closer to the patient's home.

### **Take home message for practice**

The developed prediction models will help ambulatory care physicians safely rule out serious infection in acutely ill older patients.





## Abstract topic

03. Diagnosis

**Abstract ID:** 192

## Presentation form

Case Reports By Young Doctors

## Paraneoplastic cerebellar degeneration: a case report

Susana Montesinos Sanz<sup>1)</sup>, Albert Bellvert<sup>1)</sup>, Maria Antonia Auladell Llorens<sup>1)</sup>, Mònica Baños Oto<sup>1)</sup>

<sup>1)</sup>EQUIP DATENCIÓ PRIMÀRIA PREMIÀ DE MAR I DE DALT, INSTITUT CATALÀ DE LA SALUT, PREMIA DE MAR, Spain

### Presented problem

A 39-year-old woman with a pathological history of advanced high-grade serous carcinoma diagnosed in 2019, treated with successful primary cytoreduction and CBDCA-paclitaxel without evidence of recurrence. Initiates episodes of rotating sensation of objects with increasingly frequent nausea/vomiting.

Her general practitioner prescribes betahistine and requests urgent brain MRI that rules out metastasis. The following two months added gait instability and manipulative difficulties, with lack of coordination and difficulty writing and change in rhythm's voice.

### Management

Neurological examination showed mild ataxia with Romberg + and hyperreflexia in the right extremities with decreased patellar reflex I stand out.

Hospital referral was decided where he was admitted for ataxia study. Cranial CT, cerebral and medullary MRI with contrast, thoracoabdominal CT without notable alterations or signs of carcinomatosis. Lumbar puncture where in CSF there is mild pleocytosis and anti-Yo +.

Outcome: Paraneoplastic cerebellar degeneration (PCD)

### Discussion

PCD is a rare and difficult-to-diagnose syndrome. It occurs months or years before a curable neoplasm appears, and is less common to appear after the neoplasm. The clinic is dizziness, blurred vision, nausea and vomiting. Days or months later, dysarthria, gait and limb ataxia appear. The presence of anti-Yo antibodies is related to neoplasm of mammary-gynecological origin up to 95%.

What we can learn from this/open questions: In primary care we must be familiar with paraneoplastic syndromes because establishing an early diagnosis can change the patient's prognosis.





## Abstract topic

03. Diagnosis

**Abstract ID:** 197

## Presentation form

Case Reports By Young Doctors

## Hungry bowel, a case of malabsorption

Rita Pedrosa<sup>1)</sup>, Rita Gomes Monteiro<sup>2)</sup>, Teresa Raquel Vaz<sup>3)</sup>

<sup>1)</sup>USF Saúde no Futuro, ACeS Gaia, ARS Norte, Vila Nova de Gaia, Portugal

<sup>2)</sup>USF Abel Salazar, ACeS Gaia, ARS Norte, Vila Nova de Gaia, Portugal

<sup>3)</sup>USF Nova Via, ACeS Espinho/Gaia, ARS Norte, Vila Nova de Gaia, Portugal

Micronutrient deficiencies, namely cyanocobalamin and iron deficiencies, can have several causes. When combined, they can raise suspicion of low intake or of a malabsorptive syndrome.

A 22-year-old woman with no relevant medical history, presents to the primary care&nbsp;clinic due to diarrhoea associated with generalized abdominal pain over the last five days. She mentioned previous episodes of occasional diarrhoea and fatigue in the last months. Probiotics were prescribed and requested laboratory studies. One month later her complaints improved. The laboratory studies revealed hypochromic microcytic anaemia with iron and cyanocobalamin deficiency. At this stage, it was discovered that the patient had some dietary restrictions and denied abnormal blood losses. She was prescribed oral folic acid, iron, and cyanocobalamin. Four months later, the patient had a relapse of occasional diarrhoea and started epigastric pain, maintaining anaemia with micronutrient deficiency. Upper and lower digestive endoscopies (UDE/LDE) were requested. LDE showed evidence of extensive ulceration of the terminal ileum and the UDE showed extensive atrophic gastric mucosa and Helicobacter Pylori (HP) infection. A gastroenterology appointment was requested, where Crohn's disease was diagnosed. The HP infection was treated, budesonide was initiated, and the micronutrient supplementation was maintained. She remained asymptomatic until the last follow-up.

Studies show that patients with Crohn's disease are predisposed to micronutrient deficiencies. This case shows the importance of investigating micronutrient deficiencies etiologies and when integrated with the medical history, it can lead to a relevant diagnosis, showing the significant role of the primary care physicians in the initial approach.





## **Abstract topic**

03. Diagnosis

**Abstract ID:** 224

## **Presentation form**

1 Slide 5 minutes

## **Raynaud phenomenon of the nipple: a clinical case report**

Carolina Quental<sup>1)</sup>, Daniel Bertoluci Brito<sup>2)</sup>, João Sobral<sup>3)</sup>, Ana Mafalda Macedo<sup>1)</sup>

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<sup>3)</sup>USF Baltar, ACES Vale do Sousa Sul, Baltar, Portugal

### **Background**

The Raynaud phenomenon is characterized by recurrent episodes of vasospasm, and results from an exaggerated and inappropriate response of the cutaneous circulation due to exposure to cold or emotional stress. The diagnosis is based on the clinical history and physical exam. In Raynaud's phenomenon of the nipple there is a change in color, accompanied by pain or discomfort during breastfeeding. Reinforce the role of the family doctor in the approach of this clinical entity since it is a treatable cause of pain during breastfeeding and represents an important risk of stopping breastfeeding.

### **Question**

How can a thorough anamnesis and physical examination help investigate causes of difficulty in breastfeeding?

### **Methods and Outcomes**

A 29-year-old female patient, breastfeeding, develops a severe bilateral nipple pain during and after breastfeeding and biphasic change in nipple color, with difficulties in the breastfeeding technique. In an appointment with the Family Doctor, it was assumed the diagnosis of Raynaud's phenomenon of the nipple. She was medicated with nifedipine and recommended application of warm compresses to the nipples and use of electric breast pump, showing complete resolution after four weeks of treatment.

### **Discussion and Take Home Message for Practice**

Raynaud's phenomenon of the nipple should be considered in breastfeeding women who report nipple pain or discomfort. In clinical practice, nipple pain is a very frequent complaint, and responsible for many cases of early abandonment of breastfeeding. It is therefore essential to make an early diagnosis and implement a correct and immediate treatment.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 231

### **Presentation form**

1 Slide 5 minutes

## **A new approach to encouraging the uptake of the national bowel cancer screening programme by primary care using innovative techniques**

Lisa Haith<sup>1)</sup>, Carl Deaney<sup>1)</sup>, Rachael Hemingway-Deaney<sup>1)</sup>

<sup>1)</sup>General Practice, Marsh Medical Practice, North Somercotes, United Kingdom

### **Background**

In 2019 the NHS published their strategy to improve outcomes for cancer through the NHS Long Term Plan. One of the goals is that by 2028 cancer diagnosis at stage 1 or 2 will increase from 50% to 75%; increasing survival for 55,000 people per year for a minimum of five years after they have been diagnosed. It has already been identified that survival is lower in deprived areas due to delayed diagnosis and treatment, poor access to care, low level of compliance and increased co-morbidities.

Bowel cancer screening for 60–74-year-olds in England is undertaken by the NHS with FIT tests automatically being sent out every 2 years. Abnormal tests are followed-up. However, non-responders are not contacted until their next test. It is of note that test results are returned to primary care.

### **Question**

Can primary care help to screen hard-to-reach groups of potentially socioeconomically deprived patients who are at risk from this disease helping create equality in the national screening programme?

### **Approach**

Eligible patients in the age cohort are identified through automated searches

Educational material regarding bowel cancer screening via videos and leaflets – these are promulgated to patients at risk

Surveying dissenting patients to establish their reason for non-participation

### **Take Home Messages**

Identifying cancer earlier through screening increases survival, reduces health inequalities and a provides better quality of life

Although the bowel screening is national, primary care can increase screening uptake

Using technology, we are able to deliver educational multichannel information to harder to reach patients







## **Abstract topic**

03. Diagnosis

**Abstract ID:** 269

## **Presentation form**

Case Reports By Young Doctors

## **Unrecognized Monkey pox –case report**

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### **Introduction**

Monkeypox is an illness caused by monkeypox virus, viral zoonotic infection can spread from animals to humans, from humans to other humans and from the environment to humans.

### **Aim**

Rash fevers like monkeypox are not easy to diagnose at first glance.

### **Case report**

41-year-old patient, has sore throat, pain in bones and muscles, temperature and cough. Elevated value of leukocytes, granulocytes and CRP 55. Therapy with claritromycin was started. One week after, he noticed rash in the neck. He said he ate mushrooms and rash appeared. Urticaria can be seen in the neck and trunk area. Therapy with synopen and urbazone was prescribed for three days. Rash continued to spread with vesicles, macules and pustules all over the body. Tests for syphilis, gonorrhoea and HIV were negative. The laboratory showed lymphopenia, leukocytosis, thrombocytopenia and high values of interleukin 6 and Ig E. Skin biopsy showed Pityriasis Lichenoides et Varioliformis Acuta (PLEVA). Clindamycin three times a day and three corticosteroids creams were applied. 7 months later at a routine control in Finland, antibodies to monkeypox were detected.

### **Discussion**

There is a high incidence of Monkey pox among men having sex with men, people with multiple sexual partners and those who practice condomless sex, which suggests that semen could be another vehicle for the virus. Although these findings cannot be considered definitive evidence of infectivity, they could indicate the possibility of an important viral shedding.

### **Conclusion**

Recognition of monkeypox clinical and dermatological aspects facilitates its diagnosis and differentiation from other viruses which cause similar skin rashes.





## Abstract topic

03. Diagnosis

**Abstract ID:** 284

## Presentation form

Science Slam

## Depression care pathways and impact on recurrent depression episodes; a registry-based study

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## Background

Depression often has a recurrent course, at high personal and societal costs. General practitioners (GPs) play a key role in follow-up, treatment and collaboration with specialized mental health care. However, knowledge is needed about the relationship between depression care and recurrent depression.

## Questions

Are treatment trajectories in general practice associated with recurrent depression episodes?

## Methods

Nationwide cohort study using linked registry data for 12 762 patients >18 years in Norway (mean age 44.3 years, 64.5% women), with a depression episode in 2012 (index episode), and at least one previous episode in 2008-2011. Exposure: GP follow-up consultation, talking therapy, antidepressant medication, sick leave certification and referral to specialist care. Outcome: recurrent depression episode in 2013-2016. We will generate multi-trajectories based on treatment measures during the index episode, and then apply different trajectories in generalized linear models to analyse whether they are associated with recurrent depression episodes.

## Preliminary outcomes

Of the study population, 64.4% received follow up consultation, 55.2 % talking therapy, 30.4% medication, 47.6% were sick-listed, and 17.4% referred to specialist care. 44% of the patients had a persistent index episode, 34% a recurrent episode in 2013-2016, and 22% had no recurrent episode. Analyses on care trajectories are ongoing, results will be presented at the conference.

## Discussion

Novel insight in depression care pathways can contribute to tailor person-centered and coordinated health services, and possibly modify the risk of recurrent depression episodes.

## Take Home Message for Practice

Will be provided at the conference.





## Abstract topic

03. Diagnosis

**Abstract ID:** 31

## Presentation form

Case Reports By Young Doctors

## A case of rapidly progressive dementia.

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## Introduction

Creutzfeldt-Jakob disease(CJD) is a rare and fatal disease. A prospective study reported an incidence of CJD from 1999-2017 was about 0.77 per million people in Taiwan.

## Case presentation

A 82-year-old woman with a medical history of type 2 diabetes mellitus, hypertension, and dyslipidemia. She was independent in the activities of daily living. She was brought to our emergency department in January. 2022 with complaints of acute onset of repeated speech, stuttering, and disorientation. Under the impression of rapidly progressive dementia, she was admitted to our ward for further evaluations.

Her initial vital signs were stable. Blood cell counts and biochemical profile were normal. Brain magnetic resonance imaging(MRI) revealed suspected recent infarct. Electroencephalography(EEG) revealed epileptiform discharge. Thus, the tentative diagnosis was a recent stroke with post-stroke seizure. However, the patient's seizure was difficult to control even under multiple antiepileptic agents. Followed EEG developed generalized periodic discharges(GPDs). Repeated brain MRI revealed cortical ribbon signs. A lumbar puncture was quickly scheduled, and cerebrospinal fluid(CSF) excluded infection and inflammation, but CSF protein 14-3-3 of western blot disclosed positive. After identification by the Creutzfeldt-Jakob Disease Surveillance Unit of Taiwan, the patient was finally diagnosed with CJD.

## Outcome

After CJD was confirmed, the patient's family agreed to keep palliative care after a family meeting. The patient expired in 3 months.

## Discussion

Despite the low incidence of CJD, it is crucial to have it in mind when dementia is acutely exacerbated.





## Abstract topic

03. Diagnosis

**Abstract ID:** 340

## Presentation form

Workshop

## Basic notions about the use of dermatoscopy in Primary Care

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<sup>7)</sup>General Practice, HEE England, Mid Yorkshire Hospitals NHS Trust, Leeds, United Kingdom

<sup>8)</sup>General Practice, Leicester, United Kingdom

<sup>9)</sup>General Practice, Manchester, United Kingdom

## Background

Skin lesions are one of the most common complaints in Primary Care consultations. The annual incidence rate of melanoma and non-melanoma skin cancer continues to rise. To do an early diagnosis, the dermatoscope represents an indispensable tool. Its use in Primary Care is a great and cost-efficient resource for those lesions, in particular when at first glance they may be doubtful.

## Target Group

Family Doctors and residents interested in Dermatoscopy

## Didactic Method

In the first 5minutes of the workshop, the speakers will introduce themselves, the theme and a flyer with key dermatoscopy images will be hand out.

The main part of the workshop will last 35-40minutes. Basic notions about the use of the dermatoscope will be presented in an interactive manner with the help of short educative questions. Elemental knowledge about different types of diagnostic strategies, typical patterns and dermatologic lesions will be further developed. Practical cases will be discussed in groups and questions answered.

Afterwards, we will provide the attendees with a real dermatoscope so they can practice (15-20minutes).

At the end, we would make a 15-minute conclusion highlighting the important knowledge acquired and offering a dedicated time slot for discussion, questions and sharing opinions.





### **Objectives**

Learning how to interpret the images seen with the dermatoscope and how to differentiate benign pathologies from malignant ones.

### **Estimated number of participants**

30

### **Brief presentation of the workshop leader**

Raisa is a rural family doctor in Spain, really interested in dermatology, who has done several dermatoscope courses about this topic.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 348

### **Presentation form**

1 Slide 5 minutes

## **Spectrum of mental health problems among travelers attending a Travel Medicine Center in Nepal**

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### **Background**

Managing travelers with mental health problems can challenge the multidisciplinary General Practitioner clinical team.

### **Questions**

To investigate the incidence, characterize the demographic profile and spectrum of mental health problems of travelers during travel in Nepal.

### **Methods**

A retrospective cohort of travelers diagnosed with mental health problems visiting our hospital from September 2014 until December 2022 was included and data were analyzed using IBM SPSS 29.

### **Outcomes/Discussion**

A total of 6317 travelers attended CIWEC Hospital during the study period, of which 1.21% were diagnosed with mental health problems. The mean age of the cohort was 31.59 years. Fifty-five percent were female with one transgender traveler. Almost 70% of travelers were from Western Europe and North America. Two-thirds of travelers were traveling alone. Thirty-two percent of patients had a prior history of psychiatric illness. The most frequently diagnosed mental health problems were: Generalized Anxiety Disorder (57.1%), Depression (14.2%), Acute Psychosis (11.6%). Suicidal tendency was present among one-third of Psychotic patients. Almost 40% of our travelers had trekked above 2000 meters altitude and 4% were rescued by helicopter from an altitude of 3500 meters. Twenty-three percent of travelers were hospitalized and received care at our facility and ten percent were further evaluated by a Psychiatrist. Almost 15% of travelers returned home early with friends/family members and 4% were repatriated with medical escort to their home country.

### **THM**

Travel involves high levels of stress. This study provides an insight into the mental health problems of travelers.







## Abstract topic

03. Diagnosis

**Abstract ID:** 352

## Presentation form

1 Slide 5 minutes

## “I’m not ashamed anymore”: A qualitative study about general practitioners’ experiences of using Phosphatidylethanol in treatment of hypertension

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<sup>2)</sup>Division of Family Medicine and Primary Care, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Stockholm, Sweden

## Background

Identifying hazardous alcohol use is challenging for general practitioners. Scientific knowledge of whether the blood test Phosphatidylethanol (PEth) is useful for general practitioners to address alcohol and detect hazardous use, in patients with hypertension, is limited.

## Questions

What experiences do general practitioners have of using PEth among patients with hypertension in primary care?

## Methods

Twelve general practitioners, with experience of PEth in the treatment of hypertension, participated in five focus groups 2021. A semi structured interview guide was used. The interviews were analysed with inductive qualitative content analysis.

## Outcomes

The theme: “I’m not ashamed anymore” reflects that the fear that PEth should upset the patient has disappeared since it seldom happens, and that the positive effects of PEth is outweighed. The theme is underpinned by four categories: “serves as an eyeopener”, “should be applied with care”, “improves the dialogue”, and “learning by using”.

## Discussion

Our findings indicate that PEth improves the dialogue about alcohol and, in line with previous studies, increases knowledge about patients’ alcohol use. However, it is also important to be aware of the risk of stigma in the dialogue about alcohol.

## Take Home Message for Practice

PEth is a useful tool that has changed general practitioners’ routines to address alcohol and detect hazardous alcohol use among patients with hypertension in primary care. PEth though needs to be applied with care to avoid giving rise to negative feelings in patients. The result indicates that PEth could be a routine test in the treatment of hypertension.





## **Abstract topic**

03. Diagnosis

**Abstract ID:** 371

## **Presentation form**

Case Reports By Young Doctors

## **Can a healthy diet and physical exercise be limitless? - The Female Athlete's Triad**

Mariana Mendes<sup>1)</sup>, Marta Portugal<sup>1)</sup>, Mariana Braga<sup>1)</sup>, Marta Veloso<sup>1)</sup>, Susana Borda<sup>1)</sup>

<sup>1)</sup>Health Centers Group of Westen Lisbon and Oeiras, Family Health Unit Delta, Paço de Arcos, Portugal

The female athlete triad (FAT) is defined by decreased energy availability, menstrual dysfunction and low bone mineral density. Its early identification and intervention avoids consequences such as arrhythmias, anemia, osteopenia, osteoporosis and stress fractures.

We describe a 15-year-old female adolescent case presenting menstrual irregularities during the past 11 months. She maintained a diverse diet, consuming four meals a day, some of them nutritionally insufficient, and a fat intake concern. She had recently intensified physical activity, with ninety minutes of daily exercise practice. On physical examination she presented adequate BMI and normal vital parameters.

Hormonal analytical evaluation and gynecological ultrasound had already been requested in a Gynecology consultation. This evaluation was complemented by the family doctor (FD) with an analytical evaluation extension. All the exams showed no alterations and the test with didrogestosterone had a positive response, yet not sustained, followed by a period of amenorrhoea.

Suspecting FAT, behavioral diet and physical exercise recommendations were given, nutritional monitoring was advised and calcium and vitamin D supplementation was initiated in order to balance nutritional status and increase energy availability.

Improvement in eating behavior was reported immediately after the FD visit, increasing diet intake, and menstrual cycle regularization in the following months.

Being a syndrome often diagnosed in Primary Health Care, it is extremely important to alert FD to this condition and its approach. Furthermore, it represents an example of FD's role as a patients' health status manager and promoter of healthy lifestyles, avoiding traces of orthorexia and its possible health consequences.





## Abstract topic

03. Diagnosis

**Abstract ID:** 373

## Presentation form

Case Reports By Young Doctors

## Hypersomnia, when keeping awake is a problem: case report

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<sup>2)</sup>Pneumology, Hospital Sousa Martins, Guarda, Portugal

### Framework

Idiopathic hypersomnia is a sleep disorder characterized by chronic, disabling excessive daytime sleepiness (EDS) and often accompanied by difficulty waking up from nighttime sleep or daytime naps. Patients are unable to maintain wakefulness and alertness during major episodes of the day, with sleep occurring involuntarily or at inappropriate times and interfering with function.

The pathophysiology of idiopathic hypersomnia is not well understood and the diagnosis requires the exclusion of other more common causes of excessive sleepiness.

### Clinical Case Description

60-year-old, female, history of depression, obesity and hypertension. Medicated with omeprazole, nebivolol, fluoxetine, topiramate and trazodone. Without drug allergies. She went to the consultation for complaints of snoring for several years, with frequent nocturnal awakenings and an Epworth of 16. The user is then referred to the pneumology consultation and the examination showed a BMI of 29.8 Kg/m<sup>2</sup> and a cervical perimeter of 38cm. In level three sleep study, she had an apnea-hypopnea index of 6.7/h with a predominance of hypopneas, snoring during 67% of the night and mean saturation of 88.5%. A level I sleep study and Multiple Sleep Latency Test (MSLT) were then requested. In the 5 naps taken in the MSLT, the user had sleep efficiency between 90-98.4% and a sleep latency of 0.5-2.5 seconds. Narcolepsy was excluded. She was medicated with modafinil 100mg.

### Discussion

When the diagnosis of idiopathic hypersomnia is established, treatment is largely pharmacological and aims at controlling the symptoms, with results that are generally good, but somewhat variable.





## Abstract topic

03. Diagnosis

**Abstract ID:** 383

## Presentation form

Lecture

## Signs, symptoms and test to improve diagnostic certainty in diagnosing patients presenting with acute abdominal pain in primary care

Anouk Tans<sup>1)</sup>, Yorrick Asselberghs<sup>1)</sup>, Emmanuel Declerck<sup>1)</sup>, Toon Smeets<sup>1)</sup>

<sup>1)</sup>Academic Center for General Practice, KU Leuven, Leuven, Belgium

### Introduction

Abdominal pain is one of the most common complaints in primary care or the emergency department (5% - 10%). It can be caused by a variety of conditions, ranging from acutely life-threatening to benign and self-limiting. The combination of high patient volumes, undifferentiated symptoms, a low prevalence of serious disease, a high degree of symptom overlap between serious and benign conditions, patients with multiple complaints and psychological distress manifesting somatically all complicate the diagnostic process of patients with acute abdominal pain in primary care.

### Questions

How can we safely diagnose or rule out serious conditions that cause acute abdominal pain in adults presenting to primary care and avoid unnecessary referrals?

### Methods

Systematic searches were done in MEDLINE, EMBASE, CINAHL and Web of Science. Studies reporting on adults (50% aged 18 or older) with acute non-specified abdominal pain as a main complaint, presenting to an ambulatory care setting were included. Studies with a total sample size smaller than 50 were excluded. We included diagnostic accuracy studies and nested case-control studies about clinical features, laboratory and imaging tests.

### Outcomes

The review is ongoing. Screening is finished. We obtained 224 studies. We are currently assessing risk of bias and extracting data. 127 studies have been processed. We expect to finish the full report by the beginning of May. Preliminary results show that the RIPASA score, ALVARADO score, Procalcitonin, C-reactive-protein, white blood cell count and (point-of-care) ultrasound are promising diagnostic tests.

### Discussion

We aim to finish by the end of May.





## Abstract topic

03. Diagnosis

**Abstract ID:** 384

## Presentation form

Case Reports By Young Doctors

## Klippel-Feil Syndrome - A diagnosis in adolescence: Case report

Mariana Casimiro<sup>1)</sup>, Cristina Ornelas<sup>2)</sup>, Inês Caetano<sup>1)</sup>, Mariana Braga<sup>3)</sup>, Magda Simões<sup>1)</sup>, Brandon Allan<sup>4)</sup>

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<sup>3)</sup>Family Health Unit Delta - Health Centers Group of Western Lisbon and Oeiras, Paço de Arcos, Lisboa, Portugal

<sup>4)</sup>Physical Medicine and Rehabilitation, Cascais Dr. José de Almeida Hospital, Cascais, Lisboa, Portugal

Klippel-Feil syndrome (KFS) is a rare disease that predominantly affects the spine leading to fusion of vertebrae. In addition, it can affect other systems, namely cardiovascular, renal, among others. This clinical case reports part of these changes and aims to raise awareness of this pathology. It also intends to highlight to the role of the Family Doctor (FD) in the follow-up of the patient and his family.

15-years-old male with no relevant medical history complains of neck and chest pain with rotation and flexion of cervical thoracic spine. Physical examination reveals short neck, low hairline implantation, scoliosis, cervical kyphosis and lumbar spine straightening. Spinal CT shows fusion of several cervical and lumbar vertebrae. The hypothesis of KFS is raised and other malformations are investigated identifying: agenesis of the right kidney and vicarious left kidney, palatal atresia and bicuspid aortic valve. The FD establishes contact with various specialties to create the ideal therapeutical plan.

This case portrays the process of diagnosis and follow-up of an adolescent suspected of having a rare syndrome with osteoarticular, renal, cardiovascular and palatine involvement. The FD was the health care manager.

The longitudinal support provided to the patient and his family was essential to overcome periods of uncertainty. It is expected that in the future, osteo-articular structural abnormalities may cause functional limitations, with a consequent reduction in his quality of life. This process has been discussed with the patient and his family to create strategies to prevent future comorbidities and to improve quality of life.





## Abstract topic

03. Diagnosis

**Abstract ID:** 390

## Presentation form

Case Reports By Young Doctors

## Case presentation by young doctors

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<sup>3)</sup>Family Medicine (Centre d&#39;Atenció Primària Universitat), ICS (Catalan Institute of Health), Barcelona, Spain

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### **DIDACTIC METHOD: Clinical case report**

**PRESENTED PROBLEM:** A 20 year old female patient with no pathological history came to Emergency for fever up to 39oC for 5 days, odynophagia, rhinorrhea, dry cough and general discomfort (asthenia, myalgia, vomits and self-limited diarrhea). She had consulted two days before and was guided as a probable mononucleoside syndrome. It was extracted a blood test with lymphopenia and increased transaminases (x4) without signs of hepatic insufficiency and negative Epstein-Barr and Citomegalovirus serologies. She attended again due to clinical worsening, persistence high fever and the appearance of a central rash.

### **MANAGEMENT**

The physical examination shows normal auscultation, conjunctival hyperemia, central papulo-erythematous rash that respects palms and sole of feet. It was remarkable Koplik spots in the right jugal mucosa. We repeated blood tests. The patient's mother referred having refused to immunize her daughter with triple viral vaccine in childhood.

### **OUTCOME**

There is a worsening of hepatitis parameters (x7) with no insufficiency criteria. We requested urine measles PCR and pharyngeal smears that resulted positive. The case is targeted as measles with acute hepatitis.

### **DISCUSSION**

Many countries around the world are experiencing measles outbreaks. While there is no specific antiviral treatment, immunization is the most effective preventive measure against this disease.

### **WHAT WE CAN LEARN FROM THIS**

As Family doctors, it is important to divulge information and strength public trust in vaccines to avoid the spread of measles. It is critical to quickly recognize and treat complications in order to reduce mortality and severity of disease.







## Abstract topic

03. Diagnosis

**Abstract ID:** 392

## Presentation form

1 Slide 5 minutes

## Socioeconomic status and follow-up of patients with antidepressant drug therapy for depression in general practice

Anneli Borge Hansen<sup>1,2)</sup>, Valborg Baste<sup>1,3)</sup>, Øystein Hetlevik<sup>1,2)</sup>, Inger Haukenes<sup>1,2)</sup>, Tone Smith-Sivertsen<sup>1,4)</sup>, Sabine Ruths<sup>1,2)</sup>

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<sup>4)</sup>Division of Psychiatry, Haukeland University Hospital, Bergen, Norway

## Background

Prescription of antidepressants varies by patients' socioeconomic status; older patients are more likely to receive antidepressants than younger, and women with lower education are more likely to receive antidepressants compared to women with medium/higher education. Antidepressant drugs for depression are mostly prescribed by the general practitioner (GP). However, little is known about how GPs follow up their depressed patients who have started on antidepressants.

## Questions

Is socioeconomic status associated with GP follow-up after initiating drug therapy?

## Methods

Registry-based cohort study comprising all patients aged 18 years in Norway with a new depression episode in 2014 and who started on antidepressants within 12 months from date of diagnosis. Independent variables: gender, age, comorbidity education and income. Dependent variables: GP consultation, talking therapy, sick listing, and referral to secondary care. Generalized linear models will be used to test whether follow-up vary by the patient's socio-economic status, adjusting for time from diagnosis to drug initiation.

## Preliminary outcomes

17,025 patients, mean age 45.2 years, 60% women. After prescription of antidepressants, 70% had follow-up consultation(s) with the GP, 50% received talking therapy, 34% were sick listed, and 12% were referred to the secondary mental health care. Regression analyses are ongoing, results will be presented at the conference.

## Discussion

Potential differences in follow-up of patients with different socioeconomic status may indicate unwarranted variation in primary mental care, that general practitioners should be aware of.

## Take Home Message for Practice

Will be provided at the conference.





## **Abstract topic**

03. Diagnosis

**Abstract ID:** 403

## **Presentation form**

Case Reports By Young Doctors

## **A hairy problem: unravelling an oncological diagnosis**

Rita Fonseca<sup>1)</sup>, Carolina Figueiredo<sup>1)</sup>, Maria João Barbosa<sup>1)</sup>, João Pestana<sup>1)</sup>, Gonçalo Pimenta<sup>1)</sup>

<sup>1)</sup>USF Topázio, Coimbra, Portugal

## **Didactic method**

Anamnesis, physical examination, clinical records and bibliographic research.

## **Presented problem**

59 years old female, housekeeper, from a nuclear family (Duvall life cycle - stage VII; Graffar scale - middle class). Medical history of dyslipidaemia, hypothyroidism and a diagnosis of H. Pylori in July 2021, treated with quadruple therapy.

On 31st January 2022, during a telephone appointment, she complained of sudden increase in facial hair since August 2021, having started laser hair removal. Given this, an in-patient appointment was scheduled.

## **Management**

During further investigation, additional symptoms were mentioned: left back pain and swollen legs, which she associated with the H. Pylori treatment. On physical examination, we detected marked hirsutism in her face and back, moon face and high blood pressure. Blood work with adrenal hormonal evaluation and an abdominal CT were requested; amlodipine was started and an urgent referral to Endocrinology was made.

## **Outcome**

The blood work revealed increased adrenal hormone levels and the CT showed a large mass in the left adrenal gland. The patient was admitted to the hospital for study, diagnosed with adrenal carcinoma and underwent surgery and chemotherapy.

## **Discussion**

A general practitioner must stay alert to the appearance of new symptoms that could indicate a new, serious and sometimes rare diagnosis. Due to telephone appointments, the use of a face mask and the blaming of a new medication, there was a delay in seeking medical care. All this highlights the importance of proper communication between physicians and patients, in-patient appointments and education of the general population.





## Abstract topic

03. Diagnosis

**Abstract ID:** 419

## Presentation form

Case Reports By Young Doctors

## Doctor, why can't I stand anymore? - a case of camptocormia

Marta Portugal<sup>1)</sup>, Mariana Mendes<sup>1)</sup>, Mariana Braga<sup>1)</sup>, Susana Borda<sup>1)</sup>, Catarina Caetano<sup>1)</sup>

<sup>1)</sup>USF Delta, Lisbon, Portugal

Camptocormia, or Bent Spine Syndrome, is an abnormal flexion of the trunk, appearing in orthostasis, and diminishing in the supine position. It has several causes, predominantly neurological and musculoskeletal disorders.

We present the case of a 61-year-old man with occasional low back pain for 10 years, associated with degenerative pathology of the lumbar spine. In March 2021, he was unable to work for 3 months due to a fall with lumbar trauma, with subsequent recovery. In November 2021, he returned to primary health care complaining of lumbar pain and loss of strength in the upper and lower limbs. Analgesia was adjusted, lumbar CT and electromyography (EMG) were ordered. The patient did not undergo EMG and CT revealed compressive fracture of the upper plateau of L1, without suspicious infiltrative lesions and degenerative changes, aggravating constitutional stenosis of canal, with multisegmental meningeal compromise. He developed an anterior flexion posture of the trunk and was urgently referred to an orthopedic consultation, where MRI was performed, identifying L3/L4 stenosis and L4/L5 listhesis with central stenosis. The changes did not justify the complaints, thus he was referred to Neurology, and a new EMG was requested, which revealed Amyotrophic Lateral Sclerosis (ALS).

This case highlights Family Physician's role in longitudinal monitoring of patients, managing acute and chronic problems, and as care coordinator, ensuring an appropriate referral. Emphasizes the importance of symptom assessment, particularly when symptoms appear, or their characteristics change, identifying alarm signals. It also highlights the FP support in complex pathology.





## Abstract topic

03. Diagnosis

**Abstract ID:** 422

## Presentation form

Case Reports By Young Doctors

## Scrotal tuberculosis after treatment of bladder neoplasia with bacillus Calmette-Guérin - Clinical case

Marta Portugal<sup>1)</sup>, Mariana Braga<sup>1)</sup>, Mariana Mendes<sup>1)</sup>, Susana Borda<sup>1)</sup>, Catarina Caetano<sup>1)</sup>

<sup>1)</sup>USF Delta, Lisbon, Portugal

Therapy with bacillus Calmette-Guérin (BCG) is an option for non-muscle invasive urothelial bladder tumors. Reduces the rate of recurrence and progression, but requires surveillance for side effects.

We present the case of a 46-year-old male with Benign Prostatic Hyperplasia, who underwent transurethral resection of the prostate in January 2020. A bladder biopsy revealed urothelial carcinoma in situ. Transurethral Resection of bladder and intravesical chemotherapy were started, complemented with intravesical immunotherapy with BCG.

In this context, he was diagnosed with anxiety disorder and insomnia. He required medication and frequent evaluation with the Family Physician (FP), with good evolution.

In April 2022, pain and inflammatory signs appeared in the right testicle. Due to the diagnosis of Orchiepididymitis, treated with analgesia, ice and rest. Due to persistence of symptoms, an ultrasound was performed, showing epididymitis and an abscess and a thoracoabdominopelvic computed tomography showed necrotic images along the inguinal canal and right scrotum. With suspicion of tuberculosis lesion after BCG treatment, an echoguided scrotal puncture was performed that was positive for mycobacterial DNA. In this context, started treatment with tuberculostatics.

This case highlights the FP role in follow up, and support when faced with a complex diagnosis. The close contact allowed early identification of the diagnoses of anxiety and insomnia, with individualized therapeutic guidance, and quick performance of complementary diagnostic tests during the evolution of symptoms. Although not involved in the main diagnosis and treatment, FP was an essential to manage this process, which was recognized by the patient.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 441

### **Presentation form**

Lecture

## **The use of pulmonary ultrasound in primary care: an umbrella review of the literature**

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### **Background**

Pulmonary ultrasound is a tool for rapid bedside diagnosis of multiple pathologies and could be an aid to patient management in primary care.

### **Questions**

Nonetheless its potential impact in general practice is less known thus the aim of this study is to assess the value of pulmonary ultrasound in primary care.

### **Methods**

An umbrella review was conducted with a bibliographic search in the MEDLINE database to obtain all publications from 2000 to 2021 related to the use of lung ultrasound in literature reviews. The standards for umbrella reviews described by the Joanna Briggs Institute (JBI) were followed to assess the quality of literature reviews. These criteria allow for the evaluation of the quality of the selected reviews, including compliance with article selection models such as PRISMA and QUADAS-2.

### **Outcomes**

A database search identified 920 citations. A selection of the articles, with the Rayyan tool, following inclusion criteria allows the final study of 12 literature reviews that include a total of 118 articles dealing with pulmonary ultrasound in primary care.

The use of lung ultrasound appears as a valuable tool especially in the diagnosis of frequent pathologies such as pneumonia, COVID-19, pneumothorax and acute lung edema.

### **Discussion**

This literature review highlighted the sensitivity and specificity of lung ultrasound in several indications encountered in primary care.

### **Take Home Message for Practice**

Pulmonary ultrasound ease of use and limited risks make it a possible tool of choice for early bedside diagnosis of frequent pulmonary pathologies by the primary care professional.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 488

### **Presentation form**

1 Slide 5 minutes

## **Management of patients with community acquired pneumonia in primary care before and during the COVID-19 pandemic**

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### **Background**

The diagnosis of pneumonia is based on anamnesis and clinical examination including vital parameters and sometimes laboratory tests, or radiological examination. During the COVID-19 pandemic, attention was paid to the importance of identifying serious infection and routines and conditions in healthcare changed.

### **Questions**

Is there any difference in the documentation rate of findings from the examination and management in patients diagnosed with pneumonia in primary care after the onset of Covid-19 pandemic?

### **Methods**

Medical records of 120 patients with the diagnosis of pneumonia in 2019 and 116 patients with pneumonia during March 2020-February 2021, were reviewed. The study population was  $\geq 18$  years and had been diagnosed with pneumonia at a publicly run health center in the southeast of Sweden.

### **Outcomes**

There was an increased degree of documentation of oxygen saturation during the pandemic compared to before, (83% vs 70, 0.05). The documentation of symptom duration and analysis of CRP decreased during the same period. In both periods, a low proportion of first-line antibiotics was prescribed. Referral from primary care to hospitals remained unchanged between the periods.

### **Discussion**

The knowledge of COVID-19 causing desaturation in some cases might explain the increased rate of documentation of saturation also, it might indicate an increased use of the examination as a result of increased concern of desaturation.

### **Take Home Message for Practice**

Documentation of vital signs in pneumonia patients in primary care has changed during the pandemic where oxygen saturation, which could indicate serious disease, was more often documented.







## Abstract topic

03. Diagnosis

**Abstract ID:** 494

## Presentation form

Case Reports By Young Doctors

## It's time to STOP glycemia raise - a case report of an ampullary neoplasm

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### Introduction

Vater's ampulla adenocarcinoma is a rare tumor, typically presenting with obstructive jaundice. Rarely, the initial manifestation may be new-onset diabetes or worsening glycemetic control in diabetics.

### Description

A 62-year-old man with diabetes, hypertension, dyslipidemia and obesity presented with polyuria and unintentional weight loss of 9kg (12.5% of his usual weight) over the previous two months. He denied abdominal pain, dyspepsia or gastrointestinal symptoms. He had no jaundice, an innocent abdominal examination and no other abnormal findings. Laboratory tests performed 12 days prior showed a glycated hemoglobin (HbA1c) of 11.9% (previous records 6.2-7.1%). He denied poor adherence to treatment, infectious and traumatic complications. Insulin therapy was initiated and an abdominal CT and laboratory tests were requested. The CT showed dilatation of the intra and extra-hepatic bile ducts, with significant dilatation along the entire course up to an abrupt peri-ampullary STOP sign and atrophy of the tail of the pancreas; laboratory tests showed normal bilirubin, slightly elevated transaminases, and marked gamma-glutamyl transferase. The patient underwent endoscopic retrograde cholangiopancreatography, which showed stenosis of the main bile duct in relation to an ampullary neoplasm. He underwent cephalic duodenopancreatectomy; histological analysis showed a moderately differentiated adenocarcinoma of the ampulla, staged as T1bN0M0. Throughout the process, he had regular appointments to optimize insulin therapy. Two months after surgery, he had an HbA1c of 6.6%.

### Conclusion

An unexpected worsening of glycemetic control may indicate an underlying disease. Given the pancreatic injury, insulin therapy is crucial, with the family doctor playing a key role in follow-up.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 498

### **Presentation form**

Lecture

## **Diagnosics and therapeutics of acute respiratory virus infections**

Ted van Essen<sup>1)</sup>

<sup>1)</sup>European Scientific Working group on Influenza (ESWI), Amersfoort, Netherlands

### **Background**

Successful treatment outcomes for acute respiratory virus infections rely mainly on the knowledge of which pathogen needs to be treated. New studies are being conducted on the effectiveness of multiplex (self) tests for two to three viruses including Influenza A/B, Covid and RSV. Who should be tested, where and by whom?

The use of antivirals for the treatment of influenza and of Covid-19 is regulated differently across Europe. What are the best practices?

Antiviral treatment could also reduce the transmission. If reduced transmission risk is confirmed, modelling studies indicate that early treatment could have major epidemiologic benefits in seasonal and pandemic influenza.

### **Didactic Method**

Short lectures introducing the latest research, followed by a discussion moderated by the session chair. At this stage we cannot confirm speakers.

### **Objectives**

After the session the target audience will have a general understanding of new available multiplex tests and will be able to assess when to prescribe antivirals.

Point of care testing: who to test, where and by whom?

Efficacy of self-testing for all acute respiratory infections

When to prescribe antivirals in cases of respiratory infections?

Prescription of antivirals – regulatory differences across Europe

### **Take Home Message for Practice**

How to organise your practice for POCT or relying on patient self testing.

When to prescribe antivirals in different situations and settings (e.g. Residences for older adults).





## Abstract topic

03. Diagnosis

**Abstract ID:** 508

## Presentation form

Lecture

## Accuracy of the physicians' intuitive risk estimation in the diagnostic management of pulmonary embolism: an individual patient data meta-analysis

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## Background

In patients suspected of pulmonary embolism (PE), physicians often rely on an intuitive estimation ('gestalt') of PE presence. Although shown to be predictive, gestalt is criticized for its assumed variation across physicians and lack of standardization.

## Questions

What is the diagnostic accuracy of gestalt and its variation among subgroups in diagnosing PE?

## Methods

We performed an individual patient data meta-analysis (IPD-MA) including suspected PE patients. The primary outcome was the diagnostic accuracy of gestalt for diagnosing PE, quantified as risk ratio (RR) between gestalt and PE from a two-stage random-effect log-binomial meta-analysis regression as well as gestalts' sensitivity and specificity. Variability of these measures was explored across healthcare settings, publication period, PE prevalence, patient subgroups (sex, heart failure, chronic lung disease, and items of the Wells algorithm), and age.

## Outcomes

We analysed 20,770 patients suspected of PE from 16 original studies. The prevalence of PE in patients with and without a positive gestalt was 28.8% versus 9.1%, respectively, yielding a RR of 3.02 (95%CI 2.35-3.87) with an overall sensitivity and specificity of 74% (95%CI 68-79%) and 61% (95%CI 53-68%), respectively. Although variation was observed across studies, accuracy remained similar across all healthcare settings and subgroups.

## Discussion

A positive gestalt was associated with a threefold increased risk of PE in suspected patients. The RR of gestalt was similar across prespecified subgroups and healthcare settings.





### **Take home message for practice**

A positive gestalt estimation calls for acting upon it by referring the patient for an appropriate diagnostic work-up.





## Abstract topic

03. Diagnosis

**Abstract ID:** 518

## Presentation form

Case Reports By Young Doctors

## A Tricky Diagnosis – a case report

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We present a clinical case of a 33-year-old woman with a personal history of controlled asthma, with Budesonide+Formoterol taken as reliver when necessary. The patient went to see his general practitioner for a feeling of tiredness that she associated to Coronavirus disease that she had three months ago. In this context blood tests, a chest X-ray and an electrocardiogram (ECG) were requested. At the reassessment visit, the patient was still feeling tiredness and also dyspnoea. In the medical exams carried out a "left auricular anomaly" on the ECG, with no other alterations. An echocardiogram was ordered. After performing the echocardiogram, the patient was referred to the Emergency Department because it presented a "large mass (48/31mm), mobile, which projects into the left ventricle, conditioning obstruction at that level - probable left atrial myxoma." She was admitted to the cardiology service, where she remained asymptomatic and hemodynamically stable. After a week she underwent surgery. Currently the woman is doing well, without symptoms, and has already returned to daily life activities.

Myxoma is a rare benign tumor of the heart. Atrial myxomas are the most common primary heart tumors and are most found within the left atrium. Atrial myxomas are associated with a triad of complications, including obstruction, emboli and constitutional symptoms. Given the vague symptoms, the diagnosis is not easy. It is essential to have extensive knowledge of various pathologies to consider different diagnoses.





## Abstract topic

03. Diagnosis

**Abstract ID:** 519

## Presentation form

Lecture

## Rapid community point-of-care testing for COVID-19 (RAPTOR-C19): diagnostic performance of a platform assay for SARS-CoV-2 and flu in symptomatic patients

Philip Turner<sup>1)</sup>, Brian Nicholson<sup>1)</sup>, Thomas Fanshawe<sup>1)</sup>, Alice Williams<sup>1)</sup>, Richard Hobbs<sup>1)</sup>, Gail Hayward<sup>1)</sup>, Sharon Tonner<sup>1)</sup>, Kathryn Lucas<sup>2)</sup>, Margaret Glogowska<sup>1)</sup>, Heather Kenyon<sup>2)</sup>

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<sup>2)</sup>NIHR Clinical Research Network, Thames Valley and South Midlands, Oxford, United Kingdom

## Background

Point-of-care tests (POCTs) for respiratory pathogens have potential to inform immediate clinical decisions. Whilst there has been unprecedented development of POCTs for respiratory viruses during the pandemic, performance data from clinical settings has often been lacking.

## Questions

What is the diagnostic performance of a multiplex POCT for SARS-CoV-2 and Flu A/B in symptomatic patients in UK primary care?

## Methods

We conducted a diagnostic accuracy evaluation of a SARS-CoV-2 Flu A/B multiplex POCT in patients with suspected SARS-CoV-2 in UK primary care clinics. POCT procedures were carried out according to the manufacturer's instructions by clinical staff on site and not by specialist laboratory personnel. Samples were also collected for the reference standard multi-pathogen panel real-time RT-PCR assay.

## Outcomes

Patients (n=892) were recruited in autumn/winter 2022 including 146 SARS-CoV-2 cases. We estimated the performance of the index test for SARS-CoV-2 and Flu and compared the SARS-CoV-2 estimate to the UK Medicines and Healthcare Products Regulatory Agency SARS-CoV-2 POCT Target Product Profile performance criteria. Full details of outcomes will be presented.

## Discussion

Test performance will be discussed in the context of clinical utility, specifically of the capacity of this test to rule in/out SARS-CoV-2 or Flu infection in symptomatic patients in community healthcare settings and the consequences thereof.

## Take Home Message for Practice

Our observations will have implications for test utilisation to inform patient management, transmission control and for high-stakes applications, such as enabling access of individuals to vulnerable populations.







## Abstract topic

03. Diagnosis

**Abstract ID:** 534

## Presentation form

1 Slide 5 minutes

## Monitoring of patients with chronic kidney disease by the GP: room for improvement

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### Introduction

Chronic kidney damage (CNS) causes few complaints at an early stage, but if worsening, a life-threatening situation can eventually arise. CNS is irreversible, however, early diagnosis and treatment may slow progression of CNS. General practitioners (GPs) can play a role in the early detection, monitoring and treatment of CNS. It is therefore relevant to properly record the diagnosis of CNS in the GP's record.

### Aim

To describe in what extent patients with CNS are registered by their GP and how many patients with CNS are monitored according to the Dutch GP guidelines.

### Method

An observational study using routine practice data from Nivel Primary Care Registrations (NZR) from 404 general practices, from 2017 until 2019.

### Results

In 2.5% of the adult patients in NZR, the diagnosis CNS is recorded with an ICPC code in the GP record. In addition, 2.4% of patients with an abnormal renal function (eGFR) and/or ACR have CNS, without the correct ICPC code registered. CNS is present in approximately 5% of the patients in GPs records. Prescribing medication to people with CNS is in most cases in accordance with the advice in the guidelines. In 62% of all patients with CNS the annual determination of eGFR, ACR, glucose value and blood pressure was registered.

### Conclusion

Nearly half of the patients with CNS do not have the ICPC diagnosis code in the correct place in the file. Patients with CNS seem to be monitored more frequently in recent years, but there is still room for improvement.





## Abstract topic

03. Diagnosis

**Abstract ID:** 549

## Presentation form

Lecture

## Antibiotic treatment in lower respiratory tract infections with negative chest radiology - a register based study in primary care setting

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<sup>7)</sup>Department of Research and Development, Region Kronoberg, Växjö, Sweden

## Background

Lower respiratory tract infections (LRTIs) can be complex to manage in primary care settings. Sometimes chest radiology is being used to differentiate between pneumonia and acute bronchitis. Previous studies have shown that antibiotics are prescribed to a large extent in patients with clinical signs of LRTIs despite no signs of pneumonia on radiology.

## Questions

When comparing episodes of LRTIs with negative chest radiology where antibiotics are prescribed and not prescribed, are there any characteristics that could explain the prescription?

## Methods

Data were extracted from the regional electronic medical record system in Kronoberg County, Sweden, for patients aged 18-79 years who were diagnosed with acute bronchitis or pneumonia and who had undergone any chest radiology between 2007 and 2014.

## Outcomes

No radiological signs of pneumonia were seen in 696 episodes, of which 55 % were prescribed antibiotics. Age, gender and comorbidity did not differ between those prescribed or not prescribed antibiotics. Median CRP were higher in the former group. Resident physicians prescribed antibiotics more often than interns or specialists.

## Discussion

Every other patient with the diagnosis of acute bronchitis or pneumonia and negative chest radiology received antibiotics despite low median CRP value. Few characteristics differed between those who were prescribed antibiotics and not when radiology was negative, indicating that those prescribed antibiotics despite negative radiology could be acute bronchitis.





### **Take home message for practice**

When chest radiology was negative, no characteristics were found that explained the prescription of antibiotics. This could indicate an overuse of antibiotics in patients with LRTI.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 561

### **Presentation form**

Case Reports By Young Doctors

## **Teledermatology as the future of family doctors consultarions**

Marta Auxiliadora Marqués Mayor<sup>1)</sup>, Raquel Alcalde Agredano<sup>1)</sup>, Maria Josefa Martínez Ruiz<sup>1)</sup>

<sup>1)</sup>SAS Andalucía España, Córdoba, Spain

### **PRESENTED PROBLEM**

58 year – old male with skin lesions for 3 years ago, asymptomatic so far and no seasonal predominance. History of hypertension, dyslipidemia, and gastric cancer. The patient presented papular and pustular lesions on hands, face and chest. He had hypopigmented areas in involuted lesions. They were purplish, itchy, erythematous and painful if ulcerated.

### **MANAGEMENT**

First, we did laboratory test without findings. We decided to make a consultation in teledermatology. After that, the patient is cited in dermatology consultations where dermatologist take a biopsy. The histological result shows a nodular inflammatory infiltrate predominantly lymphocytic throughout the entire thickness of the dermis.

### **OUTCOME**

Our case describes the Erythema Elevatum Diutinum (EED). He started treatment with dapsone which improved the symptoms.

### **DISCUSSION**

The EED is a rare and uncommon form of leukocytoclastic vasculitis that begins between 30-60 years old. Can be related to neoplasias like that of our patient, autoimmune diseases, infections or hematological diseases. Treatment is done with dapsone, but this medicine does not cure. Leaving treatment produces recurrences.

### **WHAT CAN WE LEARN FROM THIS**

Teledermatology plays a fundamental role for family doctors as it helps to prioritize consultations. Further, releases the demand for hospital care. This means a growing saving of resources and unnecessary movement of patients.





## Abstract topic

03. Diagnosis

**Abstract ID:** 591

## Presentation form

1 Slide 5 minutes

## Peripheral artery disease - increasingly in the spotlight

Katarína Dostalova<sup>1)</sup>, Katarina Gazdikova<sup>1)</sup>, Peter Makara<sup>2)</sup>, Eva Wimmerova<sup>1)</sup>, Eva Horvathova<sup>1)</sup>, Stefania Moricova<sup>1)</sup>

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<sup>2)</sup>Slovak Society of General Practice, Bratislava, Slovakia

### Background

Since 2009, in Slovakia, we have been systematically paying attention to peripheral arterial disease (PAD). It is known that the ankle-brachial index (ABI) test is an effective tool for the non-invasive assessment of PAD and helps to clarify the cardio-vascular risk and risk of amputation.

In 2016, on the basis of the Slovak epidemiological pilot study the measurement of ABI as part of a preventive examination in the general practitioner's department.

### Methods

We carried out a retrospective study in an angiological outpatient department in Bratislava and analyzed the risk profile of referred patients.

### Results

We found that in 2019, 2.8 times more patients with suspected PAD were sent to the outpatient clinic. In 2015, 32.5% of patients were referred by general practitioners, while in 2019, 40.1% of patients were referred by general practitioners.

Referred patients had a significant risk profile: arterial hypertension was present in 92.50% in 2015 and 83.8% in 2019, diabetics were 57.5% in 2015 and 56.8% in 2019. Smokers 37.5% in 2015 and 64% in 2019.

In men, the most common risk factors were arterial hypertension (72.6%) and smoking (60.7%). In women, it was arterial hypertension (89.6%) and age over 65 years (75.3%)

### Conclusion

The Slovak Society of Angiology and the Slovak Society of General Practice have been working together for many years to improve the diagnosis and management of PAD, which we have documented through a higher detection of the disease, its risk factors and their management according to evidence-based medicine.





## **Abstract topic**

03. Diagnosis

**Abstract ID:** 608

## **Presentation form**

Case Reports By Young Doctors

## **Not everything is as it seems: exclusion of oncological disease**

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## **Didactic method**

Anamnesis, physical examination, consultation of clinical records and bibliographic research.

## **Presented problem**

36 years old female (nuclear family; Duvall life cycle - stage II and Graffar scale - middle class) presented with abdominal swelling and pain. Medical history of infertility submitted to treatment. A negative HCG urinary array and a CT scan were performed showing a mass – ovarian adenocarcinoma couldn't be excluded. An appointment was scheduled.

## **Management**

During the investigation, blood work was requested, revealing increased CA15.3 and CA125. On examination, ascites was present and gynaecological exam was inconclusive. An urgent referral to Gynaecology was made. Follow-up GP appointments were scheduled.

## **Outcomes**

Thoracic and pelvic CT scan was performed, revealing pleural and peritoneal effusion and thickened peritoneum; The patient was admitted for surgery, which revealed granulomatous disease. A bronchoscopy and bronchoalveolar lavage were negative, cardiac ultrasound and SACE were normal; Peritoneal sarcoidosis was diagnosed, and prednisone was started. At follow-up, the patient remained asymptomatic and with normal abdominal volume.

## **Discussion**

It is important to stay alert for red-flag symptoms, recognizing key moments for exams and referrals to secondary care. The most probable diagnosis may not be confirmed, showing the importance of regular follow-up appointments, maintaining diagnostic approaches for differential diagnosis and psychological support for the patients and their families, helping them cope through the process.

## **What we can learn from this**

A probable diagnosis of oncologic diseases comes with a high mental health burden. GPs support during the process is vital.







### **Abstract topic**

03. Diagnosis

**Abstract ID:** 647

### **Presentation form**

1 Slide 5 minutes

## Assessing the needs of family medicine physicians to diagnose and treat depression: a European cross-sectional study

Christos Lionis<sup>1)</sup>, Marilena Anastasaki<sup>1)</sup>, Christopher Dowrick<sup>1)</sup>, Juan Manuel Mendive<sup>1)</sup>, Ferdinando Petrazzuoli<sup>1)</sup>, Heather L Rogers<sup>1)</sup>, Shelly Rodrigues<sup>2)</sup>, Mary Ales<sup>2)</sup>

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<sup>2)</sup>Mosaica Solutions, LLC, Madison WI and Kansas City MO, United States

### **Background**

Mosaica Solutions and WONCA are working together to produce a needs assessment scan on mental health care provided by FM/GPs in Latin America and Europe. The aim of this abstract is to present the preliminary results of the survey conducted in certain European FM/GP settings.

### **Methods**

An online survey questionnaire was administered to purposively selected FM/GPs in Spain, Italy and Greece. The 20-item survey tool included multiple-choice, 1-5 Likert scale and open-ended questions to assess FM/GPs' confidence, ability and barriers to manage anxiety and depression, as well as related educational and clinical needs. Data were analyzed descriptively.

### **Results**

Fifty-five FM/GPs responded to the survey. Over half (n=30; 54.5%) had been in practice over 20 years, with 28 (50.9%) in urban, 19 (34.5%) in rural, and 8 (14.6%) in suburban settings. Overall, a small proportion (n=10; 18.2%) rated their current ability to screen for and diagnose depression and anxiety as low or very low. However, the same proportion rated their current ability to select appropriate non-pharmacologic therapy to treat depression and anxiety as high or very high. The majority of respondents (n=38;69.1%) selected the use of psychological therapies and CBT approaches, as well as the engagement of local community resources, as the most preferable training/education content.

### **Conclusions**

Although further research in larger, randomly selected samples is required, this initial analysis provides insight into the training needs of FP/GPs in selected European settings and can contribute to the development of respective educational activities.





## Abstract topic

03. Diagnosis

**Abstract ID:** 665

## Presentation form

Workshop

## Soon we will all be patients. Different Scientific Perspectives on Overdiagnosis - EUROPREV workshop

John Brandt Brodersen<sup>1)</sup>, Carlos Martins<sup>2)</sup>, Jasna M Vucak<sup>3)</sup>, Ahmeda Ali<sup>4)</sup>, Amnon Lahad<sup>5)</sup>, Tom Axelrod<sup>5)</sup>, Alexandra Brandt Ryborg Joensson<sup>6)</sup>

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<sup>4)</sup>Irish College of General Practitioners, Dublin, Ireland

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<sup>6)</sup>Department of People and Technology, Roskilde University, Roskilde, Denmark

## Background

Overdiagnosis means making people unnecessarily into patients. Overdiagnosis is a global problem and is happening when diagnosing mental conditions as well as somatic conditions. To an individual, being overdiagnosed often triggers a cascade of psychosocial harm and overtreatment. In a societal context, overdiagnosis is extremely costly and harmful to public health. To general practitioners, overdiagnosis means more work, increased social inequity, and to some extent work that increases the inverse care law.

## Target Group

GPs, trainees, and clinical staff

## Didactic Methods

The workshop will begin with six short presentations:

- what is overdiagnosis
- the quest for eternal life
- lung cancer screening
- harms of overdiagnosis
- quaternary prevention
- drivers for overdiagnosis
- followed up by discussions in small groups ending with a plenum discussion.

## Objectives

Based on Jønsson and Brodersen's award-winning book "Soon we will all be patients" (2022) we will combine medical evidence with social science and philosophical theories to present research on why





overdiagnosis exists and what general practice needs to be able to handle the rise of apparently healthy people seeking or receiving unnecessary diagnoses.

The symposium aims to facilitate a discussion of the participants' experiences and thoughts on overdiagnosis in general practice and how to proceed against unnecessary diagnoses, 'too much medicine' and overmedicalisation of life.

**Estimated number of participants**

120

**Brief presentation of the workshop leader**

Alexandra Jønsson medical anthropologist, PhD, associated professor, and John Brodersen a general practitioner, PhD, professor – both invited as keynote speakers at this Wonca conference.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 691

### **Presentation form**

1 Slide 5 minutes

## **Continuous quality improvement study for the diagnosis of osteoporosis at a Family Health Unit in Portugal**

Maria Romana Salazar Silva<sup>1)</sup>, Catarina Perna<sup>1)</sup>, Francisca Melo<sup>1)</sup>, Ricardo Albuquerque<sup>1)</sup>

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### **Introduction**

Osteoporosis is characterized by a reduction in bone mass and micro-architectural deterioration. As a consequence, bone fragility increases, as well as the propensity to fracture. Osteoporosis became one of the most common diseases worldwide as the population ages as well as a big public health concern.

### **Objectives**

The main goal of this work was to evaluate and improve the diagnosis and treatment of osteoporosis at the USF Rainha D. Leonor's (USF RDL) population.

### **Methods**

All patients aged over 65 diagnosed with osteoporosis, codified by ICPC2, were selected, using the platform MIM@UF. There were defined quality patterns, goals as well as educational and structural intervention plans. Later, the same method will be used to evaluate the effectiveness of this project.

### **Results**

During the first evaluation, of the 3586 patients aged over 65 years, were detected 329 patients with the diagnosis of osteoporosis (ICPC2: L95). A new evaluation of the same data was proposed, after the implementation of a diagnosis and therapeutic improvement intervention.

### **Conclusion**

The increase in the number of patients diagnosed with osteoporosis and the optimization of the therapeutic follow-up, through a continuous quality improvement study, will bring health improvements for the USF Rainha D. Leonor's population.





**Abstract topic**

03. Diagnosis

**Abstract ID:** 698

**Presentation form**

Case Reports By Young Doctors

## Avoidant-restrictive meals and life (about an ARFID clinical case)

Ana Rita Amado Ramos de Carvalho<sup>1)</sup>, André Cardoso<sup>2)</sup>, Marta Sousa Cardoso<sup>3)</sup>, Clarisse Aguiar<sup>3)</sup>

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<sup>3)</sup>USF S. Domingos, Santarém, Portugal

Avoidant-restrictive food intake disorder (ARFID) is characterised by avoidance or restriction of food intake that negatively affects physical health of the individual (weight loss, nutritional deficiencies) or has significant impairment in important areas of functioning. This behaviour is normally associated with lack of interest in eating, avoidance of certain foods or concern about consequences of eating (choking, vomiting). It's not motivated by preoccupation with body image.

**Problem**

An apparently healthy, 19-year-old woman mentions that since childhood she is extremely selective and feels repelled of certain foods. She only eats bread, crackers, milk and cereals, pureed soup, grated fruit and roasted chicken. Meals have always caused distress, affecting her family and social life. As a child, she had nutritional deficits and regarding her eating pattern, it was always undervalued. Physical examination: no alterations, except BMI 19kg/m<sup>2</sup>.

**Management**

The family doctor established the diagnosis of ARFID and referred the patient to the specialty of Psychiatry.

**Outcome**

The patient adhered to a multidisciplinary plan and attends multiple consultations: (psychiatry, psychology, speech therapy, nutrition) and a support group.

**Discussion**

It is important to recognize ARFID diagnosis since it can easily be devalued. Fear and shame can keep these conditions hidden for years, causing suffering and worsening the prognosis. Thus, one should actively search for it, in case of growth alteration or history of feeding difficulties.

**What we can learn**

The family doctor must be aware of this diagnosis, know how to value changes in dietary patterns and refer early to specialized treatment.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 702

### **Presentation form**

1 Slide 5 minutes

**The results of a prospective study of multimodal breast POC-US supported by artificial intelligence in symptomatic patients with increased risk of malignancy in the history who presented for consultation in the family doctor's office.**

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This study evaluates the utility of POCUS for the assessment of patients with breast complaints who present to the family doctor's office and the impact of POCUS on medical decision-making and patient-management. Mammography is the first-line imaging method used in breast cancer screening and the diagnosis of breast lesions, still considered the "gold-standard" method.

### **Material Methods**

We report a prospective Breast-multimodal-US-screening performed on 1456 females with oncological risk-factors+, with symptomatic breast complaints. Ultrasound, as a complementary-method to mammography, was useful in differentiating cystic lesions from solid ones and in evaluating tumors-masked by dense-glandular tissue on the mammographic image. We used the BIRADS as Final-Risk-Assessment-Categories and Strain-Elastography, with both elastographic-scores by UENO and semiquantitative-Strain-Ratio(SR), for standardization and to establish if fine-needle-aspiration-cytology(FNAC) should be performed. We designed an Ultrasound-Scoring-System(USS) for risk-stratifications and a smart-software(AI). Finally, we compared ultrasound scores designed by us, with the histological results and correlated with mammography and Breast-MRI results as "Gold-Standard" methods.

### **Results**

Were found 22% normal breasts, 60% patients with different breast diffuse diseases and 440 (15%) females with focal-breast-lesions. Prevalence of breast-pathology was 38.99% (95%CI:37.54%to40.45%) with sensitivity:96.49%, specificity:96.52%, and a high-accuracy 96.51%, PPV:94.66%, NPV:97.73%, statistically-significant, 0.01. The ROC-analysis confirmed a higher-level of diagnostic accuracy of multimodal-US, 0.001, AUC=0,995, 95%CI:0,97 to 1. Our cut-off value of SR was: 2.8.

### **Conclusion**

Performing POCUS breast-multimodal-screening had the best accuracy in the analysis of the vascular network and absence of elasticity for differentiating "benign-versus-malignant" the breast-lesions and for diagnosis of breast pathology.







### **Abstract topic**

03. Diagnosis

**Abstract ID:** 737

### **Presentation form**

Lecture

## **Workshop: oriented musculoskeletal examination**

Daniel Bertoluci Brito<sup>1)</sup>, , Carolina Quental<sup>2)</sup>, , José Carneiro<sup>1)</sup>, , João Sobral<sup>3)</sup>

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<sup>3)</sup>USF Baltar, Baltar, Portugal

### **Background**

Musculoskeletal pathology represents a considerable proportion of appointments in Primary Health Care. Therefore, family doctors must be able to correctly perform a complete musculoskeletal examination and guide those findings according to the differential diagnosis.

### **Target Group**

Family doctors and medical residents of Family Medicine with interest in musculoskeletal pathology.

### **Didactic Method**

The workshop will be structured in three parts. The first will include a theoretical and practical schematic presentation of the musculoskeletal physical examination, divided by anatomical areas. In the second part, clinical cases of the most common skeletal muscle pathologies in primary health care will be presented. The workshop will end with the discussion of the different clinical cases and clarification of the participants' doubts.

### **Objectives**

To approach the musculoskeletal exam divided by anatomical areas in a practical and appropriate way to the daily routine of family doctors. It will also allow participants to train, correct, and eliminate misconceptions about the musculoskeletal examination.

After this workshop, participants will be able to perform the musculoskeletal examination in a simple, safe and targeted way to the complaints of each patient, and more effectively guide the diagnosis and follow-up of each case.

### **Estimated number of participants**

45 participants

### **Brief presentation of the workshop leader**

Daniel Bertoluci Brito is a 4th year medical resident of General and Family Medicine in USF Espaço Saúde in Porto, with a special interest in musculoskeletal pathology, having completed a post-graduate course in Sports Medicine in Faculty of Medicine of University of Porto in 2021.





## Abstract topic

03. Diagnosis

**Abstract ID:** 739

## Presentation form

Case Reports By Young Doctors

## Neurological and cognitive symptoms: beyond the brain

Margarida Magalhães<sup>1)</sup>, Luís Soares<sup>1)</sup>

<sup>1)</sup>USF do Parque - ACES Lisboa Norte, Lisboa, Portugal, Lisboa, Portugal

### Introduction

Neurologic syndromes commonly occur in patients with liver disease. They can be a complication of the disease, induced by a factor that also contributes to the disease or have no relation to liver disease.

### Case Description

We present the case of a 63-year-old woman, married, retired from a printing factory. Personal history of arterial hypertension, dyslipidaemia, moderate mitral and tricuspid regurgitation, hepatic steatosis (known for 8 years), depression and osteopenia.

She attended our primary care centre reporting progressive loss of balance and lower extremities weakness with multiple falls, tremors, abnormal limb movements at rest and memory loss for almost 3 years. She denied regular alcohol intake in the last 5 years, with a consumption of 2 alcohol units a day for 30 years. At physical examination: MMSE 8/10, asterixis, bilateral arm rigidity and signs of appendicular ataxia, positive Romberg test and walking slowness.

Complementary evaluation revealed pancytopenia; serum alanine and aspartate aminotransferase, gamma-glutamyl transpeptidase, alkaline phosphatase and bilirubin elevation. Study was negative for infectious or autoimmune causes. Abdominal ultrasound: hepatic morphology abnormalities compatible with chronic liver disease (CLD) and presence of ascites. Brain CT: diffuse cortical and subcortical atrophy.

Patient was referred to gastroenterology and neurology for additional evaluation with clinical impression of hepatic encephalopathy. Further study was suggestive of acquired hepatocellular degeneration (AHD) in context of CLD.

### Conclusion

CLD is an extremely common condition, with a wide spectrum of clinical manifestations. AHD is rare, frequently irreversible and can occur in all forms of CLD.





## **Abstract topic**

03. Diagnosis

**Abstract ID:** 745

## **Presentation form**

Case Reports By Young Doctors

## **Post vaccine Barré**

Leonor Carrapatoso<sup>1</sup>, Carina Cunha<sup>1</sup>

<sup>1</sup>Unidade Local Saúde Matosinhos, Senhora da Hora, Portugal

## **Didactic method**

Guillan-Barré syndrome (GBS) is an acute autoimmune demyelinating motor polyneuropathy. The initial diagnosis is clinical, usually associated to weakness and areflexia or hyporeflexia, which can lead to complete paralysis of the extremities and facial, respiratory and bulbar muscles.

## **Presented problem**

Female, 56 years old, housekeeper, extended family caregiver. Previous medical history: obesity, dyslipidemia, hypothyroidism and anxiety. Admitted twice to the emergency department (ER) due to fatigue, paresthesias of the right hemibody and mechanical pain in the lumbosacral region.

## **Management**

The patient was diagnosed with radiculopathy and discharged after pain improvement with analgesia. Due to needing a certificate of temporary incapacity, she scheduled an appointment at the primary health care center, mentioning an improvement of the paresthesias, however an increase of the pain and fatigue, which was associated with the complex family situation. Two days after, due to the persistence of symptoms, the patient returned to the ER, being admitted for study in the Orthopedic Department. During hospitalization, progressive loss of muscle strength was observed in the four limbs, dizziness, urinary incontinence, pollakiuria and constipation.

## **Outcome**

The clinical and neurological examination raised suspicion for GBS, which was corroborated by a lumbar puncture. The COVID-19 vaccine was admitted as the most likely etiology.

## **Discussion**

Although the prognosis of GBS is usually favorable, with the majority of patients recovering entirely or maintaining only reduced motor deficits, a timely diagnosis is decisive to avoid potential follow-on complications. With large-scale vaccination, as family doctors we have to be aware for this symptoms.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 782

### **Presentation form**

Lecture

## Care of children who are indirect victims of domestic violence by general practitioners - qualitative study of 19 doctors in France.

Humbert de Freminville<sup>1)</sup>, Sarah Deluegue<sup>1)</sup>

<sup>1)</sup>Family medicine, Universite Claude Bernard LYON1, University of Lyon, FRANCE, Lyon, France

Introduction/Background - Methods - Results and conclusion/Aim

### **Introduction**

In France, nearly 400,000 children live in homes where women are victims of domestic violence. Exposure to such violence is a form of child abuse, and children who witness it suffer the consequences. The study's objective is to explore the complexity of the care provided by general practitioners to children who are indirect victims of domestic violence.

### **Methods**

Qualitative study by means of semi-structured interviews with 19 general practitioners in the Rhône-Alpes region of France. After transcription, the data were coded manually using nVivo® software, using an inductive thematic analysis method.

### **Results and conclusion**

General practitioners have difficulty addressing the subject of domestic violence during consultations, especially when children are present. They do not feel sufficiently trained and consider that they do not have enough time to deal with victims adequately. The lack of communication with the various paramedical, social and legal professionals involved in the child's care is to be deplored. The treatment of the child who is a co-victim of domestic violence is based on the triptych of Screening-Checking-Protecting, which is inseparable from the long-term follow-up that follows, allowing the patient to be supported in the long term. This multidisciplinary approach could be made more efficient with greater coordination.





## Abstract topic

03. Diagnosis

**Abstract ID:** 785

## Presentation form

Science Slam

## Correlation between obstructive sleep apnea and depression, anxiety, affective temperaments, and lifestyle factors

Peter Torzsa<sup>1)</sup>, Dalma Csatos<sup>1)</sup>, Gergely Marton Torzsa<sup>1)</sup>, Laura Dalnoki<sup>1)</sup>, Andras Mohos<sup>2)</sup>, Zoltán Szakács<sup>3)</sup>

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<sup>3)</sup>Sleep Health Center, Honvéd Kórház, Budapest, Hungary

## Background

Obstructive Sleep Apnea (OSA) is the most common sleep breathing disorder with a prevalence of 2-4% in the general population and it continues to increase in parallel with obesity. OSA is an independent cardiovascular risk factor.

The aim of our study is to assess the prevalence of mood disorders among people with sleep apnoea. Our goal was to explore the relationship between affective temperaments and depressive symptoms.

## Method

Sociodemographic and anthropometric data were recorded. We used Beck Depression Questionnaire (BDI), HADS-A anxiety questionnaire, TEMPS-A questionnaire.

## Outcomes

362 patients were included in the study, the average age was 54.2±12.1 (±SD) years, 64.6% were men. The rate of OSA was 33.6% in men and 22.5% in women (p<0.000). Significantly more patients with OSA exercised (41.1% vs. 28.9%, p=0.023), other lifestyle factors did not reveal any significant difference between the two groups. The number of depressive symptoms among OSA patients was 42%, while among those without sleep disorders it was 14% (0.001). In multivariable logistic regression models (corrected for age, gender and education), the increase in the irritable, depressive and cyclothymic temperament scores showed a close relationship with the increase in BDI score (0.001).

## Discussion

Untreated depression is very common among OSA patients, which worsens the severity of the sleep disorder. Among OSA patients with irritable, depressive or cyclothymic temperaments, severe depressive symptoms were found even more often.

## Take Home Message for Practice

Screening for mood disorders is particularly important among OSA patients.





## **Abstract topic**

03. Diagnosis

**Abstract ID:** 799

## **Presentation form**

Case Reports By Young Doctors

## **Infective endocarditis- clinical case**

Komal Hingorani Karnani<sup>1)</sup>, Rocío García Gutiérrez Gómez<sup>1)</sup>

<sup>1)</sup>Hospital Severo Ochoa, SEMFYC, Madrid, Spain

## **Didactic method**

We present a clinical case where it is essential to have a clear attitude towards the patient and from which we can draw interesting conclusions.

## **Presented problem**

A 76-year-old female patient with medical history of triple valve disease, bioprosthetic mitral and aortic valves was admitted with subacute symptoms of shivering and outbreak of a urinary tract infection (UTI), and a fall at home with cranial trauma, remaining on the floor for hours. History was reviewed, presenting recurrent urinary tract infections in the last months with repeated isolation of *Klebsiella pneumoniae* in urine culture tests, receiving appropriate treatment.

## **Management**

Fluid therapy and ceftriaxone was initiated due to hypotension, rhabdomyolysis, UTI and kidney failure. An echocardiogram was performed to rule out prosthetic involvement (which beforehand did not seem likely), revealing images of aortic prosthetic valve endocarditis and periprosthetic abscess so therefore antibiotic ciprofloxacin was administrated (aminoglycosides were contraindicated due to kidney failure). Finally, the patient was transferred for cardiac surgery.

## **Outcome**

Good clinical evolution, being discharged with intravenous treatment in day-hospital.

## **Discussion**

Among the indications for performing an echocardiogram in a patient with prosthetic valves is the suspicion of infective endocarditis. Our patient had no cardiological symptoms, but the cranial trauma was decisive to suspect cardiologic involvement.

## **What can we learn from this?**

- Episodes of cranial trauma must be deeply analysed considering alarming data that may indicate cardiology, especially in patients with heart disease.
- Infective endocarditis requires agresive treatment from the moment it is suspected, even without diagnostic confirmation.







### Abstract topic

03. Diagnosis

**Abstract ID:** 804

### Presentation form

1 Slide 5 minutes

**A prospective experimental study of early diagnosis of mononucleosis viral infection through multimodal ultrasound spleen screening for the splenomegaly detection in primary healthcare.**

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Besides hepatitis viruses more frequently involved in lymphopoiesis organs damage, appear to be infections with Epstein-Barr-virus and cytomegalovirus, members of the herpes virus family, with high prevalence in adolescents from 50 to 80%. The symptoms could vary from nothing to fever, superficial and deep lymphadenopathy, moderate hepatitis, and pharyngitis. The herpes-virus family could persists latent with reactivation with subsequent complications.

### Method

A prospective-study conducted over three years, included a total of 632 symptomatic patients under the age of 40. All patients performed multimodal-US screening of both abdominal and lymph-nodes in superficial or deep chains. All data obtained were entered into a Smart-US-Software. Blood-picture, Liver laboratory-tests were monitored besides CMV/EBV/herpes viruses specific-antibodies and we did the clinical-imaging-serological correlations.

### Results

The incidence of cases studied was: 41% Epstein Barr virus infection and 20% CMV infection (sensitivity 91%, specificity 87%)  $p < 0.001$ . Each patient performed an ultrasound protocol. Some quantitative/qualitative ultrasound features were obtained with morphological and structural changing mild/severe-hepatomegaly and/or splenomegaly. We found increased velocity in the portal and spleen vein over 30cm/sec (Doppler-US). In 60% of cases with mononucleosis, we detected some ultrasound pattern. Doppler ultrasound of lymphadenopathy allowed us to identify two main types of node-vascularity-patterns. We obtained a statistically significant correlation  $p < 0.0001$  (Chi-square-test; Fisher's-exact-test) between the ultrasound-markers (morphometry/spleen-volume/Doppler-Index/Elastographic-Strain-Ratio) and the specific-virus-antibodies.

### Conclusions

Multimodal ultrasound in mononucleosis-infections could establish early detection of lymphadenopathy with hepatomegaly and/or splenomegaly. We found in this study some ultrasound-markers and patterns with clinical-imaging and serological statistically significant correlations.





## Abstract topic

03. Diagnosis

**Abstract ID:** 809

## Presentation form

1 Slide 5 minutes

## Systemic immune-inflammation index (SII) and systemic inflammation response index (SIRI) may be the preferred biomarker of hidradenitis suppurativa

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<sup>2)</sup>Dermatology, Private Buhara Hospital, Erzurum, Turkey

<sup>3)</sup>Family medicine, karadeniz technical university , Farabi Hospital, Trabzon, Turkey

## Background

We aimed to investigate the interrelation of HS with CBC parameters and new inflammatory indicator parameters systemic immune-inflammation index (SII) and systemic inflammation response index (SIRI).

## Methods

102 patients diagnosed with HS and 99 healthy controls were included. The medical records and laboratory findings of the participants were reviewed retrospectively. Patients and control group neutrophil, lymphocyte, monocyte, and platelet counts, neutrophil to lymphocyte ratio (NLR), platelet to lymphocyte ratio (PLR), monocyte-lymphocyte ratio (MLR), mean platelet volume (MPV), platelet distribution width (PDW) and red cell distribution width coefficient of variation (RDW), SII and SIRI were compared.

## Results

The patient and control groups differed significantly concerning CRP, lymphocyte count, monocytes count, platelet count, PLR, and MHR (0.05). In contrast, the mean of MPV and NLR aren't significant difference in control individuals. SII and SIRI were significantly higher in patients with HS than in controls (p=0.005, 0.001).

Correlation analyzes of SII and SIRI with each other and CRP were performed. It was determined that SIRI had moderate correlations with CRP (r=0.346, 0,001). The correlation between SII and CRP was low (r=0.256, 0,001). In addition, we analyzed the correlation between SII and SIRI, it was determined to be a high level of correlation (r=0.675, 0,001)

## Conclusions

Our study has objectively demonstrated that SII and SIRI are more reliable biomarkers than other inflammation parameters in HS patients.

## Take Home Message for Practice

(SII) and (SIRI) would be used to evaluate treatment response and follow-up in Hidradenitis Suppurativa as new indicators.





## Abstract topic

03. Diagnosis

**Abstract ID:** 834

## Presentation form

Lecture

## How well do tools to help GPs diagnose urinary tract infections work?

Gail Hayward<sup>1)</sup>, Thomas Fanshawe<sup>1)</sup>, Christopher Butler<sup>1)</sup>, Rebecca Judge<sup>1)</sup>, Sam Mort<sup>1)</sup>

<sup>1)</sup>Nuffield Dept of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

### Background

Currently most women attending primary care with urinary tract infection (UTI) symptoms receive antibiotics. Antibiotic use results in increased antibiotic resistance in urine and blood stream infections. There is a lack of accurate rapid diagnostics for UTI in women to guide prescribing. Although many countries have developed UTI diagnostic guidelines, few have been validated.

### Questions / Discussion Point

How accurate are UK UTI diagnostic guidelines? What other options might soon be available to GPs?

### Methods

We used data from women with symptoms suggestive of uncomplicated UTI from a randomised controlled trial which collected symptom information and urine samples for dipstick testing and culture. We calculated the number within each risk category of diagnostic flowcharts who had positive/mixed growth/no significant growth urine culture.

### Results

Using the GW-1263 UKHSA guideline (n=810) 311/509 women aged under 65 with a positive urine culture would have received immediate antibiotics and 80/199 with a positive culture would have been reassured that UTI is less likely. For the SIGN160 guideline (n=814), the proportion with positive culture ranged from 60/82 in those for whom immediate treatment was indicated to 33/76 in those recommended a self-care/waiting strategy.

### Take Home Message for Practice

Clinicians should be aware of the potential for diagnostic error when using diagnostic guidelines for managing uncomplicated UTI and making antimicrobial prescribing decisions. Infection cannot be excluded on the basis of symptoms and dipstick testing alone. We will discuss other new developments in UTI diagnosis and their implications for practice





### Abstract topic

03. Diagnosis

**Abstract ID:** 838

### Presentation form

1 Slide 5 minutes

## Is radiographic ankle osteoarthritis associated with ankle symptoms in patients with chronic ankle complaints?

Sabine Kloprogge<sup>1)</sup>, Nienke Katier<sup>2)</sup>, Adinda Mailuhu<sup>1)</sup>, Jeanette van Vooren<sup>2)</sup>, John van Ochten<sup>1)</sup>, Patrick Bindels<sup>1)</sup>, Sita Bierma-Zeinstra<sup>1)</sup>, Marienke van Middelkoop<sup>1)</sup>

<sup>1)</sup>Department of General Practice, Erasmus MC Medical University Center Rotterdam, Rotterdam, Netherlands

<sup>2)</sup>Department of Radiology, Albert Schweitzer Hospital, Dordrecht, Netherlands

### Introduction

The prevalence of radiographic ankle OA in a population with chronic ankle complaints referred for ankle radiography is considerable. However, evidence on the association between radiographic ankle OA and symptoms remains contradicting. We therefore examined the association between radiographic ankle OA and severity of ankle pain and disability, and additionally predominant symptoms in a population with chronic ankle complaints referred for ankle radiography.

### Methods

A cross-sectional study was conducted in a radiology department in the Netherlands. Adults referred for ankle radiography from primary and secondary care completed a questionnaire in the waiting room, which contained questions on the severity of ankle pain and disability (Ankle Osteoarthritis Score (AOS) and on their predominant symptoms, i.e. pain, functional loss, stiffness and instability. Radiographic OA was scored in the talocrural and talonavicular joint (Kellgren-Lawrence score). To examine the association of radiographic OA with the AOS and predominant symptoms, linear and logistic regression were applied.

### Results

Of the population with chronic ankle complaints (N=231), 125 (54.1%) were female, and 133 (57.6%) primary care patients. Radiographic talocrural and talonavicular OA were not associated with severity of pain and disability. Radiographic talocrural OA was associated with functional loss as predominant symptom (OR 3.26, 95% CI: 1.31; 8.11).

### Conclusion

Severity of pain and disability in patients with chronic ankle complaints is not associated with radiographic ankle OA. However, radiographic ankle OA is associated with functional loss as predominant symptom. A focus on predominant symptoms may contribute to better recognition of ankle OA in clinical practice.





## **Abstract topic**

03. Diagnosis

**Abstract ID:** 86

## **Presentation form**

Case Reports By Young Doctors

## **Renal colic – beyond the obvious**

Rita Barrento Cardos<sup>1)</sup>

<sup>1)</sup>USF Magnólia, ACeS Loures-Odivelas, ARS Lisboa e Vale do Tejo, Santo António dos Cavaleiros, Loures, Portugal

### **Presented problem**

42-year old female, with known history of endometriosis and previous episodes of acute renal colic, presented to the emergency department with intense left flank paroxysmal pain and nausea with 12 hours of evolution, and no further symptoms. She had been previously referred to Gynaecology but had been lost to follow-up. Physical examination showed no hypotension or fever. Palpation of the abdomen was painful in the left flank with no costovertebral tenderness.

### **Management**

laboratory testing showed mild haematuria, without elevation of C-reactive protein or leucocytosis and normal kidney function. CT scan of the abdomen and pelvis showed no signs of nephrolithiasis with an endometriotic lesion surrounding the left ureter causing moderate ureterohydronephrosis (19mm). Symptomatic control was best achieved with IV Metoclopramide, Diclofenac and Tramadol.

### **Outcome**

case was discussed with Gynaecology who decided for admission to their ward for monitoring and planning of further studies ahead of surgery. There was no need for acute renal derivation given the absence of signs of infection and normal kidney function.

### **Discussion**

renal colic is a frequent diagnosis which should be suspected in patients presenting with flank pain. In this case, despite the known history of endometriosis, the diagnosis of a ureteral stenosis due to an endometriotic lesion came as a surprise, showing the importance of imaging in the evaluation of suspected nephrolithiasis. Although rare, it is important to be aware of the urinary complications of endometriosis to maintain a high index of suspicion in patients with a known endometriosis history.





## Abstract topic

03. Diagnosis

**Abstract ID:** 860

## Presentation form

Case Reports By Young Doctors

## Flooded legs; the culprit: the kidney

Patricia Xiang Arenas de Juan<sup>1)</sup>, Rocío del Carmen Bello Hirschfeld<sup>1)</sup>, Maria Széchényi Conde<sup>1)</sup>, Margarita Pendás Toribio<sup>1)</sup>

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### Clinical case

Male patient aged 71 years (2021). No allergies, ex-smoker. Hypertension, dyslipidemia. ST-elevation acute coronary syndrome with preserved left ventricular ejection fraction and two-vessel coronary artery disease. Membranous glomerulonephritis 1988. Consultation for edemas in lower limbs and testicles with worsening when introducing angiotensin-converting enzyme (ACE) inhibitors for blood pressure control. Enalapril was discontinued and he was started on thiazide-like diuretic (chlorthalidone), nebivolol and angiotensin II receptor blockers (ARB): losartan; an abdominal ultrasound scan and nephrology consultation was also requested.

### Complementary tests

hypoalbuminaemia, hypoproteinaemia, microalbuminuria, proteinuria of 7g (24h urine). Antibodies anti-PLA2R 12.67U/ml. Normal urine proteinogram. Normal PTH. Normal abdominal ultrasound. Conservative management with ramipril 5mg was decided.

The patient presented nephrotic syndrome secondary to a relapse of membranous glomerulonephritis. With conservative treatment, the patient improved getting edema decreased from 7g proteinuria to 1.4g at present, and seroconverting antibodies PLA2R into negative.

Acute bilateral edema is a clinical picture that should lead us to think about different differential diagnoses adverse drug reaction (ADR); heart failure; nephrotic syndrome; bilateral DVT... Nephrotic syndrome is characterised by the clinical presentation of the patient; possible complications are hypovolaemia, protein malnutrition, infection and acute kidney injury.

This case shows us that since edema is such a frequent reason for consultation, the diagnosis of nephrotic syndrome leading to membranous glomerulonephritis is not so common. It reminds us that a good differential diagnosis can be made in primary care to identify and initiate treatment as soon as possible in pathologies such as membranous glomerulonephritis.







**Abstract topic**

03. Diagnosis

**Abstract ID:** 861

**Presentation form**

Workshop

**SSMG Workshop - Ultrasounds for GP**

Aurore Girard<sup>1,2)</sup>, Sonya Goudjil<sup>1)</sup>, Hanna Ballout<sup>1)</sup>, Vincent parmentier<sup>1)</sup>

<sup>1)</sup>SSMG, Bruxelles, Belgium

<sup>2)</sup>SSMG, SINT-LAMBRECHTS-WOLUWE, Belgium

**Background**

Ultrasound performed by GP is an act that aims to answer a question binary in specific echo-clinical situations. The goal is not always to give a diagnosis. The ultrasound of the GP is targeted unlike that of the radiologist which is structural. All elements of the history and clinical examination supplemented by an ultrasound will help GP to guide his clinical decision.

If the ultrasound procedure requires some organization and a little training, ultrasound is an ideal examination in general medicine because it is fast, non-irradiating and inexpensive. It makes it possible to specify the clinical examination and to set up an adequate therapy quickly.

**Target Group**

GP and GP trainees with or without ultrasounds use background

**Didactic Method**

Live use of ultrasounds with a short technical briefing on techniques and possibilities. Training that combine theoretical elements and practical advice

**Objectives**

To better understand the different aspects of ultrasound in general practice  
To know indications of ultrasounds in GP practice

**Estimated number of participants**

20 participants, 2 times during the congress

**Brief presentation of the workshop leader**

SSMG (Belgian scientific society - Organising society of WONCA 2023 conference) have many years of experience in ultrasound teaching for GPs





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 911

### **Presentation form**

Case Reports By Young Doctors

## **Transient ischemic attack as an onset form of chronic chagas disease**

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Chagas disease affects about 6-7 million people around the world, mostly in Latin America, and 30% of them will present chronic manifestations such as cardiac, neurological or digestive disorders. Initially, Chagas disease was confined in rural areas of Latin America, but, due to greater mobility of people in last decades, most of infected people have gone to live to urban areas and the disease has spread in many countries of north America and Europe. In Spain it's estimated to affect about 55000 people, 70% of them undiagnosed. The primary health Centers of Cassà de la Selva (Catalonia, Spain) give medical attention to a population of about 33.000 people, and there we have 12 cases of diagnosed Chronic Chagas disease. I expose a case of a 50-year-old woman that was diagnosed of Chagas disease in a Primary Health Center of Cassà de la Selva after having a Transient Ichemic Attack. She was born in Cochabamba, Bolivia, and, before the diagnosis, she had been living here for 20 years. The aim of this work is to highlight the possibility of transient ischemic attack or stroke as the first symptom of chronic Chagas disease in people from endemic countries, and to make physicians aware of the importance of checking the disease in people coming from endemic countries.





## Abstract topic

03. Diagnosis

**Abstract ID:** 940

## Presentation form

1 Slide 5 minutes

## Accuracy of routine laboratory tests to predict mortality and deterioration to severe or critical COVID-19 in people with SARS-CoV-2

Liselore DE Rop<sup>1)</sup>, , Inge Stegeman<sup>2,3,4)</sup>, Gea Holtman<sup>5)</sup>, , Rene Spijker<sup>6,7)</sup>, Mariska Leeflang<sup>8)</sup>, , David Bos<sup>1)</sup>, , Jenifer Otieno<sup>9)</sup>, , Fadi Khlaileh<sup>1)</sup>, , Eleanor Ochodo<sup>10,9)</sup>, , Jan Y Verbakel<sup>1,11)</sup>

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<sup>10)</sup>Centre for Evidence-based Health Care, Department of Global Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

<sup>11)</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

## Background

Estimating the risk of severe outcomes for SARS-CoV-2 patients can help prioritise medical care.

## Questions

Can routine blood-based laboratory tests help predict mortality and deterioration from mild/moderate to severe/critical COVID-19 in confirmed SARS-CoV-2 patients?

## Methods

Cochrane Systematic Review with death and deterioration to severe/critical COVID-19 as target conditions. The search was conducted in the Cochrane COVID-19 Study Register. Titles and abstracts were screened by one author, while two authors independently reviewed the full text and extracted data of all relevant articles. We will analyze all reported blood, plasma, and serum biomarker tests, and





evaluated the quality of the studies using the QUAPAS-tool. We will assess sensitivity, specificity, positive and negative predictive values, and conduct a meta-analysis whenever four or more studies report on a test. We will compare the prognostic accuracy of biomarkers with a minimum estimated sensitivity of 50%, at a minimum specificity of 50% to identify the most discriminative test in this situation.

### **Results**

So far, we have screened 22,705 title and abstracts, 1,911 full-texts, and are currently extracting data from 358 articles. Further results will be presented at the conference.

### **Conclusion**

We are conducting a Cochrane Systematic Review that summarizes new and existing evidence on the prognostic accuracy of routine laboratory markers in SARS-CoV-2.





### **Abstract topic**

03. Diagnosis

**Abstract ID:** 949

### **Presentation form**

Case Reports By Young Doctors

## **Upside down appendicitis - an epiploic appendagitis case report**

Sara Sousa<sup>1)</sup>, Elodie Santos<sup>1)</sup>, Ana Catarina Campos<sup>1,2)</sup>, Olívia Carvalho<sup>1)</sup>, Susana de Sá Laranjeira<sup>1)</sup>

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Epiploic appendagitis (EA) is a rare and frequently misdiagnosed cause of acute abdominal pain. EA is more common in obese patients and in male patients, particularly between the 4th and 5th decade of life. We present a case of an obese 24-year-old man that presented with pain and tenderness on the left iliac fossa with 3 days of evolution and no relief factors. The patient was observed in an acute illness consultation in the primary care service and was referred to the emergency department for further investigation and orientation. A computerized tomography scan of the abdomen and pelvis was obtained and demonstrated an EA at the left iliac fossa underlying the anterior abdominal wall. Analgesic treatment was given and the patient was discharged home. Conservative measures were implemented and no surgery was required, thus avoiding potential complications. The patient was reevaluated after 1 week with significant clinical improvement.





## Abstract topic

03. Diagnosis

**Abstract ID:** 97

## Presentation form

1 Slide 5 minutes

## The GP as provider of talking therapy for depression

Ina Grung<sup>1)</sup>, Øystein Hetlevik<sup>1)</sup>, Stefan Hjørleifsson<sup>1)</sup>, Sabine Ruths<sup>1)</sup>, Berit Bringedal<sup>1)</sup>, Norman Anderssen<sup>1)</sup>

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### Depression is common

At great personal and societal costs. Norwegian national guidelines and financial incentives encourage GPs to take active part in primary mental health care, in line with WHO policy. Talking therapy is recommended as first-line treatment for mild/moderate depression.

### Questions

How do GPs experience and evaluate talking therapy as part of their depression care provision? Can differences be explained by GP their practice characteristics?

### Methods

Cross sectional questionnaire study of 221 Norwegian GPs regarding depression care.&nbsp;The included GPs are participants in the 2021 version of the biennial survey to a representative sample of doctors working in Norway.

### Outcomes (preliminary)

79.6% of the GPs reported to provide talking therapy, while 27.2% stated that this was beyond their skills. 80.4% responded often/very often to spend more than 30 minutes on consultations, young GPs more than older. 92.3% reported that their help often/very often was useful for the patient, yet 13.8% of GPs below 40 responded “rarely” or “never” on this.

### Discussion

We found a substantial variation in GP-reported provision of talking therapy. Self-assessed lack of skills is of concern because GPs’ talking therapy is effective and preferred by patients. The therapeutic value of a well-functioning GP-patient relationship should be acknowledged.

### Take Home Message for Practice

Talking therapy for depression is commonly provided, according to Norwegian GPs. However, there is a need for training and facilitation to provide high quality depression care in general practice.







## 04. Analysis of Routine Data

### Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 196

### Presentation form

1 Slide 5 minutes

### Uptake of COVID-19 vaccination in people with haematological malignancy and other high-risk blood disorders

Jennifer Hirst<sup>1)</sup>, Emma Copland<sup>1)</sup>, Emma Mi<sup>1)</sup>, Carol Coupland<sup>1)</sup>, Julia Hippisley-Cox<sup>1)</sup>

<sup>1)</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

### Background

People with haematological malignancies have increased risk of severe outcomes from COVID19 and were prioritised for vaccination.

### Questions

This study assesses the uptake of COVID19 vaccines in people living with haematological malignancies and other high-risk blood disorders.

### Methods

Data from individuals aged  $\geq 12$  years in the QResearch UK primary care database were included. Vaccine uptake was described by population demographics. Multivariable Cox regression was used to identify factors associated with vaccine uptake.

### Outcomes

The analysis included 12,274,948 people, of whom 97,707 had blood cancer.

92% of those with blood cancer received at least one dose of vaccine compared to 74% in the general population. There was a trend towards lower uptake for each subsequent vaccine dose (92% for first and 31% for fourth vaccine dose). Vaccine uptake decreased with increasing social deprivation: for uptake of the first vaccine in the most deprived quintile of the population compared with the most affluent quintile, the hazard ratio was 0.72 (95%CI 0.70-0.74).

There were differences in uptake by ethnicity: higher proportions of those of Pakistani, Bangladeshi, Black Caribbean and Black African ethnicities remained unvaccinated compared with other ethnicities.

### Discussion

This study showed that there is a drop-off in COVID19 vaccine uptake in people with blood cancer following the second dose of vaccine. There are ethnic and social disparities in uptake. Further work to understand the effectiveness and safety of vaccination is needed.

### Take Home Message

Improved communication of the benefits of COVID-19 vaccination to people living with haematological cancers is needed.





## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 333

## Presentation form

1 Slide 5 minutes

## Urinary Tract Infections in Primary Care in Catalonia (Spain) – ITUCAT project protocol

Silvia Fernández-García<sup>1,2,3)</sup>, Ana Moragas Moreno<sup>4,5)</sup>, Maria Giner-Soriano<sup>1,3)</sup>, Carl Llor<sup>6,7,8)</sup>, Ana García-Sanguenís<sup>1,8)</sup>, Dan Ouchi<sup>1,3)</sup>, Ramon Monfà<sup>1,9,3)</sup>, Monica Monteagudo<sup>1,3)</sup>

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<sup>4)</sup>Primary Care Centre Jaume I, Tarragona, Spain

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<sup>6)</sup>Foundation University Institute for Primary Health Care Research Jordi Gol i Gurina (IDIAPJGol), Barcelona, Spain

<sup>7)</sup>Research Unit for General Practice, Department of Public Health, University of Southern Denmark, Odense, Denmark

<sup>8)</sup>CIBERINFEC, Madrid, Spain

<sup>9)</sup>Spanish Clinical Research Network (SCReN), Barcelona, Spain

## BACKGROUND

Antibiotic resistance is an individual and public health problem worldwide. It is estimated that 10 million people could die worldwide by 2050 from infections caused by multidrug-resistant germs. Unnecessary use of antimicrobials is the most important cause of resistance generation in the community. It is estimated that 80% of antimicrobials are prescribed in primary health care (PHC) and one of the most frequent causes of prescription is urinary tract infections (UTIs).

## QUESTIONS / DISCUSSION POINT

The project will be carried out in three phases

First phase, 2 objectives: 1) Evaluation of the UTI management in primary care. 2) Correlation between antibiotic use for repeated UTIs and the presence of infectious complications in adults women (pyelonephritis, urosepsis, pneumonia and COVID-19).

Second phase: to develop a scale to predict the worsening of UTI to pyelonephritis.

Third phase: to determine whether the request for urine cultures is in accordance with the national standards.

## CONTENT

This is a population-based observational cohort study from 2012 to 2021. The population were adults with a diagnosis of UTI in local databases from Catalonia (Spain).





### **TAKE HOME MESSAGE FOR PRACTICE**

Information from PHC carried out under conditions of routine clinical practice.

To obtain epidemiological information on UTIs and their management.

To elaborate a scale of acute pyelonephritis in patients diagnosed with UTI.

To assess the request for urine cultures.

To improve patient treatment and the sustainability of the health system from PHC.





**Abstract topic**

04. Analysis of Routine Data

**Abstract ID:** 424

**Presentation form**

WONCA Network Workshop

## What is the Potential of Artificial Intelligence/Machine Learning to Improve Primary Care?

Carmel Martin<sup>1)</sup>

<sup>1)</sup>Medicine, Nursing and Allied Health, Monash University, Kelvin Grove, Australia

**Background**

AI/Machine Learning is proposed to “augment and, in some cases, largely replace the intellectual functions of the physician.” International industry and major funding bodies pursue intense searches of ways to operationalize AI/ML in primary care. Should primary care physicians be concerned? This workshop explores current AI/ML issues.

**Target Group**

Researchers, Data Scientists, Practicing Clinicians

**Objectives**

To develop a white paper framework for profession-wide discussion of the need, format and implementation of AI/ML in primary care

**Didactic Method**

The didactic method is small group discussions following short presentations. Guided discussions around open-ended questions will encourage participants to think critically

**Short introduction**

a theoretical and research overview of the state of the art of current AI/ML in primary care from a systems perspective

practical summaries of current activities – successes and failures discussion by presenters in a round table format

what questions should clinicians ask about AI/ML interventions – small group discussion

where do we need more information, what type, when and why

what would help or hinder care

outline of a white paper with recommendations

**Estimated number of participants**

25-30

**Brief presentation of the workshop leader**

Carmel Martin is the Chair of the Complexities in Health WONCA SIG. She is a practising GP, a population health physician and a researcher/iinnovator using data analytics to support complex patient health journeys. Richard Young, with Carmel Martin and JP Sturmberg, have developed a draft NAPCRG white paper overview of the current strengths and weakness of AI/ML





### Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 468

### Presentation form

1 Slide 5 minutes

## Development and validation of a novel risk prediction algorithm to estimate 10-year risk of oesophageal cancer in primary care

Winnie Xue Mei<sup>1)</sup>, Julia Hippisley-Cox<sup>1)</sup>, Carol Coupland<sup>2,1)</sup>, Rebecca Fitzgerald<sup>3)</sup>

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<sup>2)</sup>Centre for Academic Primary Care School of Medicine, University of Nottingham, Nottingham, United Kingdom

<sup>3)</sup>Department of Oncology Early Cancer Institute, University of Cambridge, Cambridge, United Kingdom

### Aim

To derive and validate novel risk prediction algorithms to estimate the 10-year risk of oesophageal cancer in men and women.

### Methodology

We conducted a prospective open cohort study using routinely collected data from QResearch<sup>®</sup>. The primary outcome was any incident oesophageal cancer records found in GP, mortality, hospital, or cancer registry data. Patients included were aged 25-84 years and free of oesophageal cancer, oral cancer, varices, cirrhosis and recent alarm symptoms. We randomly sampled 75% of the entire cohort (16+ million patients) to develop the algorithm and used the remaining 25% for validation. Cox proportional hazards models were used to derive risk equations. Risk factors considered included age, ethnicity, deprivation, BMI, smoking, alcohol, family history, relevant co-morbidities and medications. Measures of model performance were estimated in the validation cohort.

### Results

There were 16,384 incident cases of oesophageal cancer in the derivation cohort. The predictors were: age, BMI, smoking, alcohol, self-reported ethnic groups, Barrett's oesophagus, hiatus hernia, H. pylori infection, use of proton pump inhibitors, recorded anaemia, prior lung and blood cancer. Additionally, breast cancer was included for women. The R<sup>2</sup>, D, and C-statistics for women were 57.1% (95CI 55-59.1), 2.36 (95CI 2.26-2.46), and 0.859 (95CI 0.849-0.868) respectively. The performance was similar in men.

### Interpretation

We have developed and validated a novel prediction algorithm to quantify the absolute risk of oesophageal cancer. Following external validation, the algorithms could be integrated into national or GP clinical computer systems and used to identify high risk patients for targeted screening.





## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 487

## Presentation form

1 Slide 5 minutes

## Electronic patient record systems as a method of improving high-risk drug (DMARD) monitoring: a single-centre quality improvement project

Jonathan Mok<sup>1</sup>, Nam Nguyen<sup>1</sup>

<sup>1</sup>Church End Medical Centre, London, United Kingdom

Disease modifying anti-rheumatic drugs (DMARDs) are used to treat certain autoimmune conditions, and can greatly improve the disease burden. But they are high-risk drugs with significant possible side effects, so they require regular monitoring. UK best practice guidance advises patients can be monitored under a hospital specialist, or by a general practitioner (GP)/family physician if their symptoms are stable. Monitoring mainly includes blood tests every 3 or 6 months and doctor review.

In the UK, monitoring stable patients on DMARD medications provides additional payment to the practice, depending on location. We can record and monitor DMARD patients using the electronic patient record (EPR), specific EPR coding and coding searches.

In our single multi-ethnic, high-deprivation general practice centre of approximately 8300 patients, we aimed to investigate the baseline percentage of DMARD patients having appropriate monitoring. 81 suitable baseline DMARD patients were identified but only 22% (n=11) had a GP review in the last 3 months.

We then designed a quality improvement project using electronic codes, dedicated EPR code searches and text-messaging services to invite and monitor patients and also identify patients without a recent review. Patients were then invited to dedicated GP DMARD appointments for symptom review and blood monitoring, and then coded correctly in the EPR. We improved our monitoring compliance from a baseline of 22% to 88% in the latest quarter using our electronic coding systems, code searches and text messaging systems. In conclusion, using EPR is an effective method of improving monitoring compliance for high-risk drugs.







### Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 49

### Presentation form

1 Slide 5 minutes

## ID 49: Artificial Intelligence and Big Data for the analysis of images captured by digital dermoscopy.

Daniel Suárez Hernández<sup>1)</sup>, Javier Urius Dura<sup>1)</sup>, Fernando Saez Carrion<sup>1)</sup>, Jose Luis Gea González<sup>1)</sup>, , Maria Isabel Gea González<sup>1)</sup>, Mari Carmen Ponce Cuadrado<sup>1)</sup>, Beatriz Soler Pastor<sup>1)</sup>, Jose Miguel Mateo Guillen<sup>1)</sup>, Daniel Estañ Castell<sup>1)</sup>

<sup>1)</sup>Atencion Primaria, Conselleria de Sanidad Fisabio, Guardamar del Segura, Spain

The incidence of skin cancer and other skin lesions is increasing at an alarming rate (1). This has a direct impact on Primary Care (PC) centers, where it is necessary to decide which lesions require a referral to dermatology. This project aims to develop a tool that helps PC centers in this decision making. For this, a mobile application will be developed that allows the capture of dermatological images and their analysis using AI techniques.

In Primary Care it is continually necessary to decide which dermatological lesions require special control or referral to dermatology. For this reason, there is a saturation of specialist consultations due to the uncertainty of not diagnosing a possible potentially malignant lesion.

AI techniques are obtaining spectacular results, especially when applied to image analysis (4,5). These systems are capable of giving health professionals extra support in decision-making, improving secondary prevention.

Currently, mobile devices incorporate high-definition cameras and great processing capacity. This makes them useful tools for capturing and analyzing medical images (6).

The objective of this preparatory action is to develop a mobile application that helps primary care physicians make decisions about whether or not to refer a patient to a dermatology specialist for a brown or dark lesion. Identify those potentially malignant lesions that, due to their characteristics, do not require urgent referral to a specialist.





### **Abstract topic**

04. Analysis of Routine Data

**Abstract ID:** 524

### **Presentation form**

1 Slide 5 minutes

## **The benefits of artificial intelligence in facilitating an extensive literature review**

Hiske Brouwer<sup>1)</sup>, Esther de Groot<sup>1)</sup>, Margot Barry<sup>1)</sup>, Manon Kluijtmans<sup>1)</sup>, Roger Damoiseaux<sup>1)</sup>

<sup>1)</sup>UMC Utrecht, Julius Center for Health Sciences and Primary Care, Utrecht, Netherlands

### **Background**

Executing a thorough literature review is time-consuming. Researchers aspire to screen the largest possible amount of records to ensure good coverage. However, due to time constraints, researchers might create narrower search strategies and thereby risk missing relevant articles.

### **Question/discussion**

In this abstract we describe our experience using ASReview, an open source artificial intelligence (AI) program, to explore how beneficial an extra wide-ranging search would be to our realist review on the broker role of clinician-teachers. ASReview uses both machine and active learning to constantly rearrange all imported records regarding relevance based on prior decisions. The program presents those articles which it assesses as most likely to be relevant, making it acceptable to cease screening once the program fails to find more relevant articles.

### **Content**

First, we performed a conventional 'narrow' literature search, finding 853 articles, of which 49 were eligible for full-text reading and 29 were included in the review. Second, we found 11.762 records via a 'broad' search and inserted these in ASReview. Previously included and excluded articles were used to train the program initially. We chose a data-driven stopping rule and ceased screening after eighty consecutive irrelevant articles. 765 abstracts (6,5%) were screened using ASReview, leading to 68 new articles eligible for full-text reading and 36 additional included articles. Therefore, AI substantially enriched the output of the search.

### **Take home messages for practice**

In the busy worklife of the academic general practitioner, an AI tool can assist in performing an extensive search within a limited time.





## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 526

## Presentation form

Lecture

## Dementia patients with a non-western migration background and health care use: what is the influence of a diabetes diagnosis?

Bianca Strooij<sup>1)</sup>, Marieke T. Blom<sup>1,2)</sup>, Hein P.J. van Hout<sup>1,3)</sup>, Petra J.M. Elders<sup>1,2)</sup>, Otto R. Maarsingh<sup>1,3)</sup>, Jos P.C.M. van Campen<sup>4)</sup>, Karlijn J. Joling<sup>5,3)</sup>

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<sup>4)</sup>Geriatrics, OLVG hospital, Amsterdam, Netherlands

<sup>5)</sup>Elderly Care Medicine, AmsterdamUMC, Amsterdam, Netherlands

## Background

Dementia affects people with a non-western migration background (NWMB) more often. However, NWMB-patients experience barriers in access to care. Diabetes mellitus (DM) is a common co-diagnosis in dementia. Health care use is expected to differ little between DM-patients from different backgrounds because of strict routine care programs for DM. This study aims to assess whether a diagnosis of DM is an effect modifier of the association between care use and migration background (NWMB vs. native Dutch background [NLB]) in dementia patients.

## Methods

Observational study based on routine care data from electronic health records of general practitioners (GP) linked with registries from StatisticsNetherlands (2013-2014). Inclusion criteria were 65+, dementia diagnosis and living at home. Care use outcomes included hospital admissions, home care and GP contacts. Negative binomial and logistic regression analyses were conducted to assess differences.

## Outcomes

138.864 dementia patients were included, whereof 3.991 of NWMB and 132.477 of NLB. Significant differences were found between NWMB- and NLB-patients in home care use, hospitalisations and number of GP home visits. A diagnosis of DM was only an effect modifier in home care use (0.001), showing greater differences between the NWMB- and NLB-group in people with DM (OR 1,76) compared to no DM (OR 1,49).

## Discussion

These findings imply that having DM does not influence the association between care use and migration background in people with dementia, despite DM routine care programs. Further research into care use and quality of care for dementia patients with different migration backgrounds is needed.





## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 611

## Presentation form

Lecture

## Patient Safety Incidents in a Primary Healthcare region in Catalonia (Spain) in 2019 compared to APEAS 2007, Spanish patient safety adverse events study in primary care

Montserrat Gens-Barbera<sup>1)</sup>, Inmaculada Hospital-Guardiola<sup>1)</sup>, Eva Maria Oya-Girona<sup>1)</sup>, Nuria Hernandez-Vidal<sup>1)</sup>, Eulalia Oriol-Colominas<sup>1)</sup>, Maria Moreno-Gomez<sup>1)</sup>, Eva Lopez-Sanz<sup>1)</sup>, Yolanda Mengibar-Garcia<sup>1)</sup>, Francisco Jose Martin-Lujan<sup>1)</sup>, Maria-Pilar<sup>1)</sup>

<sup>1)</sup>Unitat Territorial de Qualitat., Territorial Directorate of Camp de Tarragona. Catalan Institute of Health. Government of Catalonia. Spain, Tarragona, Spain

## Background

First study on the prevalence of adverse events (AEs) in primary healthcare (PHC) in Spain was carried out in June 2007 (APEAS2007). A replication of this was performed in 2019.

## Methods

Cross-sectional study was carried out June 2019 to identify AEs by PHC professionals of Camp de Tarragona health region in Catalonia(Spain) with a questionnaire adapted from APEAS 2007. Comparative statistical analysis performed between 2007 and 2019 results.

## Outcomes and Discussion

APEAS2007 included 96,047 visits and 24,560 visits in 2019. Increase in nurses' visits (26.48% vs 47.49%; 0.001), reduction in family doctors (63.56% vs 50.77%; 0.001), and pediatricians visits (9.96% vs 1.94%; 0.001). 2,145 incidents reported in 2007 and 1,473 in 2019 (2.23% vs 0.60%; 0.001). An increase in incidents without harm (34.92% vs 79.97%; 0.001) and a reduction with harm (51.66% vs 7.13% 0.001) declared.

Regarding nature, a reduction in medication (47.8 vs 27.8; 0.001) and infection related to healthcare issues (8.39 vs 1.21; 0.001) and an increase of worse disease course issues (19.95 vs 39.39; 0.001) observed. Causal factors, the first was still medications (48.19 vs 49.52; 0.001). Increase in communication issues (24.64 vs 36.19; 0.001), care-related issues (25.72 vs 32.38; p<0.001), and clinical and administrative management-related issues (8.94 vs 29.52; 0.001) identified.

## Take Home Message for Practice

Prevalence, nature, and causal factors of AEs in PHC changed over years. Use of medication and reduction of severe AEs improved. However causal factors as communication, care management, worse disease courses increased and need to be addressed.





## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 677

## Presentation form

Lecture

## AI prediction and prevention of fall, undernutrition risk, depression risk and heart failure risk in primary healthcare for older people.

Jacques-Henri Veyron<sup>1)</sup>, Théodore Rezel<sup>1)</sup>, François Lainée<sup>2)</sup>, Fabrice Denis<sup>3,4)</sup>, Stéphanie Malvoisin<sup>3)</sup>,  
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## Background

Unscheduled hospitalizations are frequent among older adults living at home, especially as they are confronted with major geriatric syndromes: falls, undernutrition, depression, incontinence, loss of autonomy, etc. Health digital systems could be useful by detecting worsening health conditions earlier. They represent an important resource for improving &nbsp;healthcare system's organization especially primary care.

## Question

Is an artificial intelligence–based machine learning (ML) approach can predict critical health situations for health professionals ?

## Methods and outcomes

This is a retrospective observational multicenter study. We have implemented a medical device based on AI to predict and prevent major health risk for seniors at home and to optimize general practitioners 'consultations. We developed a series of models which predict the risk of future clinical symptoms. The performance of these models was evaluated and compared according to ROC (AUC, sensitivity, specificity). The SHapley Additive exPlanation summary plot was used to illustrate the positive or negative effects of the top 15 features attributed to the best model.

## Discussion

A total of 1072 patients were enrolled in 23 facilities. Regarding the efficacy of the single model that most accurately predicted the outcome, Random Forest exhibited the greatest AUC (0.809, 95% confidence interval [CI] 0.702–0.898). In this study, ML methods were successfully established to





predict fall, undernutrition, depression risk and swollen legs enabling the optimization of prevention strategies to minimize unplanned hospitalizations of seniors.

**Take Home Message for Practice**

Early AI prediction of potentially serious events allows GPs to act precisely and at the right time.







## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 707

## Presentation form

1 Slide 5 minutes

## Tinnitus: a growing public health problem with limited impact on general practice workload

Julia Bes<sup>1)</sup>, Robert Verheij<sup>1)</sup>, Karin Hek<sup>1)</sup>

<sup>1)</sup>Netherlands Institute for Health Services Research (Nivel), Utrecht, Netherlands

### Background

Tinnitus prevalence ranges between 5% and 43% in literature, depending on definition and studied population. Little is known, however, about the involvement of GPs and its care trajectories in general. A rise in tinnitus prevalence could increase GPs workload and health care utilization in general. This study aims to describe developments in sex- and age-specific incidence, prevalence and healthcare use of patients with tinnitus in Dutch general practice (GP) between 2012 and 2021.

### Methods

We used GP electronic health records of adult patients (>18 years) with tinnitus, according to the International Classification of Primary Care, to investigate the development of age- and sex-specific incidence, prevalence and healthcare use (i.e. number of consultations, referrals and prescriptions) between 2012-2021 for tinnitus. Outcomes are presented by sex- and age-groups.

### Preliminary results

In the past 10 years, the number of patients with a new tinnitus episode increased with 30% (3.3 in 2012 to 4.4 per 1000 patients in 2021). Incidence is higher in men than in women, but developments over time are similar. Tinnitus patient who consulted their GP for this problem increased on average with 19% in this time period (1.8 (95%CI 1.8-1.9) in 2012 to 2.2 (95%CI 2.1-2.2) in 2021). More detailed results will be presented at the conference.

### Conclusion

Even though tinnitus is an increasing public health problem, only a fraction consult their GP for this problem. Given the average number of consultations for tinnitus, the expected growth of tinnitus patients will only have a limited workload impact.





## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 83

## Presentation form

1 Slide 5 minutes

## Combined Major Adverse Cardiovascular Events (MACE) and Atrial Fibrillation: a Retrospective Primary Care Cohort Study.

Pedro Molto-Balado<sup>1)</sup>, JOSEP-LLUIS CLUA-ESPUNY<sup>2,1)</sup>, Alba Hernandez-Pinilla<sup>3)</sup>, Silvia Reverte-Villarroya<sup>4)</sup>, Cinta Monclus-Arasa<sup>1)</sup>, Eva-Maria Satue-Gracia<sup>5)</sup>, Jorgina Lucas-Noll<sup>6)</sup>, Fco Martín-Lujan<sup>5,4)</sup>, on behalf EBRICTUS Group Collaborators<sup>2)</sup>

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<sup>5)</sup>Primary Care, Foundation University Institute for Primary Health Care Research Jordi Gol i Gurina, Tarragona, Spain

<sup>6)</sup>Primary Care, Health Department. CatSalut, Terres de l'Ebre, Spain

## Background

Atrial fibrillation (AF) is a supraventricular tachyarrhythmia and strong predictor of major adverse cardiovascular events (MACE). Identification of individuals at increased risk for AF could facilitate the implementation of preventive interventions and screening programs to reduce the risk of MACE.

## Methods

Multicenter, observational, retrospective, community-based study of a cohort (n=40,297) of general population aged 65-95 years between 01/01/2015 to 31/12/2021 without the diagnosis of AF or MACE in the Primary Care setting.

## Results

2574 people (6.39%) developed a first AF event and overall incidence 8.9/1000 people per year [CI95% 8.6-9.2]. The MACE got overall incidence 75.1/1000 people per year [CI95% 70.8-79.5], while in the group of without AF was 20.6/1000 people per year [IC95% 20.0-21.1, 0.001] and a rate ratio of 3.65 [CI95% 3.43-3.88, 0.001]. The higher AF-risk score, the higher MACEs incidence with an increased risk (0.001) of heart failure, stroke and MACE's incidence among the ones with a new AF diagnosis. The risk already is higher previously to AF diagnosis, especially in the case of chronic kidney disease, ischemic cardiopathy and peripheral artery disease.

## Conclusions

Before diagnosis of atrial fibrillation, already there is a higher incidence of MACE and all-cause mortality. Standard methodology to identification of people at high-risk for AF in whom to intervene on modifiable risk factors may be useful in the clinical practice.





## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 844

## Presentation form

Lecture

## Automated frailty assessment based on routine electronic community pharmacy records

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<sup>4)</sup>Department of Basic and Applied Medical Sciences, Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium

## Background

Frailty is associated with increased vulnerability to adverse drug reactions and medication-related harm. Guidelines therefore recommend medication review for frail older people. Quick and reliable identification of frailty in community pharmacies could be an effective strategy for targeted patient selection for medication review in collaboration with GPs.

## Questions

Can we develop an automated frailty screener that uses data from routine electronic community pharmacy records?

## Methods

An observational study was conducted in 196 community pharmacies in Belgium. Patient inclusion criteria were: aged  $\geq 70$  years, using  $\geq 5$  chronic medicines, community-dwelling. Frailty was assessed using Fried phenotype, operationalized by SHARE-FI75+. Each patient completed a self-administered questionnaire collecting sociodemographics, current medication use and functional status. Multivariable logistic regression models were used to assess for (pre-)frailty.

## Outcomes/discussion

In total, 875 patients were included. Mean age was  $79.3 \pm 5.9$  years and 55.8% were female. Based on Fried phenotype, 14.8% of patients were identified as frail, 52.4% as pre-frail and 32.8% as robust. The final model for assessing (pre-)frailty [AUC=0.75;95%CI 0.72-0.79] included age [OR=1.13;95%CI 1.09-1.16], female sex [OR=1.78;95%CI 1.28-2.47], number of chronic medications [OR=1.16;95%CI 1.09-1.24] and medication-derived comorbidities (anxiety [OR=1.95;95%CI 1.23-3.08], heart failure [OR=2.08;95%CI 0.91-4.75], glaucoma [OR=0.60;95%CI 0.34-1.04], thyroid disease [OR=0.63;95%CI 0.40-1.00], Parkinson's disease [OR=4.92;95%CI 1.69-14.33], Renal disease [OR=6.95;95%CI 0.86-56.19]).





### **Take Home Message for Practice**

An assessment model for identifying (pre-)frail patients in community pharmacies was developed. This model provides pharmacists an important tool for patient selection for medication reviews.





## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 859

## Presentation form

1 Slide 5 minutes

## Trends in electronic consultation use during the COVID-19 pandemic

Benedict Hayhoe<sup>1,2)</sup>, Michelle Hien<sup>1)</sup>, Gabriele Kerr<sup>1)</sup>, Thomas Beaney<sup>1)</sup>, Azeem Majeed<sup>1)</sup>, Geva Greenfield<sup>1)</sup>

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<sup>2)</sup>eConsult Health Ltd, London, United Kingdom

### Background

During the COVID-19 pandemic a large increase in the use of asynchronous electronic consultations occurred in primary care. Widespread adoption continues post-pandemic, with many GP practices using electronic consultations to achieve efficiency gains vital in managing ever-increasing demand.

### Questions

There are concerns about the impact of electronic consultations on individuals less able to engage with technology. The pandemic period provides an ideal testbed to explore this, but electronic consultations are poorly coded in electronic health records, inhibiting analysis.

### Methods

We examined data from one widely used NHS electronic consultation platform provider during the COVID-19 pandemic in England.

### Outcomes

We examined a dataset of 14m electronic consultations (September 2019 to June 2022) illustrating usage patterns and investigating effect of factors including region, patient age, deprivation, and presenting problem.

### Discussion

Electronic consultations rose dramatically in early 2020, increasing through the pandemic before a slight decline in mid-2022. Use was highest amongst young and middle-aged adults and in more affluent areas, though it also increased among older adults at the start of the pandemic. Consultations for musculoskeletal and skin problems increased proportionately more over time, with paediatric problems associated with the largest increase.

### Take Home Message for Practice

In the context of limitations in the identification of remote consultations in routinely collected primary care datasets, our findings significantly increase understanding of the use of electronic consultations, crucial to the development of policy on continued adoption of this technology in primary care and other healthcare settings.





## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 880

## Presentation form

1 Slide 5 minutes

## Legacy conversion of daily general practice data registries: from the Belgian thesaurus to a SNOMED-CT GP Refset

Benjamin Fauquert<sup>1)</sup>, Katrien Scheerlinck<sup>2)</sup>, David Op de Beeck<sup>2)</sup>, Emmanuelle Berquin<sup>1)</sup>, Cristina Radulescu<sup>1)</sup>, Olivier Latignies<sup>1)</sup>, Inez Vanoverschelde<sup>3)</sup>, Elise Van Campen<sup>3)</sup>, Bert Vaes<sup>3)</sup>, Diego Schrans<sup>4)</sup>

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<sup>3)</sup>Department of Public Health and Primary Care, KU Leuven, Leuven, Belgium

<sup>4)</sup>Department of Public Health and Primary Care, Ghent University, Gent, Belgium

## BACKGROUND

Currently, a national thesaurus is implemented in all seven Belgian GP Electronic Health Records (EHRs). It was developed 20 years ago and consists of 50.000 Dutch and French clinical terms which are linked to ICPC-2 and ICD-10. However, since 2009 this thesaurus has not been maintained and the Belgian government has chosen SNOMED-CT to be the health care reference terminology.

## QUESTIONS

Challenges are to preserve the existing data in the EHRs and to ensure data interoperability for continuity of care through all medical professionals. The aim was to convert the most used clinical terms of 3BT to SNOMED-CT to create a Belgian SNOMED-CT General Practice Reference set (Belgian GP Refset).

## CONTENT

We extracted clinical terms that were registered more than once in three years within a sample of six primary care health centers. These terms were sorted according to the International Classification of Primary Care (ICPC-2) and mapped to SNOMED-CT using a blinded dual mapping process.

In total, 8250 of 11099 (74,3%) extracted terms were exactly matched to SNOMED-CT concepts. The lowest percentage of exactly matched terms (54,2%, n=247) was observed for chapter Z (ICPC-2 social problems) and the highest (83,2%, n=781) for chapter N (neurological problems). These results were consistent with previous internationally published work. Incorporating non-exact matches (narrower, broader, or lacking mapping) is still in progress. Other work to ensure its usability and quality are to be done.

## Message for Practice

The GP Refset is distributed as part of the Belgian SNOMED-CT extension.







### Abstract topic

04. Analysis of Routine Data

Abstract ID: 969

### Presentation form

1 Slide 5 minutes

## Antibiotic prescribing and (non)serious infections in children in Flemish general practice (2002-2021): a retrospective registry-based study

Ruben Burvenich<sup>1,2)</sup>, Arne Janssens<sup>1)</sup>, Lien Lowie<sup>1)</sup>, Sien De Boodt<sup>1)</sup>, Bert Vaes<sup>1)</sup>, Simon Gabriël Beerten<sup>1)</sup>, Jan Y Verbakel<sup>1,3)</sup>

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<sup>3)</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

### Background

To improve paediatric antibiotic prescribing practices for children, it is important to understand the antibiotic prescribing behaviour and incidence rates of (non)serious infections.

Questions

What are the antibiotic prescribing prevalence/rate and incidence rates of (non)serious paediatric infections in Flemish (Belgium) general practices from 2002 to 2021?

### Methods

Retrospective study using routinely collected data corrected for yearly contact group and stratified by gender and age groups (0-1, 2-6, 7-12 years old). We performed autoregressive moving average time-series analyses and seasonality analyses.

### Outcomes

Antibiotic prescribing prevalence/rate, and incidence rates of serious and nonserious paediatric infections.

### Discussion

The antibiotic prescribing prevalence (girls and boys aged 2-6 and 7-12 years) and the prescribing rate (girls aged 2-6 and 7-12 years, boys of all age groups) decreased significantly from 2002 to 2021. In 2021, 19.5% (95%CI 19.1-19.9%) of all children received an antibiotic (58% of which was amoxicillin and 19% were broad spectrum), down from 33.5% (95%CI 32.5-34.5%) in 2002. Children with an antibiotic prescription received significantly fewer per year (girls and boys aged 2-6 and 7-12 years): 1.63 (95%CI 1.61-1.66) in 2021 versus 1.74 (95%CI 1.70-1.78) in 2002. In 2021, the incidence of nonserious and serious infections was 850/1000 (95%CI 842-589) and 23.5/1000 (95%CI 22.2-24.9) person-years, respectively.

### Take Home Messages for Practice

From 2002 to 2021, Flemish general practitioners prescribed fewer antibiotics to (acutely ill) children. As 19% of prescriptions are broad spectrum, assessment of and further initiatives towards appropriate prescribing are needed.





### **Abstract topic**

04. Analysis of Routine Data

**Abstract ID:** 985

### **Presentation form**

1 Slide 5 minutes

## Using Cynefin Framework to makes sense of AI in Primary Care

Carmel Martin<sup>1)</sup>

<sup>1)</sup>Medicine, Nursing and Allied Health, Monash University, Kelvin Grove, Australia

### **Background**

Artificial intelligence (AI) is —perceiving, synthesizing, and inferring information—demonstrated by machines. Primary Care is a complex human system with many interacting parts evolving in changing contexts. The AI industry and enthusiasts are looking for roles in primary care.

### **Target Group**

All

### **Didactic Method**

Presentation and discussion

### **Objectives**

To contrast human (implicit and explicit) and machine intelligence (explicit) using Cynefin complex systems framework

To identify synergies and opportunities for AI-integrated practice

### **Take Home Message for Practice**

Human intelligence evolved to make sense of implicit multifaceted knowledge from complex systems. Human-designed machines process large amounts of data with perfect memory - explicit knowledge - better than humans. Unchecked, industry could dominate human sense-making in order to control 'performance' and force conformity with mainly explicit knowledge. Machine intelligence best serves primary care if an appropriate human-centric framework is driven by clinicians incorporating both implicit and explicit knowledge.





## Abstract topic

04. Analysis of Routine Data

**Abstract ID:** 994

## Presentation form

Lecture

## AI for respiratory disease diagnosis from spirometry in primary care settings

Ahmed Elmahy<sup>1)</sup>, Julie Maes<sup>1)</sup>, Paul Desbordes<sup>1)</sup>, Maarten De Vos<sup>1)</sup>, Marko Topalovic<sup>1)</sup>

<sup>1)</sup>ArtiQ NV, Leuven, Belgium

### Background

Spirometry is the main lung function test available in primary care and it is critical for diagnosis and monitoring of lung disease. As not all GPs have large experience with the test, it is not always used and interpreted consistently in primary care. This study evaluates the ability of Artificial Intelligence (AI) to detect respiratory diseases in primary care on a large and representative dataset of spirometry curves (UK Biobank, UKBB).

### Methods

An AI model was trained on spirometry from 1609 respiratory patients with ground truth labels obtained in a hospital setting, complemented with 500 healthy individuals from UKBB. The model was tested on an independent dataset extracted from UKBB. We included all patients with asthma, COPD and ILD that fulfilled the following criteria: spirometry was done within a year before or after diagnosis, curves had acceptable quality, spirometry shows, at least, subtle sign of potential abnormalities (FEV1/FVC Z-scores  $\leq -1$  for obstructive diseases (Asthma & COPD) and FEV1 Z-scores  $\leq -1.5$  for restrictive ones (ILD)). We included another 500 'healthy' individuals for testing.

### Results

The AI model achieved good performance across all disease categories with sensitivity of .75, .71, .85, .7 and specificity of .84, .95, .93, .98 for Asthma, COPD, Healthy and ILD, respectively. The balanced accuracy of the model is 78%.

### Conclusion

We show that AI can accurately differentiate between major respiratory diseases. Such an AI model can be especially useful in primary care settings to support physicians to determine the right diagnosis in a consistent way.





## 05. Societal Impact

### Abstract topic

05. Societal Impact

**Abstract ID:** 1001

### Presentation form

Lecture

### Being a Family Physician in a Global World: How can we contribute to ending Female Genital Mutilation

Sara Ferreira<sup>1)</sup>, Joana Estrela Reis<sup>2)</sup>, Joana Matos<sup>2)</sup>, Patrícia Freitas<sup>2)</sup>, Maria Inês Gonçalves<sup>2)</sup>, Bárbara Silva<sup>2)</sup>

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<sup>2)</sup>Servir Saúde Health Care Centre - Almada-Seixal Health Care Centers Agroupment, Regional Health Administration of Lisbon and Tagus Valley, Corroios, Portugal

### BACKGROUND

Female Genital Mutilation (FGM) is total or partial removal of female genitalia due to cultural or non-medical reasons, usually during the women's childhood. It is estimated that over 200 million women worldwide are living with FGM and suffering from negative health complications. Furthermore, health-care providers have limited knowledge on FGM as well as limited skills for preventing and managing related complications.

### TARGET GROUP

Health-care professionals who work with women and children, specially with patients belonging to migrant groups.

### AIM OF THE PRESENTATION

Provide a clear framework for approaching women or children who present with FGM in primary care setting.

### DIDACTIC METHOD

During the presentation the following topics will be discussed:(1) definition of FGM, (2) epidemiology and worldwide context of FGM, (3) complications for women's health (4) guidelines about person centered communication for FGM according to WHO.

### OBJECTIVES

Identify FGM during gynecological examination at the primary care setting, determine the consequences for the women's health, refer properly to hospital care or other health-care provider and give support to the victims based on empathetic communication.

### NUMBER OF PARTICIPANTS

30

### PRESENTATION OF WORKSHOP LEADER

I have done my residency in General and Family Medicine between 2017 and 2021. Since then I have been working as a family doctor in Baixa da Banheira, a community with a severe lack of social and





economical resources, that belongs to Lisbon and Tagus Valley Region, Portugal. I am post-graduated in Female Genital Mutilation by the National School of Public Health – Nova University Lisbon in 2022.





### **Abstract topic**

05. Societal Impact

**Abstract ID:** 108

### **Presentation form**

Science Slam

## **The Relationship Between Orthorexia Nervosa and Self-Esteem in High School Students**

Huseyin Elbi<sup>1)</sup>, Rukiye Kural Atak<sup>2)</sup>, Fatih Ozcan<sup>1)</sup>

<sup>1)</sup>Family Medicine, Manisa Celal Bayar University, School of Medicine, Manisa, Turkey

<sup>2)</sup>Yunusemre Community Health Unit, Manisa Provincial Health Directorate, Manisa, Turkey

### **Background**

Orthorexia Neurosa causes individuals to follow strict diets or to remove essential nutrients from their diets. This behavioral change, especially in adolescence, may result in a lack of fundamental nutritional values and changes in social and personal relationships.

### **Aim**

This study aimed to reveal the presence of Orthorexia Neurosa in high school students and its relationship with self-esteem.

### **Methods**

This cross-sectional study carried out six hundred students from all official high schools in one Manisa district in Turkey between 03.01.2022 and 28.02.2022. An introductory information form, Ortho-11 scale, and Rosenberg Self-Esteem Scale (RBSS) were used as data collection tools.

### **Results**

57.3% of the participants are female students. Orthorexia Nervosa tendency has been detected more in those who are dissatisfied with their weight, those who are on a diet, and those who are overweight. It was found that those who exercise regularly and those with an overweight family member are more obsessed with healthy eating. Students who are satisfied with their height, weight, and appearance have higher self-esteem. There was no significant correlation between students' Self-Esteem and Orthorexia Nervosa.

### **Conclusion**

The risk of Orthorexia Nervosa is high in students who think they have a weight problem and should pay attention to a healthy/organic diet. Participants' physical satisfaction affects both their self-esteem and healthy eating obsessions. Since Orthorexia Nervosa is a diagnosis that can be overlooked due to the desire for a nutritious diet, it is recommended that adolescents be evaluated in this aspect in annual screening by GPs.







### **Abstract topic**

05. Societal Impact

**Abstract ID:** 147

### **Presentation form**

Lecture

## **Vulnerability is courage: coping in crisis according to shame resilience theory**

Sody Naimer<sup>1)</sup>

<sup>1)</sup>Family Medicine, Ben-Gurion University , Faculty of Health Sciences, Yad Binyamin, Israel

The objective of this activity is to expose participants to the principles of the shame resilience theory and develop awareness of the enormous potential benefits of applying this knowledge to team work with medical staff and its incorporation into the doctor patient encounter.

### **Content**

The theory of shame resilience was introduced over 10 years ago and recently has been disseminated through social media and bestselling literature. None of this has been applied to the medical profession where it is so needed. Physicians are torn between personal and organizational demands on a regular basis. These domains include sacrificing emotional integrity, personal leisure and comfort for a dedicated profession, alongside paying the price of immense torment, carrying the burden of others' anguish and suffering. While being exposed to charged patient challenges, misfortune and grief, the organizations within which we work continuously bombard us by demanding optimal performance and function with minimal absence alongside managing a tight-rope balance between financial and service availability constraints, quality measures versus endless patients' requests for high quality & care and attention here and now.

Beyond the alleviation of burden of the work itself, the principles taught by Dr. Brown can be applied to trepidation and anxieties of peer support versus rivalry; climbing the academic ladder versus stagnation; complete dedication to system obligations versus passive submission to demands and lastly resources to deal with adversity, faults and inevitable mistakes which are inherent to our profession.





### **Abstract topic**

05. Societal Impact

**Abstract ID:** 21

### **Presentation form**

1 Slide 5 minutes

## **Implementing a Transgender-Inclusive Curriculum to a Rural Family Medicine Residency Program.**

Ana Paula Carvalho do Amaral<sup>1)</sup>, Brian Kaderli<sup>2)</sup>, Bradley Holden<sup>3)</sup>

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<sup>2)</sup>Family Medicine, UPMC - University of Pittsburg Medical Center, Williamsport, PA, United States

<sup>3)</sup>Blue Ridge Health, Hendersonville, NC, United States

### **Purpose**

LGBTQ individuals are an underserved population who face unique challenges regarding their health, especially in rural and isolated communities. Our goal is to reduce health care disparities and educate the next generation of family physicians by integrating transgender health into a FQHC and a rural family medicine residency program in rural Western North Carolina.

### **Methods**

We implemented changes in our FQHC in order to increase access to health for the LGBTQ community: a) the implementation of a free monthly support group b) the inclusion of a residency didactics session dedicated to transgender care; c) sensitivity training for staff; d) easily accessible guidelines for physicians.

### **Results**

Within the first 3 months of the transgender support group, eight patients were present for meetings and, the majority of them, started having their primary care and/or gender affirming hormonal therapy, as well as behavioral health services, within our clinic. Trans-patient population increased by 130% in 8 months. Residents and general office staff are frequently being educated in trans-inclusive care.

### **Conclusions**

The experience has been positive and successful in expanding services for the LGBTQ community, specifically transgender health services by making health care more accessible to them and also by creating an trans-inclusive culture and educating medical providers. Primary care providers, particularly those in rural and underserved areas, play a fundamental role in prevention, screening, and treatment services for patients throughout their lives. A change in medical education needs to happen to ensure that high-quality health care is available for all.





## Abstract topic

05. Societal Impact

**Abstract ID:** 288

## Presentation form

Workshop

## Patient education and behaviour change interventions in cardiometabolic disease: Targeting to vulnerable groups

Angharad Woolley<sup>1)</sup>

<sup>1)</sup>British Society of Lifestyle Medicine, Nottingham, United Kingdom

### Background

The World Health Organisation highlights the burden of cardiometabolic diseases globally and calls specifically for consideration of social determinants, including educational attainment. People with low educational attainment generally have higher incidence of cardiometabolic-problems, and worse outcomes. Thus, the group represents a distinct, vulnerable and seldom-heard target population for specifically designed educational interventions.

### Target Group

Family doctors, family doctors in training, allied healthcare professionals working in primary care.

### Didactic Method

interactive presentation considering the utility of patient education in cardiometabolic disease and the challenges to access presented to patients with low educational attainment.

small group facilitated discussions around how to reach and engage vulnerable groups in cardiometabolic lifestyle education, and what information will be useful to them.

Finally, the whole group will come back together to identify and share learning across the whole cohort and formulate action plans

### Objectives

Raise awareness of the role of educational interventions in the management of cardiometabolic disease

Appreciate the importance of socioeconomic determinants in cardiometabolic health outcomes and management

Analyse how family doctors and their teams can support our most vulnerable patients in learning to manage their cardiometabolic health

### Estimated number of participants

15-25

### Brief presentation of the workshop leader

Dr Angharad Kate Woolley is a Family Doctor based in the UK, with an interest in global, non-communicable disease. Her research is in the field of patient education for vulnerable groups in cardiometabolic disease. She is also an experienced medical educator and director of the BSLM learning academy.





## **Abstract topic**

05. Societal Impact

**Abstract ID:** 299

## **Presentation form**

WONCA Network Workshop

## **Health equity, identity, and the role of family doctors and their teams**

Viviana Martinez-Bianchi<sup>1)</sup>, Kim Yu<sup>2)</sup>

<sup>1)</sup>Family Medicine and Community Health, Duke University, Durham, United States

<sup>2)</sup>WONCA Special Interest Group on Health Equity, WONCA, Dr Kim Yu lives in Mission Viejo, California, United States

## **WORKSHOP**

### **Background**

Improving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need. It requires identifying the underlying factors that cause health disparities and working in multisector partnerships to improve health outcomes for those groups suffering the worst disparities. Health Equity is intrinsically linked to the role of family doctors and general practitioners in improving health in the communities they serve. However, this is not always clearly understood or embraced in the identity of Family Medicine and General Practice. &nbsp;In this interactive, inspirational, and practical session, learn and share strategies to address healthcare disparities and promote equity in your practice.

### **Target Group**

All members of the healthcare team.

### **Didactic Method**

The workshop will have a highly interactive format within a safe environment that will promote sharing and participation, including walking around the room in "search" of identities as a response to prompts.

### **Objectives**

Use a health equity lens

Identify your own identity in the diversity and inclusion spectrum through an identity sign exercise

Addressing Implicit Bias to improve health equity

Discover strategies to address health equity disparities with their own patients and communities through the use of a health equity lens

### **Estimated number of participants**

100

### **Brief presentation of the workshop leader**

Drs Viviana Martinez-Bianchi and Kim Yu are known experts and teachers in health equity, especially in identifying the roles of Family Medicine teams in the pursuit of health for all.





### Abstract topic

05. Societal Impact

**Abstract ID:** 3

### Presentation form

1 Slide 5 minutes

## Inequality in Social Support Associated With Mild Cognitive Impairment: A Cross-Sectional Study of Older ( $\geq 60$ Years) Residents in Shanghai, China

Yuan Lu<sup>1)</sup>

<sup>1)</sup>Department of General Practice, Yangpu Hospital, Tongji University, School of Medicine, Shanghai, China

### Objective

Social support plays a critical role in the detection and management of mild cognitive impairment (MCI). However, socioeconomic inequalities exist in both social support and health care services. Our study aimed to compare the level of social support received by MCI patients in comparison with those without MCI and to determine its link with income.

### Methods

Secondary data analyses were performed. Social support was measured using the Duke Social Support Index (DSSI) and satisfaction ratings. Multivariate logistic regression models were constructed to determine the associations of personal income and MCI with social support after adjustment for variations in the sociodemographic and health characteristics of the respondents. The multiplicative and additive interaction effects of income and MCI were further examined through introducing the MCI\*Income variable to the regression models and using the relative excess risk due to interaction (RERI) analysis, respectively.

### Results

The logistic regression models showed that the respondents with MCI had significantly lower social support as measured by the DSSI scores (AOR = 33.03, 0.001) and satisfaction ratings (AOR=7.48, 0.001) compared with those without MCI. There existed a significant multiplicative interaction effect between personal income and MCI on social support (AOR= 0.30–0.32, 0.01). The gap in social support between those with and without MCI was higher in the higher income group compared with the lower income group (0.001).

### Conclusions

There are significant disparities in social support between people living with and without MCI. Such a gap is more profound in people with higher income.





**Abstract topic**

05. Societal Impact

**Abstract ID:** 317

**Presentation form**

1 Slide 5 minutes

## Milestone competencies of family medicine: impact from implementation

Elissa Palmer<sup>1)</sup>

<sup>1)</sup>Department of Family and Community Medicine, Kirk Kerkorian School of Medicine at University of Nevada Las Vegas (UNLV), Las Vegas, United States

**Background**

WONCA created global standards for postgraduate family medicine education (2013). In 2008, the ACGME defined six competency domains for Family Medicine and specialties. In response to the feedback received and research completed to date, the Milestones language has been revised across specialty training, especially for the competencies of Professionalism, Interpersonal and Communication Skills, Systems-based Practice, and Practice-based Learning and Improvement. The required curriculum of the 3-year Family Medicine residency program in the USA is described in the national Accreditation Council for Graduate Medical Education (ACGME) Program Requirements for Family Medicine.

**Questions**

Difficulties in measuring trainee performance and competency persist so what data is available to ameliorate this issue. Milestones are specific behaviors, attributes or outcomes in the six general competency domains to be demonstrated by trainees so how have demonstration of these by trainees compared from implementation in 2015 to 2022.

**Methods**

Data on each trainee in the United States is collected by the ACGME biannually through anonymous evaluation forms based on the competencies and milestones. The ACGME compiles the data for individual training programs and for national aggregate (over 14,000 trainees in family medicine).

**Outcomes**

Aggregate data became available from the ACGME for comparison from 2015 to 2022. Box plots indicate the spread of the data for each year of training.&nbsp;

**Discussion**

Comparison of the individual program to national data assists in identifying areas for curriculum improvement.

**Message**

Data can guide individual learner improvement plans for future practice and societal impact.







## Abstract topic

05. Societal Impact

**Abstract ID:** 326

## Presentation form

WONCA Network Workshop

## Impact of Digital Health in Vulnerable Populations

Pramendra Prasad Gupta<sup>1)</sup>, Steven Van De Vijver<sup>2)</sup>, Kerry Greenan<sup>3)</sup>, Ana Luisa Neves<sup>4)</sup>

<sup>1)</sup>Department of General Practice and Emergency Medicine, B.P.Koirala Institute of Health Sciences, Dharan, Nepal

<sup>2)</sup>Family Medicine Department at the OLVG hospital, OLVG HOSPITAL, Amsterdam, Netherlands

<sup>3)</sup>St. Andrews Health Center, University of Manchester, England, United Kingdom

<sup>4)</sup>Global Digital Health Unit, Imperial College of London, England, United Kingdom

Vulnerability emerges from the complex interaction of various factors—developmental problems, personal incapacities, disadvantaged social status, inadequacy of interpersonal networks and supports, degraded neighborhoods and environments—over the life course .

Therefore, vulnerable people are those at risk for a variety of reasons, physical, cognitive, emotional or social. Nowadays, there are still many segments of the population that would be regarded as vulnerable. In this context digital inclusion represents an asset to help vulnerable people bridge inequalities.

There is a need to foster the principal digital skills and competences to encourage people to become a fully digitally included citizen. It is complicated to provide here a full theoretical framework about the required digital skills to tackle social and digital inequalities, but scholars and experts seem to agree that digital literacy relies in training users in the following main digital skills and competences

### Target Group

Family Practitioners/ General Practitioners

### Method

Participatory workshop - 10 min presentation by each presenter and followed by discussions.

### Objective

To know about the vulnerable populations its problems and how we can improve the healthcare with the help of digital health.

### Estimated number of Participants

50

### Presenters

Dr Pramendra Prasad Gupta, Chair of WONCA Working Party on ehealth.

Steven Van De Vijver, Director of the Family Medicine Department at the OLVG hospital in Amsterdam, Netherlands

Kerry Greenan, NHS GP, St. Andrews Health Center, University of Manchester, UK.

Ana Luisa Neves, Director of the Global Digital Health Unit, Imperial College of London, UK





### **Abstract topic**

05. Societal Impact

**Abstract ID:** 33

### **Presentation form**

Science Slam

## **Medical students' career intentions in Europe: Barriers and opportunities for choosing family medicine as a career**

Marta Velgan<sup>1)</sup>, Nele Michels<sup>2)</sup>, Ruth Kalda<sup>1)</sup>, Peter Vajer<sup>3)</sup>

<sup>1)</sup>Family Medicine, University of Tartu, Tartu, Estonia

<sup>2)</sup>University of Antwerp, Antwerp, Belgium

<sup>3)</sup>Sammelweis University, Budapest, Hungary

### **Background**

In the light of population ageing and the growing burden of chronic diseases all over the world, ensuring effective access to continuous, comprehensive and coordinated care is essential and also a big challenge. Medical students' choice of career affects which doctors we will have in the future. The number of medical students who choose family medicine as their career is not sufficient to meet the needs of the health care system in many countries. Shortage of family doctors means a threat for the services provided in primary care, and by extension for the organization of the entire health care system.

### **Aim**

The aim of this study is to describe factors influencing medical students' career intentions in Europe and assess the readiness to choose family medicine as their career.&nbsp;

### **Methods**

Cross-sectional study involving medical students from Belgium, Estonia and Hungary was conducted. Online survey using SurveyMonkey was used to collect both quantitative and qualitative data. Quantitative data was analyzed using R Studio. Qualitative data was analyzed using thematic analysis.

### **Results**

1601 medical students completed the questionnaire of which 47.7% were from Belgium, 13.4% from Estonia and 38.9% from Hungary. Surgical specialties were the most popular 1st choice among medical students (22.2% of students). Among other popular specialties were internal medicine specialties (17.5%), paediatric specialties (12.6%), emergency medicine and anesthesiology (10.9%). Only 7.9% of medical students would choose family medicine as their 1st choice.

### **Conclusion**

The results will be presented at the conference.





## **Abstract topic**

05. Societal Impact

**Abstract ID:** 381

## **Presentation form**

Lecture

## **Doctors as activists: do family doctors have a role?**

Khairat Al Habbal<sup>1)</sup>, Alec Logan<sup>2)</sup>

<sup>1)</sup>Family Medicine, Khalifa University College of Medicine and Health Sciences, Abu Dhabi City, United Arab Emirates

<sup>2)</sup>NHS, Scotland, United Kingdom

## **Background**

The role of doctors as activists remains debatable.

As the world changes due to COVID-19 pandemic, and with the advent of social media bringing the world closer together and giving center stage to issues that we may not have thought about years ago, what changes have occurred to our understanding of activism and our role in it?

## **Target group**

Family physicians, health care professionals, general public.

## **Didactic method**

Interactive workshop that facilitates the participants' thoughts on activism and allows them to share their experiences. We will divide the participants into small working groups to discuss questions and case scenarios. We will encourage plenary discussions to share experiences. We will use other methods including petit tour and short presentations by the facilitators.

## **Objectives**

Derive a definition of activism relevant to the group and the current time

Discuss the role of family physicians as activists

Illustrate and share some examples of activism

Discuss the role of education in raising activist doctors

## **Estimated number of participants**

We are open to a small or large audience.

## **Brief presentation of the workshop leaders**

Dr. Khairat Al-Habbal and Dr. Alec Logan are family doctors from Lebanon and Scotland respectively. They bring in a rich repertoire of experiences with activism. They have delivered a workshop on activism at the Nordic GP Conference in 2017 and are coming back to explore the changes (and the constants) regarding this important debate. As medical educators, they are both skilled in workshop facilitation and training techniques.





## **Abstract topic**

05. Societal Impact

**Abstract ID:** 477

## **Presentation form**

1 Slide 5 minutes

## **Assessing the global professional capacity for advocacy within rural family medicine - a scoping review**

Shagun Tuli<sup>1)</sup>, Finn Mac Ginneá<sup>1,2)</sup>, Patrick O'Donnell<sup>1)</sup>, Alexandra Ferrara<sup>1)</sup>, Andrew O'Regan<sup>1)</sup>, Monica Casey<sup>1)</sup>, Liam Glynn<sup>1,2)</sup>

<sup>1)</sup>Department of General Practice, University of Limerick, Castletroy, Limerick, Ireland

<sup>2)</sup>Irish College of General Practitioners, Dublin, Ireland

## **Background**

Globally, an estimated 2 billion people living in rural areas do not have adequate access to essential health services, which adversely affects health outcomes and is a driving cause of health inequities experienced by rural populations. Advocacy has increasingly been recognized as an integral responsibility of healthcare providers. The Canadian Medical Education Direction for specialists identifies advocacy as a principle of family medicine practice owing to their responsibility of identifying and responding appropriately to various social determinants of health that disproportionately affect marginalised communities. With the existing geographic inequities in access to healthcare and a growing retention and recruitment crisis of the rural healthcare workforce, it is necessary to understand the scope and capacity of advocacy within rural family medicine to address the pressing issues plaguing rural populations

## **Questions**

To summarise the role family medicine workforce has played in advocating for rural healthcare while highlighting systems, policies, and strategies that have allowed for capacity building.

## **Content**

A scoping review of literature is being conducted guided by Arksey O'Malley's methodology (2005). Reporting will be guided by the PRISMA-ScR framework guidelines (2018) methodology. The results will be presented at the conference.

## **Message for Practice**

Through the evidence generated we will encourage professional capacity building for advocacy in family medicine across the globe. We aim to provide a blueprint of implementation strategies that can be adopted to various local contexts, including the Irish College of General Practitioners and affiliate organisations to support the work of family medicine workforce in rural areas.





**Abstract topic**

05. Societal Impact

**Abstract ID:** 492

**Presentation form**

Lecture

## Burden of disease of acute respiratory viruses

George Kassianos<sup>1)</sup>

<sup>1)</sup>European Scientific Working group on Influenza and other acute respiratory viruses (ESWI), Brussels, Belgium

Burden of disease of acute respiratory viruses

Session Chair: Dr. John Paget, PhD, Senior Epidemiologist, Nivel, The Netherlands

**Background**

Understanding and being aware of the burden of disease is important in order to gauge the impact of disease on individuals and society at large, and implementing proper policy measures addressing these risks. Assessing the burden of disease of acute respiratory viruses has both an epidemiological and economic value. The 'burden of disease' theme focuses on these assessments, and suggests ways to address the overall economic and societal burden of disease in general, and for risk groups in particular.

**Target Group**

General Practitioners

**Didactic Method**

Short lectures introducing the latest research, followed by a discussion moderated by the session chair. At this stage we cannot confirm speakers.

**Objectives**

Measuring and understanding the societal and economic impact of acute respiratory infections

Epidemiology, prevention, and control of respiratory infections

Mitigating the societal burden of disease through targeted risk group vaccination

Vaccination rates and addressing vaccine hesitancy

**Take Home Message for Practice**

Measuring and understanding the burden of disease of acute respiratory virus infections is key. Elaborating on the role of General Practitioners in the community setting including the importance of risk group vaccination will contribute greatly to lightening the burden of disease.





### **Abstract topic**

05. Societal Impact

**Abstract ID:** 545

### **Presentation form**

1 Slide 5 minutes

## "Global Physicians": How IFMSA Exchange programs are contributing towards creating numerous global citizens

Lucía Pérez Gómez<sup>1)</sup>, Rhea Rajkumar<sup>1)</sup>

<sup>1)</sup>International Federation of Medical Students Associations, Copenhagen, Denmark

### **Background**

The concept of global citizen revolves around the mindset of thinking across borders and instilling a sense of belongingness with not just one's own country but the whole world. Shaping Future doctors as the next generation of Global Citizens, taking an active role within their community and working to enhance health outcomes and eliminate inequities, is an asset that the International Federation of Medical Students Association (IFMSA) has been contributing to.

### **Discussion Point**

IFMSA Exchange Program is a four-week clinical or research internship in a foreign country. In the last 71 years more than 100.000 students from Europe have experienced an exchange abroad and their fellows from all over the globe arrived in Europe for their internship. Participants have the chance to attend rotations in a specific department with assigned tutors, training guidelines and filling in Evaluation forms which help IFMSA assess the impact.

### **Content**

During the season 2022/2023, 5659 European students experienced an exchange. Upon Assessment of the Evaluation Forms, more than two thirds reported an increased understanding of Global Health issues, knowledge of social, economic and environmental determinants affecting access to health services in their host country and 80% feel more comfortable in dealing with patients from a different socio-cultural background.

### **Take Home Messages**

IFMSA has contributed to enhancing students' awareness globally on intercultural learning and competencies in healthcare using innovative ideas. Medical faculties should consider the recognition of IFMSA Exchanges to sustain and support its work towards producing globally oriented healthcare professionals.







## Abstract topic

05. Societal Impact

**Abstract ID:** 556

## Presentation form

Lecture

## Intimate partner violence: Exploring the GP'S role in identifying and responding to patients who use violence

Hagit Dascal<sup>1)</sup>, Raquel Gomez Bravo<sup>2)</sup>, Nena Kopcavar Gucek<sup>3)</sup>, Shelly Rothschild Meir<sup>1)</sup>, Lodewijk Pas<sup>4)</sup>

<sup>1)</sup>Department of Family Medicine, Clalit Health Services, Haifa and West Galilee District and Rappaport Faculty of Medicine, Technion, Haifa, Israel

<sup>2)</sup>Rehaklinik, Société Scientifique Luxembourgeoise de Médecine Générale, Luxembourg, Luxembourg

<sup>3)</sup>Department of Family Medicine, Medical Faculty, University of Ljubljana, Ljubljana, Slovenia

<sup>4)</sup>ACHG University of Leuven, EFCA and Domus Medica, Leuven, Belgium

## Background

Family violence (FV) in all its forms and subgroups is a well established leading public health/societal problem, often not recognized in clinical practice. While most of the attention usually is drawn to identifying and responding to the needs of victims/survivors, we must remember that the perpetrators are also our patients. Studies show that people who use violence may have been past victims or have witnessed violence as children. They may suffer from a range of physical or mental health conditions which should be addressed. Violence may be decreased if people using it are recognized and referred to perpetrator programs at early stages. As physicians we meet them on a daily basis, usually oblivious to our potential role.

## Target group

Primary care physicians, nurses, social workers and students in these professions.

## Didactic method

Following a short background presentation on the topic - we will work in small groups sharing cases from our clinical work and/or vignettes/demonstrative cases, aiming for mutual learning.

## Objectives

In our workshop we wish to put an emphasis on the role of primary care physicians in recognizing people who use violence. Specifically: Asking about possible abusive behavior, addressing it and referring to specific treatment programs, without harming/jeopardizing the abused family members. Participants are expected to gain an understanding of the current evidence, their possible role with potential domestic abuse perpetrators. They will also acquire practical tools and be introduced to some relevant resources.

## Estimated number of participants

30





## Abstract topic

05. Societal Impact

**Abstract ID:** 590

## Presentation form

1 Slide 5 minutes

## Childhood family structure and offspring's lifestyle habits, socioeconomic and psychosocial factors in adulthood

Heidi Varis<sup>1,2)</sup>, Ilona Mikkola<sup>2)</sup>, Maria Hagnäs<sup>1,3,2)</sup>, Eveliina Heikkala<sup>1,4,2)</sup>, Tanja Nordström<sup>1,4,5)</sup>, Anja Taanila<sup>1)</sup>, Sirkka Keinänen-Kiukaanniemi<sup>1,4,6,7)</sup>

<sup>1)</sup>Research Unit of Population Health, University of Oulu, Oulu, Finland

<sup>2)</sup>Rovaniemi Health Centre, Rovaniemi, Finland

<sup>3)</sup>Unit of Primary Health Care, Lapland Central Hospital, Rovaniemi, Finland

<sup>4)</sup>Medical Research Center Oulu, Oulu University Hospital and University of Oulu, Oulu, Finland

<sup>5)</sup>Northern Finland Birth Cohorts, Arctic Biobank, Infrastructure for Population Studies, Faculty of Medicine, University of Oulu, Oulu, Finland

<sup>6)</sup>Unit of Primary Care, Oulu University Hospital, Oulu, Finland

<sup>7)</sup>Healthcare and Social Services of Selänne, Pyhäjärvi, Finland

## Background

The rates of parental separation have increased considerably in recent decades. Childhood family structure has been shown to associate with offspring health and welfare later in life. However, there is a paucity of studies investigating the long-term impact of parental separation on offspring welfare.

## Questions

Is there an association between individuals' childhood family structure and their lifestyle habits, socioeconomic and psychosocial factors, over a 46-year follow-up?

## Methods

The data were drawn from the Northern Finland Birth Cohort 1966 (n=12,058). Family structure was categorized as single-parent family or two-parent family based on information supplied when the children were aged 14. The data were collected from postal questionnaires filled in during the offspring' mothers' pregnancy period, and when the offspring were aged 31 and 46.

## Outcomes

Smoking, alcohol consumption and physical inactivity were significantly more frequent among the offspring of single-parent families than among the offspring of two-parent families. The single-parent family offspring were more often separated (p=0.016) than the two-parent family offspring. Additionally, their self-reported health (p<0.001) was worse and they were more unsatisfied (p=0.007) with life.





### **Discussion**

Findings illustrate that living in a single-parent family at the age of 14 is associated with some unfavorable factors in lifestyle habits, and socioeconomic and psychosocial factors which extended into middle age, also after confounding factors were taken into account.

### **Take Home Message for Practice**

Society, healthcare professionals and social workers should pay more attention to supporting single-parent families.





### **Abstract topic**

05. Societal Impact

**Abstract ID:** 599

### **Presentation form**

1 Slide 5 minutes

## **Mente Project: Mental health in youths after the pandemic.**

Laura Couceiro-Rivas<sup>1)</sup>, Francisco E. Per-Contreras<sup>1)</sup>, Beatriz Veloso-Rivera<sup>1)</sup>, Ana Eneriz-Janeiro<sup>2)</sup>, Tania Blanco-Pena<sup>3)</sup>, Santiago Perez-Cachafeiro<sup>2,4)</sup>, Carlos Crespo-Diz<sup>2,5)</sup>

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<sup>2)</sup>Instituto de Investigación Sanitaria Galicia Sur (South Galicia Investigation Institute), Vigo, Spain

<sup>3)</sup>Psychiatry Service of Pontevedra and O Salnés, Pontevedra-O Salnés, Spain

<sup>4)</sup>Virxe da Peregrina Primary Health Care Center, Pontevedra, Spain

<sup>5)</sup>Pharmacy Service of Pontevedra and O Salnés, Pontevedra-O Salnés, Spain

### **Background**

Teis neighbourhood is a deprived area with a large and diverse population. As worldwide, due to the pandemic and lockdowns, it has experienced a critical economic recession. Exacerbated social problems and pre-existing social inequality produced increased mental health vulnerability.

### **Questions, discussion point**

We detected an increased number of consultations related to mental health in young people during and after lockdowns. Our aim is to improve mental health indicators of our young population.

### **Content**

A Participatory Action Research (PAR) methodology will be used. A participation committee will be set up with social actors (education and health professional, youths, lawyers, neighbourhood associations and researchers) to establish mental health related interventions.

Information (before and after interventions) will be collected on variables such as: visits to the emergency room for psychiatric pathology, psychiatric drugs use, police interventions related to self-harming behaviours of youths, quality of life, anxiety... These data will be presented to the committee to decide the following interventions.

Regarding the results, it is expected that the project will have a positive impact on the mental health of the young people and therefore on the community of the neighbourhood. In relation to the information of the variables that will be collected periodically, we expect an increase in diagnostic coding, a decrease in emergency calls, improvement in quality of life and anxiety levels.

### **Take Home Message for Practice**

We consider that global issues like mental health require a broad approach, involving the community, in addition to the individual management at the GP consultation.





## Abstract topic

05. Societal Impact

**Abstract ID:** 628

## Presentation form

WONCA Network Workshop

## Facing different faces of family violence

Nena Kopčavar Guček<sup>1)</sup>, Hagit Dascal Weichhendel<sup>2)</sup>, Raquel Gomez Bravo<sup>3)</sup>, Nina Monteiro<sup>4)</sup>, Miriam de Rey<sup>5)</sup>, Joyce Kenkre<sup>6)</sup>, Leo Pas<sup>7)</sup>

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<sup>2)</sup>Technion, Clalit Health Services, Tel Aviv, Israel

<sup>3)</sup>CHNP, Rehaklinik, Ettelbruck, Luxembourg

<sup>4)</sup>APMGF, Associação Portuguesa de Medicina Geral e Familiar, Lisboa, Portugal

<sup>5)</sup>CUAP MANSO, ICS BARCELONA, Barcelona, Spain

<sup>6)</sup>Faculty of life sciences and education, University of South Wales, Caerleon, United Kingdom

<sup>7)</sup>ACHG, University of Leuven, Leuven, Belgium

## Background

According to WHO, its prevalence and potentially disastrous consequences, define family violence (FV) as a public health and primary health care problem. While physical violence and its consequences seem more evident, psychological, sexual, financial, and cyber violence, and its consequences remain hidden but no less harmful. Despite many contacts with healthcare providers, detection and referral rates to specialized support remain low.

## Target Group

Family physicians/ other health care professionals coming in contact daily with potential victims of FV, who are willing to address FV and improve their skills.

## Didactic Method

After a short plenary introduction the participants will be divided into smaller groups. Within the groups, vignettes will be discussed (involving different victims/types of violence: intimate partners, elderly, and children). Participants will be encouraged to share their own cases and experience. Various skills e.g. communication, approach, and management of FV will be particularly underpinned, encouraging a coordinated, system-integrated response.

## Objectives

To increase participants awareness, knowledge, and ability to diagnose FV, communicate adequately and manage properly, while collaborating within the interdisciplinary team. Different health settings and cultural issues will be addressed. Hopefully, this will increase the FV detection rate and improve the quality of life and care.





### Abstract topic

05. Societal Impact

**Abstract ID:** 662

### Presentation form

1 Slide 5 minutes

## A health literate out-of-hours general practice office as a catalyst for a health literate patient, general practitioner and region.

Herlinde Bossaert<sup>1)</sup>, Frederik Vannoote<sup>1)</sup>, Justin Gouhie<sup>1)</sup>, Sara Defreyne<sup>1)</sup>, Flor Vandenbroucke<sup>1)</sup>, Isabelle Cailliau<sup>1)</sup>

<sup>1)</sup>Huisartsen Midden West-Vlaanderen vzw, Roeselare, België, Moorslede, Belgium

### Introduction

Continuity of care in general practice is a challenge. In the OOH general practitioner(GP) office, a short-term doctor-patient relationship develops in which the patient's health literacy are unprecedented. A definitive culture change is required in our OOH-organisation, whereby the OOH-doctor pays attention to health literacy within doctor-patient relationships and can use the implemented tools.

### Materials and Methods

We did a zero measurement on the OOH-organisation (Pharos-questionnaire 'How understandable is my health organisation for everyone?') and collect data from (1)GPs in Midden West-Vlaanderen (knowledge, attitude and skills regarding the health literacy of patients), (2)improper emergency users (AZ Delta Roeselare) (socio-demographic data and motives) and (3)civils in Midden West-Vlaanderen (socio-demographic data, health literacy, correct use of the OOH-organisation and points for improvement). The results are further tested in focus groups. Interventions consists of (i)developping and implementing tools to promote a health-literate OOH-organisation and (ii)organise GP-training on health literacy and developed tools. We do a post-measurement on the OOH-organisation.

### Results

The measurement of the OOH-organisation achieved a score of 13%. The survey of (1)GPs is ongoing. Currently 40 questionnaires have been completed. The questionnaire of (2)improper emergency users has not been started. The data-collection from (3)citizens has been completed. 419 questionnaires and 5 focus groups were administered.

### Conclusion

The current OOH-organisation scores poorly on the Pharos-test. The survey-results are expected in April 2023. Based on this, tools/GP-training will be implemented so the GP can meets the health literacy level of the OOH-patient.







## Abstract topic

05. Societal Impact

**Abstract ID:** 670

## Presentation form

1 Slide 5 minutes

## Practising social responsibility in medicine: From theory to reality. International consensus on the profile of a socially responsible physician

Naji Mokaddem<sup>1)</sup>

<sup>1)</sup>Faculté de Médecine et Médecine Dentaire, Centre Académique de Médecine Générale, Woluwé-Saint-Lambert, Belgium

### Background

Interest in social responsibility in health has grown since WHO defined the social responsibility of medical schools in 1995. Although there are many articles exploring the competencies of social responsibility, very little is known about what defines a socially responsible physician. Social responsibility in medicine is thus a difficult concept to teach and, therefore, to implement in the field.

### Objectives

This study aims to develop the competency profile of a physician whose activities are consistent with social responsibility.

### Methods

Collaborative consensus research is being conducted using a three-round Delphi method by the Réseau Francophone International pour la Responsabilité Sociale en Santé (RIFRESS) with 34 experts from the academic medical community (teachers, physicians, and medical students). The Mesydel program is used to collect and analyse the responses.

### Results

This study will help to define a shared vision from a plurality of expert opinions and build a consensus on what skills, attitude and actions are expected of a physician committed to being socially responsible, while identifying the points of divergence between experts and between countries. Among preliminary results, some showed that a socially responsible physician acts at different scales - micro, meso and macro - and through different means - values, commitment, advocacy, and skills.

### Conclusion

Among the many criteria for recognizing excellence in medical education, social accountability is among the most important. Defining the competency profile of a socially responsible physician in a concrete way should help train tomorrow's physicians to meet the priority health needs of societies in a profoundly changing world.





## Abstract topic

05. Societal Impact

**Abstract ID:** 712

## Presentation form

1 Slide 5 minutes

## Prevention and screening of cancer in homeless population in the Community of Madrid: a pilot study.

Rosa Gómez-Trenado<sup>1)</sup>, Jaime Barrio-Cortes<sup>1)</sup>, Mónica Moreno-Moreno<sup>1)</sup>, Miguel Rico-Varadé<sup>2)</sup>, María del Valle Coronado-Vázquez<sup>3)</sup>, Miguel Ángel Cantarero<sup>1)</sup>, Tomás Gómez-Gascón<sup>1)</sup>, Paloma González-Peña<sup>2)</sup>

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<sup>3)</sup>Centro de Salud Cortes. Gerencia Asistencial de Atención Primaria, Madrid, Spain

## Background

Homeless population in Europe have an average life expectancy 30 years than general population and cancer mortality is twice as high. There is an urgent need for interventions to improve their access to healthcare. Interdisciplinary collaboration to plan on social determinants from the primary healthcare and social services system are the key to prevention.

## Aims

Provide proven integrated, comprehensive services to facilitate access to cancer prevention and screening services by reducing barriers to access. Develop a co-designed care model with homeless people and health and social professionals based on the Patient Navigation and Patient Empowerment model. Establish social intervention methodologies to achieve comprehensive and integrated care for homeless people.

## Methods

Pilot study. Sample of 400 homeless 18 years within the resources of the Social Care Network of Madrid. Variables studied will be clinical and social as well as relational adherence to systems. Quantitative and qualitative analysis ex-post facto. CFIR and RE-AIM frameworks for implementation assessment.

## Preliminary results

Detection, typification and quantification of barriers to access to the health system (Tanahashi model of service coverage). Type(s) of action(s) developed to reduce barriers and outcomes. Achievements in health rights in primary care.

## Conclusions

This new model of healthcare for homeless people will guarantee the access to primary and hospital care and will identify types of barriers and model of actions. Also it will return proactive work protocols that define the framework of socio-health action and professionals involved and an information system to identify the social determinants of access to health.





## Abstract topic

05. Societal Impact

**Abstract ID:** 731

## Presentation form

Science Slam

## Key to survival: enhancing resilience in face of adversity

Ajandek Eory<sup>1)</sup>, Petra Kristof<sup>1)</sup>, Gergo Domokos<sup>1)</sup>, Kinga Radvanyi<sup>1)</sup>, Fiammetta Cosci<sup>2)</sup>, Rainer Weber<sup>3)</sup>

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<sup>3)</sup>Klinik und Poliklinik für Psychosomatik und Psychotherapie, Universitätsklinikum Köln, Köln, Germany

## Background

EUniWell is a European University Alliance to promote well-being in higher education through increasing awareness and cooperation.

## Questions

We aimed to measure mental health literacy among students, and explore association between domains of well-being and depression, anxiety, and stress in medical students at Semmelweis University, member of the 'MATTERS' collaboration.

## Methods

Students were reached via university mailing system. PHQ-9, STIGMA-9 and the the Nicholson McBride Resilience Questionnaire (NMRQ-SF) were used. Beside resilience, the Depression Anxiety and Stress Scale (DASS) as well as dimensions of Ryff's Psychological Well-being Scales (WBS) was applied in medical students at Semmelweis University. Univariate analyses; Pearson's correlation and multiple linear regression were used.

## Outcomes

Altogether 430 students participated in our international survey from Semmelweis University, while another 134 medical students provided data on DASS and PWB. 74 (17%) suffered from moderately severe and 44 (10%) from severe depression according to PHQ-9 with women scoring higher than men ( $p=0.019$ ) and almost half of them (46%) had the lowest level of resilience. Lower scores of purpose in life ( $\beta=-0.4$ ,  $p=0.001$ ) and self-acceptance ( $\beta=-0.3$ ,  $p=0.003$ ) predicted higher scores on depression, lower scores of purpose in life ( $\beta=-0.5$ ,  $p=0.001$ ) predicted anxiety and female gender ( $\beta=0.2$ ,  $p=0.007$ ), lower level purpose in life ( $\beta=-0.2$ ,  $p=0.05$ ) and environmental mastery ( $\beta=-0.3$ ,  $p=0.038$ ) predicted stress in medical students.

## Take home message

Self-acceptance, purpose in life and environmental mastery might be key domains of well-being in relation to improving depression, anxiety, and stress levels in medical students.





**Abstract topic**

05. Societal Impact

**Abstract ID:** 733

**Presentation form**

1 Slide 5 minutes

**Intervention project inside the community - promoting active aging with volunteers of an elderly support association**

Ana Laura Esteves<sup>1)</sup>, Mariana Domingues<sup>1)</sup>, Gustavo Teixeira<sup>1)</sup>, Catarina Ferreira<sup>1)</sup>

<sup>1)</sup>Usf Villa Longa, Lisboa, Portugal

WHO defines this decade (2020-2030) as the decade of healthy aging. Almost 14% of the world's population is aged 60 or more, and this number is projected to duplicate in 2030. This vulnerable group is often forgotten in studies, and we know little about their needs and whether their environment allows them to live with dignity. To address some of those needs, identified in the suburban village where we work, the Avavilla Association was born. It congregates volunteers helping elderly and isolated people, weekly, by measuring blood pressure, aiding with pharmacy shopping, or even communicating with the healthcare center.

As primary care physicians we developed a program of monthly interventions near the volunteers to promote the maintenance of functional abilities while getting older.

During 2022, we focused on strategies to address their basic needs, autonomy, mobility, relationships, and contributions to society. Strategies were given to intervene near the families and caregivers. Our goal was to promote a healthy lifestyle and prevent complications associated with impaired mobility or cognition.

It was clear that our work was not only important to the elderly but also for the volunteers themselves, since they felt empowered to make changes in their own lives, keeping active and playing an important role in their community.

Action must be taken towards changing the way we think and behave about aging. Society, communities, and policy makers should strive to deliver services that are adequate to the elderly needs.





## Abstract topic

05. Societal Impact

**Abstract ID:** 768

## Presentation form

Lecture

## Whose autonomy? The role of medical staff in accompanied suicide in Switzerland

Ingrid Paur<sup>1</sup>, , Caroline Krueger<sup>1</sup>)

<sup>1</sup>)Gemeinschaftspraxis Wettingen, Wettingen, Switzerland

Assisted suicide has been introduced to Switzerland 40 years ago. Since then, ethical questions have been raised and answered. Patients' autonomy plays an important role in the discussions while the autonomy of medical staff is hardly ever addressed. As professionals, medical staff are fulfilling their roles – but what about the relationship between patient and staff&nbsp;?

Our motivation to dig deeper into this question led us to conducting semi-structured interviews with staff at a nursing home. The staff were asked to concentrate on one case where they had taken over an accompanying role.

Our questions focused on four phases starting with the patients' decision and ending after their death.

While all interviewees attached great importance to being professional, there were ambivalent feelings concerning the patients' decisions. All interviewees had established a relationship with their patients and most struggled with their feelings regardless of their own position concerning assisted suicide.

The autonomy of the patient and the professionalism of the staff are important, however, there is one topic that has not been focused on so far – the relationship between both. The staff are acting professional while living through an emotionally difficult situation. More research is important and necessary.

For now, we can say, that care for the carers is essentially important and has actually been explicitly requested by most of our interviewees. We would like to do more research in this topic and want to initiate discussions with medical staff from different countries and systems.





### **Abstract topic**

05. Societal Impact

**Abstract ID:** 787

### **Presentation form**

1 Slide 5 minutes

## **General practitioners and wellbeing in Belgium: Beyond the covid-19 pandemic**

Joanna Cholewa<sup>1)</sup>, Michel De Jonghe<sup>1)</sup>, Sara Willems<sup>2)</sup>, Esther Van Poel<sup>2)</sup>, Benoit Pétré<sup>3)</sup>, Ségolène De Rouffignac<sup>1)</sup>, Cécile Ponsar<sup>1)</sup>

<sup>1)</sup>Centre académique de médecine générale, Université catholique de Louvain, Bruxelles, Belgium

<sup>2)</sup>Department of Public Health and Primary Care, University of Ghent, Ghent, Belgium

<sup>3)</sup>Faculté de Médecine Département des sciences de la santé publique, Université de Liège, Liège, Belgium

### **Background**

Few studies have addressed the impact of workplace-related factors on the wellbeing of general practitioners (GPs), a population already known to be at risk before the COVID-19 pandemic. Although many countries faced common challenges, this crisis showed a strong territorial dimension with very heterogeneous impacts between and within countries reflecting differences in the organization of regional health systems, governance structures, and demographic.

### **Objective**

This paper aims to assess the level of GP's wellbeing during the COVID-19 in Belgium, the impact of stressors on GP's wellbeing, and regional differences.

### **Method**

Data were collected with a self-reported online questionnaire in 479 practices between December 2020 and August 2021. Wellbeing was evaluated by the Mayo Clinic expanded 9-items wellbeing index. Chi-squared tests and binary logistic regression were performed.

### **Results**

57% of Belgian GPs were considered at risk of distress varying from 72,9% in the Walloon region, 54,5% in the Brussels-Capital region, and 48,6% in the Flemish region. GPs with less meaning given to their work, working with patients having financial problems, with a fee-for-service payment system or having a bad professional-personal balance were at higher risk of distress.

### **Conclusions**

GP's occupational distress seems to be pervasive in Belgium, with the Walloon region showing the lowest level of wellbeing. Further research targeting systemic factors and stressors, including organizational culture and team dynamics is needed to be able to propose interventions to improve the GPs' wellbeing.







## Abstract topic

05. Societal Impact

**Abstract ID:** 82

## Presentation form

1 Slide 5 minutes

## Trailblazer GP Fellow Supports Women with Learning Disabilities in Deprived Leicester City Practice

Amy Barnes<sup>1)</sup>, David Kerbel<sup>1)</sup>, Elizabeth McSweeney<sup>1)</sup>

<sup>1)</sup> Saffron Health, Leicester, United Kingdom

### Didactic Method

Trailblazer Fellow runs weekly clinics in "Deep End" Practice (17 200 patients) in Leicester, 168 patients on LD register - three times the local average.

Supports LD patients, particularly those struggling with engagement

### Presented Problem

Reduced life expectancy in people with Learning Difficulties (LD) Prevalence highest in deprived areas  
Cancer screening uptake for breast and cervical cancer 25%, colon cancer screening is better accepted 70%

HRT provision in LD significantly lower than for non-LD menopausal women.

### Management

Provision of education in easy read formats to improve uptake to cancer screening. Reasonable adjustments of extra time, simple explanations and higher level support.

Small group sessions in Practice or Care Homes to improve access to Hormone Replacement Therapy, empowering women with LD and their carers to recognise symptoms of the menopause and improve awareness of management options.

### Outcome

Evaluation of screening rates, uplift to LD annual health screening, qualitative responses of patients and carers attending the Trailblazer clinic.

Spread learning and good practice: develop a webinar based on feedback from the HRT group sessions.

**Case presentation** optimising care for a woman with LD

### Discussion

Promoting the Trailblazer Fellowship: fantastic opportunity to improve health inequalities in difficult, often under-doctored inner-city practices.

Working to develop an integrated health package for Women with LD. Understanding perspectives of carers and patient with LD.

Examples of material from the HRT education sessions will be available.</li>

### Learning

Learning from engaging with patients with LD and carers.

Provision of mentoring and support.





## Abstract topic

05. Societal Impact

**Abstract ID:** 847

## Presentation form

1 Slide 5 minutes

## Nature prescription in primary health care: research and practice

Tom Cornu<sup>1)</sup>, Hans Keune<sup>1)</sup>, Ann Sterckx<sup>1)</sup>, Ben Delbaere<sup>1)</sup>, Irina Spacova<sup>2)</sup>, Dirk Avonts<sup>3)</sup>

<sup>1)</sup>Family Medicine and Population Health, University of Antwerp, Wilrijk, Belgium

<sup>2)</sup>Bioscience engineering, University of Antwerp, Wilrijk, Belgium

<sup>3)</sup>Domus Medica, Antwerp, Belgium

## SPEAKERS + TITLES OF CONTRIBUTIONS

Introduction - prof. dr. Hans Keune

The health effects of the natural environment - prof. dr. Dirk Avonts

Past and ongoing research of the chair

Contact with natural microbial biodiversity as a mechanism to benefit human health and microbiome  
- dr. Irina Spacova

Selfcare and nature in private and professional practice of primary care – Ann Sterckx

Gogreenroutes: innovative and participative nature-based solutions for the SDG' – Ben Delbaere

Nature on prescription to enhance the health and resilience of elderly – Tom Cornu

Nature on prescription in practice – guest speaker

Open discussion - prof. dr. Hans Keune

## OBJECTIVES

The participant will have an oversight of the pathways from nature to health.

The participant will have an oversight of examples of current research and practice on 'nature on prescription' in Flanders

## DISCUSSION

From 2018 the chair 'Care and the Natural Environment' of the University of Antwerp focuses on research, education, and networking regarding a better connection between primary health care and the natural living environment.

In this interactive symposium we first will give an overview of the health effects of the natural environment. Secondly, we will demonstrate how this health potential can be put into practice by presenting an overview of projects supported by the chair. Thirdly, we will stimulate discussion on the complexity of nature on prescription and share personal experiences.

## TAKE HOME MESSAGE

Nature on prescription is a concept that covers a broad field of research and practice. It's a health domain under full development with multiple opportunities for health care.

## ADDED VALUE OF A SYMPOSIUM

As the subjects of 'nature and health' and 'one health' are quite new in primary health care, it will benefit from a format in which there is time to first explain the concept and then go deeper into specific





subjects. By offering a complete overview the participant learns to understand the novelty and complexity of nature-based approaches in research and in practice.

As the chair has established a group of internal researchers and connections with external partners in recent years, it will be able to address the topic from a diversity of perspectives.

Additionally, the format of a symposium will allow more time for discussion and exchange which is relevant for a topic of emerging interest.





### **Abstract topic**

05. Societal Impact

**Abstract ID:** 852

### **Presentation form**

WONCA Network Workshop

## **Touch in post-covid medical encounters: ethical and practical considerations**

Ignaas Devisch<sup>1)</sup>, Andrew Papanikitas<sup>2)</sup>, Tania Moerenhout<sup>3)</sup>

<sup>1)</sup>Philosophy of Medicine & Ethics, Ghent University, GENT, Belgium

<sup>2)</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

<sup>3)</sup>Bioethics Centre, University of Otago, Dunedin, New Zealand

Touching patients is an unquestioned daily activity for many healthcare providers. The standard professional tasks and responsibilities of clinicians involving touch include therapeutic interventions, physical examination, ordinary care, and even expressions of reassurance and sympathy. Empirical studies support the idea touch is an essential aspect of care delivery, influencing the patient-provider relationship and the perceived quality of care. During the COVID-19 pandemic, safe distancing has meant a loss of touch. The absence of touch can entail patient harm and medicolegal risk if a diagnosis is subsequently missed. In this workshop, we want to examine the phenomenon of touch in healthcare interactions and how it has changed in the age of COVID-19 and e-consulting.

### **Target Group**

health care professionals working in primary care, patients, ethicists

### **Method**

Speakers will first introduce relevant concepts to the audience, then turn to small group interactions to discuss the participants' own experiences with touch in the clinical encounter. Finally, we will draw issues and scenarios from the groups and discuss these in the larger group to draw conclusions about the ethical and practical aspects of touch as a transnational healthcare phenomenon.

### **Objectives**

Provide the participants with a better understanding of the role of touch in clinical encounters from an ethical perspective

Share experiences of the use and meaning of touch and reflect on its recent absence in global primary care

### **Estimated number of participants**

30-40





## Abstract topic

05. Societal Impact

**Abstract ID:** 868

## Presentation form

Lecture

## Caring for the spectrum in primary care: what we need to know about autism and sensory processing disorder

Alessio Platania<sup>1)</sup>, Michela Cannarozzo<sup>2)</sup>, Ozden Gokdemir<sup>3)</sup>, Lara Diogo<sup>4)</sup>, Marta Ruivo<sup>5)</sup>

<sup>1)</sup>Archway Sexual Health Centre, Central and North West London NHS Foundation Trust, London, United Kingdom

<sup>2)</sup>Child and adolescent neuropsychiatry, ASP Catania, Catania, Italy

<sup>3)</sup>Izmir University of Economics / Faculty of Medicine, Izmir, Turkey

<sup>4)</sup>ACES Arco Ribeirinho, Serviço de Atendimento aos Utentes Sem Médico do Montijo - SAUSM Montijo, Lisbon, Portugal

<sup>5)</sup>USF da Baixa, University Clinic of General and Family Medicine, Faculty of Medicine, Lisbon, Portugal

## Background

Autism is a lifelong developmental disability which affects how people communicate and interact in about 2.3% of the population. Despite the latest advances in research, is still surrounded by many myths and stigma even around healthcare professionals. Alexythymia and sensory processing disorder can often prevent autistic patients access to primary care or impact clinical care if not taken into account. If healthcare staff is not aware and adequately trained, and settings are not properly adapted to their needs, this can lead to harm by misdiagnosis, inappropriate or harmful treatments and behaviours.

## Target Group

GPs Healthcare practitioners

## Didactic Method

We will start with a brief introduction to the concept of neurodiversity, interactive polls to discuss myths, overview of the characteristics of autism, and how sensory processing disorder can impact neurodivergent patients in receiving appropriate care followed by a video-based simulation of being autistic (30 minutes). Then participants will be divided into small groups with different case studies to address specific needs of autistic patients (20 minutes). Finally, each group will present their case and the solutions proposed to the participants, to promote discussion, followed by a list of useful resources and with an autistic doctor (25 minutes).

## Objectives

to decrease stigma and increase understanding of autism, to provide tools to improve access and appropriate care for autistic patients

**Estimated number of participants:** 40-50

## Brief presentation of the workshop leader

Dr Alessio Platania is a GP, Psychosexual Counsellor and expert in autistic adults based in London, UK





### **Abstract topic**

05. Societal Impact

**Abstract ID:** 879

### **Presentation form**

1 Slide 5 minutes

## **Association of screen media exposure and burnout among adolescents enrolled in different online curricula in Metro Manila: analytic cross-sectional study**

Jomar Jay Pucan<sup>1)</sup>, Yna Paulina Palma<sup>1)</sup>, Vittorio Jr Panaguiton<sup>1)</sup>, Leo Alfonso Pascua<sup>1)</sup>, Jem Kathleen Pel<sup>1)</sup>, Peter Jan Pineda<sup>1)</sup>, Paul Gregory Polintan<sup>1)</sup>, Irene Punzalan<sup>1)</sup>

<sup>1)</sup>College of Medicine, University of the East Ramon Magsaysay Memorial Medical Center, Quezon City, Philippines

### **Introduction**

Due to the COVID-19 pandemic, it became imperative for the education sector to shift to full online curriculum and eventually hybrid education, which utilized both synchronous and asynchronous teaching-learning activities with the use of internet-enabled devices. However, this new educational policy posed several challenges to educators and students, such as increased workload, prolonged screen time, and burnout. This study determined the association of online screen media exposure and burnout among adolescent senior high school students enrolled in different online curricula in Metro Manila.

### **Methods**

This analytic cross-sectional study identified adolescent senior high school students from different high schools in Metro Manila who were recruited via non-probability convenience sampling. The level of online screen media exposure was assessed based on the cut off value of four (4) or more hours of internet usage related to online academic work, and participants answered the Copenhagen Burnout Inventory to ascertain presence or absence of said mental health condition. Data analysis included cross-tabulation for prevalence rate ratio, and Chi-square test was used to determine statistical significance.

### **Results**

Of the 117 respondents, most had significant online screen media exposure (88, 75.21%). In relation to Copenhagen Burnout Inventory, the majority scored less than 50 (66, 56.41%) which comprised those without burnout. The prevalence rate ratio (PRR) was calculated 3.9 (p-value 0.002).

### **Conclusion**

Among adolescent senior high school students with significant online screen media exposure of four hours or more, there was 3.9 higher risk of exhibiting burnout symptoms, and this was statistically significant.







### **Abstract topic**

05. Societal Impact

**Abstract ID:** 907

### **Presentation form**

1 Slide 5 minutes

## **Medicolegal reports in general medical practice: using the Istanbul Protocol to support the asylum case of victims of torture**

Fabian Colle<sup>1)</sup>

<sup>1)</sup>Alias, Schaerbeek, Belgium

### **Background**

The asylum case of patients is a decisive moment with&nbsp;major negative impact on physical and mental health in case of a negative decision. Asylum seekers, regularly from minority communities, often fled their country after different forms of torture. The asylum case, sometimes only supported by the person's narrative, should be backed up by a medicolegal report if there are symptoms of mistreatments in the past (e.g. scars and PTSD-symptoms). Asylum instances do not organise these reports and in Belgium there is a substantial lack of professionals using the Istanbul Protocol (United Nations Manual). However, a similar report is decisive in 75-80% of the asylum cases.

### **Questions/methods**

We describe how the production of a medicolegal report (MLR) with the Istanbul Protocol can be issued by GPs. We briefly sketch the circumstances of asylum seekers or candidates and how to examine the persons on possible consequences of torture, among others scars, functional problems and PTSD-symptoms.

### **Outcomes**

GPs will have a better understanding on how to use the Istanbul Protocol and how these symptoms can be related to the person's narrative through the classification of different levels of consistency used in the Istanbul Protocol. Different forms and causes of inconsistencies in the asylum narrative will be addressed: PTSD-symptoms, taboos and emotions as guilt and shame.

### **Discussion**

Elements of MLRs in general medical practice can be of major impact on migrating patients. Tools from PTSD-treatment, attestations about scars or inconsistencies will help GPs to prepare their patients for the asylum case.





## Abstract topic

05. Societal Impact

**Abstract ID:** 955

## Presentation form

Lecture

## How can family doctors help refugee doctors to get back into medical practice in their new country?

Stuart Holmes<sup>1,2)</sup>, Aisha Awan<sup>1,3)</sup>, Michelle Brennan<sup>1)</sup>, Nicola Pugh<sup>1)</sup>, Jouher Kallingal<sup>1,4)</sup>, Raheb Alwany<sup>5)</sup>, Amna Idries<sup>1)</sup>, Lyndsey Brandwood<sup>1,3)</sup>

<sup>1)</sup>REACHE North West, Manchester, United Kingdom

<sup>2)</sup>European Young Family Doctors Movement, Manchester, United Kingdom

<sup>3)</sup>University of Manchester, Manchester, United Kingdom

<sup>4)</sup>Salford Royal Hospital, Manchester, United Kingdom

<sup>5)</sup>Wexham Park Hospital, Slough, United Kingdom

## Background

Conflicts in Ukraine and the Middle East have displaced millions of people across Europe, many of whom are healthcare professionals. Refugee doctors are attempting to regain their professional identities and contribute to their new country, which can be a complex process. Many family doctors encounter refugee doctors through professional networks but do not feel equipped to help. This workshop will be led by a multi-disciplinary group with 20 years' experience in supporting refugee doctors to return to practice in the UK.

## Objectives

Recognise the barriers to requalification faced by refugee doctors.

Empower attendees with the knowledge and tools to provide refugee doctors with meaningful support.

## Target group

Family doctors and medical educators who would like to understand how to support refugee doctors who are trying to re-enter practice in their new country.

## Didactic method

This interactive workshop will draw upon lived experience of refugee doctors in Europe and the learning from a team who have worked with them. It will provide attendees with insight into the journey for refugee doctors after they resettle in Europe through discussing case studies. In addition to highlighting challenges, we will work together to identify opportunities through which family doctors can assist refugee doctors that they encounter. The workshop will provide a forum to learn from each other's experiences and ask questions.

**Estimated participants** 15–40

## Workshop leader

Dr Aisha Awan is a family doctor, lecturer at the University of Manchester and director of REACHE Northwest, an organisation that supports refugee doctors.





### **Abstract topic**

05. Societal Impact

**Abstract ID:** 957

### **Presentation form**

1 Slide 5 minutes

## **A 10-year Review of the Influenza Sentinel Surveillance Data in Nigeria: Opportunity to Strengthen the Health System**

Oluwajimi Sodipo<sup>1)</sup>

<sup>1)</sup>Family Medicine, Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria

### **Background**

The sudden emergence of SARS-COV2 virus in 2020 caused major challenges in the health systems worldwide and helped draw attention to the importance of having surveillance programme for infectious diseases. Nigeria has an influenza surveillance programme, which had been limited by challenges with burden of disease data.

### **Discussion Point**

This study was a secondary analysis of influenza sentinel surveillance data for the four sentinel sites from the Nigerian Centre for Disease Control (NCDC) in Nigeria for 2010 to 2020. Descriptive statistics were provided for quantitative variable while proportions were provided for qualitative variables. SPSS software was used to analyze the data

### **Content**

A total of 13,828 suspected cases of influenza were recorded at the sentinel sites from January 2010 to December 2020. About 10 percent tested positive for influenza virus. The 0-9 age group had highest prevalence of Influenza like illnesses (ILI), while the 55-64 age groups had the highest number of Severe acute respiratory illness (SARI) cases. Influenza types A and B with A being slightly more prevalent. Overall, there were more cases around January to March and August to November.

### **Take Home Message**

Influenza remains significant cause of respiratory illness, especially among children and older persons. There are still key gaps in the influenza sentinel surveillance data in Nigeria It is therefore recommended that influenza surveillance strengthened to &nbsp;identify, prevent and respond to new epidemics or pandemics such as COVID-19 and establish protocol on vaccination





## 06. Access to Inovations

### Abstract topic

06. Access to Inovations

**Abstract ID:** 135

### Presentation form

1 Slide 5 minutes

### Learning emergency care with gamification

Zalika Klemenc Ketiš<sup>1,2,3)</sup>, Uroš Zafošnik<sup>1)</sup>, , Anja Poženeč Belec<sup>1)</sup>

<sup>1)</sup>Ljubljana Community Health Centre, Ljubljana, Slovenia

<sup>2)</sup>Medical Faculty, University of Maribor, Maribor, Slovenia

<sup>3)</sup>Medical faculty, University of Ljubljana, Ljubljana, Slovenia

### Background

Health professions educators increasingly turn to gamification to optimize students' learning outcomes. Methods include educational games, mobile apps, and virtual patients and may be used for preclinical and clinical training. Gamification could improve learning, engagement, and cooperation by allowing for real-world application. They may also help with promoting risk-free healthcare decision-making and quick feedback.

Transsimed is an Erasmus+ project with the aim to transfer the knowledge of education with simulations and gamification from Slovenia to Croatia and North Macedonia.

### Target Group

Primary care teams.

### Didactic Method

Plenary presentation, educational game, discussion.

### Objectives

To present the gamification method and its value for learning.

To demonstrate the use of educational game.

To refresh knowledge on emergency care at the primary care level.

To gather experiences of the participants with the gamification in teaching.

### Estimated number of participants

10 to 30

### Brief presentation of the workshop leader

Zalika Klemenc Ketiš is the past EQuIP president and the honorary treasurer of WONCA Europe. She is a family physician, professor of family medicine and a senior researcher. She is a chair of the Department of Family Medicine, Medical Faculty, University of Maribor, Slovenia and a head of the Institute for the development and research in primary care at the Ljubljana Community Health Centre.





## Abstract topic

06. Access to Innovations

**Abstract ID:** 175

## Presentation form

Lecture

## Use of an electronic consultation system in an inner city general practice: a mixed methods service evaluation

Katherine Leung<sup>1)</sup>

<sup>1)</sup>Suttons Wharf Health Centre, NHS, London, United Kingdom

### Background

Digital access to primary care was propelled by the COVID-19 pandemic. E-consultations have been a proposed method to address increasing workload demand. However, e-consultations may not meet their expected efficiency due to work duplication and failure to meet patients' needs.

### Questions

What are the benefits and disadvantages of e-consultation use?

What is optimal use of e-consultation from a staff and patient perspective?

What types of patients and queries are best suited to e-consultation?

### Methods

A mixed method analysis at an inner city practice, 17000 patients. E-consultations between June-August 2022 were quantitatively analysed (n=930) to describe patient characteristics, reason for consultation, response from GP, and any re-consultation within 14 days. Semi-structured interviews with 18 staff members (GPs, administrative staff, practice managers). Transcripts were analysed thematically.

### Outcomes

Patients favoured increased efficiency, access, and responsiveness. The quantity of questions on the e-consult form was felt to be unnecessary and irrelevant.

Clinicians reported an unmanageable clinical workload with a 100% e-consultation model, leading to daily 'capping' of e-consults. This aided workload however patients expressed frustration at inability to submit e-consults anytime.

8% of e-consults required subsequent face-to-face review, and 55% telephone review. E-consultations were useful for administrative tasks and routine, structured reviews such as contraceptive pill checks, depression reviews, and simple skin rashes.

### Discussion

Study highlights the complexities of integration and usage of e-consultation.

The key to optimising e-consultation is to clearly define where it provides maximum utility. Ideally, practices should have capability to adapt the system to best serve their populations.





## Abstract topic

06. Access to Innovations

**Abstract ID:** 233

## Presentation form

1 Slide 5 minutes

## Medical Logbook Platform: how technology can help General and Family Medicine Residents

Ricardo Albuquerque<sup>1,2)</sup>, Susana Albuquerque<sup>2)</sup>

<sup>1)</sup>USF Rainha D. Leonor, Caldas da Rainha, Portugal

<sup>2)</sup>Medfolio, Murça, Portugal

### Background

Portuguese medical residents are in general satisfied with their residency but not that much when it comes to non-clinical activities – usually from 6 to 8 weeks per year in total-time. Each one of the 42 medical specialties in Portugal has their own curricula where quarterly, semesterly or annual reports must be done along with all the study and clinical activity.

### Discussion Point

Can same results be achieved in non-clinical activities with the use of technology?

### Methods

Portuguese General and Family Medicine residency programs were analyzed and a database matrix that fulfilled the minimum requirements for this medical specialty was created. Starting January 2021 a fully GDPR compliant online platform was launched and a proprietary algorithm was integrated for specific metrics calculation, tables, charts and automatic reports generation. Scientific activity and continuous medical education could also be tracked.

### Results

About 50% of all portuguese General and Family Medicine residents (approx. 800 doctors) signed the platform with a mean total usage time of data input of 6h (hours). Automatic reports for General Family Medicine were created for about 80% of the users. The global average usage of the platform for clinical activity registration was 85 users per day with over 200.000 consultations and 10.000 scientific papers presented or published in 2021.

### Conclusions

Medical residents can now spend less time on reports and data working tasks as our algorithm performs most of the hard work thus leaving more time to study and practice daily.







**Abstract topic**

06. Access to Innovations

**Abstract ID:** 263

**Presentation form**

1 Slide 5 minutes

## Telemonitoring system for patients with chronic cardiovascular diseases in primary health care: an overview of the study design and protocol development

Greta Aladaitienė<sup>1</sup>, Jūratė Macijauskienė<sup>2</sup>, Gintarė Šakalytė<sup>3</sup>, Leonas Valius<sup>1</sup>

<sup>1</sup>Family Medicine, Hospital of Lithuanian University of Health Sciences Kauno klinikos, Kaunas, Lithuania

<sup>2</sup>Faculty of Nursing, Academy of Medicine, Lithuanian University of Health Sciences, Kaunas, Lithuania

<sup>3</sup>Cardiology department, Hospital of Lithuanian University of Health Sciences Kauno klinikos, Kaunas, Lithuania

Cardiovascular diseases are the main cause of death in Lithuania affecting 48.2 % of all causes of death in 2021. Remote monitoring systems have been invented to support the new needs of primary care patients with chronic diseases. It is also known to be an appropriate tool for monitoring and treatment of patients, which also helps to reduce the healthcare costs. Digital health care tools also help to reduce a patient load at hospitals and health centres. Telemonitoring has been shown to be able to significantly improve the treatment outcomes of many chronic diseases, including diabetes, hypertension, and cardiovascular diseases. Despite the promising results of telemonitoring systems regarding patient management and healthcare costs reduction, usage of this innovative technology is not as widespread as we would expect.

The aim of this study is to develop and evaluate a protocol for remote consultations and Telemonitoring system of patients with cardiovascular diseases in Lithuanian primary health&nbsp;care.

An Experimental Prospective Randomized Study will be performed from January to May 2023, including 24 patients with chronic cardiovascular diseases for control and study groups. Remote consultations will be provided using Telemonitoring system – TeleCare BMI comparing to regular Family physician consultations in primary health care.

The final result will be to ensure remote services implementation and development in Lithuanian primary health care according to the established protocol.





### **Abstract topic**

06. Access to Innovations

**Abstract ID:** 323

### **Presentation form**

1 Slide 5 minutes

## **The remote clinical monitoring strategy adopted by the ministry of health of singapore**

Nicola Lew<sup>1)</sup>, Zhi Bin Low<sup>1)</sup>, Kelvin Bryan Tan<sup>1)</sup>

<sup>1)</sup>Future Systems Office (InfoComm, Technology and Data Group), Ministry of Health, Singapore, Singapore

### **Background**

Future Systems Office from the InfoComm, Technology and Data Group of the Ministry of Health (Singapore) is coordinating a national Remote Clinical Monitoring (RCM a.k.a. Remote Patient Monitoring) strategy as part of a broader telehealth strategy. As part of this, we worked closely with the clinical and policy divisions to identify use case groups (including the primary care sector for chronic conditions) that would benefit most from RCM, set targets and timelines for RCM use, ensure adequate regulations and financing policies were in place, develop a common platform to mediate data flows between RCM devices and the public hospitals' Electronic Medical Record systems (EMRs), and set up a steering committee to govern the common platform.

### **Discussion Point**

We examine the benefits and disadvantages of having a common platform for RCM data and how it has affected the three national healthcare clusters.

### **Content**

The use of the common platform allows the national healthcare clusters and their RCM programmes to use a combination of any frontend RCM device (e.g. a Bluetooth-enabled device or a non-Bluetooth-enabled device) with their choice of frontend app and interfaces this with that hospital's EMR.

### **Take Home Message**

The use of technology, including telehealth, must be spearheaded by clinical leads working closely with tech leads in order to avoid a situation where your tech solution is looking for a problem to solve. Moreover, having access to innovation does not mean that a "high-tech" solution is always better than a "low-tech" solution.





## Abstract topic

06. Access to Innovations

**Abstract ID:** 449

## Presentation form

Science Slam

## Effectiveness of educational program and teleconsultation in comorbid patients

Shirin Talapbek kyzy<sup>1,2)</sup>, Anara Asanbaeva<sup>1,2)</sup>, Nurlan Brimkulov<sup>2)</sup>, Anara Koshukeeva<sup>2)</sup>

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<sup>2)</sup>Family Medicine of Postgraduate Education, I.K. Akhunbaev Kyrgyz State Medical Academy, Bishkek, Kyrgyzstan

The Covid-19 outbreak once again proved the high efficacy of teleconsultation, especially at the primary healthcare level. The aim of this study was to evaluate the effectiveness of a patient education program in remote monitoring of patients with osteoporosis (OP) and chronic obstructive pulmonary disease (COPD).

### Material and Methods

Clinical and instrumental examination was performed in 53 outpatients with comorbid COPD and OP conditions (mean age 57.6±8.2 years). Patients were divided into a main (N=30) and a control (N=23) group. The main group participated in an educational program followed by a monthly telephone survey. A re-examination in both groups was conducted after 6 months.

### Results

In the main group back pain intensity on visual analogue scale (VAS) significantly decreased in 2,5 times, in the control group - in 1,5 times. Osteodensitometry findings after 6 months confirmed increase of bone mineral density from 1,9 to 3,2% in the control group (0,05). Spirometry data improved (FEV1 increased from 73,4±4,1 to 82,7±6,1%, FEV1/FVC from 66,5±6,5 to 75,2±2,5% of proper values (0,05). Calcium and vitamin D supplements were taken continuously for 6 months by up to 95.5% of patients in main group.

### Conclusions

Educational programs in patients with COPD and OP improve the clinical course of the disease and patients' life quality. This leads to a significant reduction in the burden on primary healthcare facilities as a result of remote patient management.





## Abstract topic

06. Access to Innovations

**Abstract ID:** 455

## Presentation form

Lecture

## A quality journey through patient eyes

Paulien Schuttinga<sup>1)</sup>, Kristel van Dijk<sup>1)</sup>, Jan Jansen<sup>1)</sup>

<sup>1)</sup>Quality, NHG (The Dutch College of General Practitioners ), Utrecht, Netherlands

A quality journey through patient eyes

### Background

The quality of care in Dutch general practices is high. The Dutch College of General Practitioners (NHG) wants to provide support to General Practitioners (GPs). A GP is responsible to organize the preconditions of good care in their own practice and maintain and, if necessary, improve the quality of care. Working on quality is teamwork. Teamwork leads to meaningful change, satisfied patients and often to increased job satisfaction and support from every function in the practice.

### Methods

In 2022, the NHG developed a visual that provides insight into the various process steps of a patient, the so called quality journey. This visual offers insights to the general practitioner and practice staff on what patients encounter and need. This gives the GP the opportunity to respond and better meet the needs of the patient.

### Outcomes

The quality journey contains clear steps and practical roadmaps and gives insights in opportunities to improve the patient care.

The quality journey focuses on five components: 1) Knowledge of your own practice; 2) the patient at home; 3) your practice; 4) the waiting room; 5) the consultation.

During this lecture we navigate you through the different process steps in this quality.

### Discussion

The quality journey is a tool for GPs which is based on the needs of the patient and can be used to improve the quality of care. Noticeable is that in this tool the needs of the patients are the central point.





### **Abstract topic**

06. Access to Innovations

**Abstract ID:** 470

### **Presentation form**

1 Slide 5 minutes

## **Clinical research in primary care: the experience of 20 years**

Irene Moral<sup>1,2)</sup>, Mireia Puig<sup>1,2)</sup>, Maria Teresa Vilella<sup>1,2)</sup>, Julia Albareda<sup>1,2)</sup>, Diana Fernandez<sup>1,2)</sup>, Jaume Sellares<sup>1,2)</sup>, Carlos Brotons<sup>1,2)</sup>

<sup>1)</sup>EAP Sardenya, Barcelona, Spain

<sup>2)</sup>Sant Pau Biomedical Research Institute, Barcelona, Spain

### **Background**

A research unit in primary care affiliated to a large biomedical research institute was open in the year 2002.

### **Question**

Is it possible to run clinical trials in general practice?

### **Methods**

A research unit in general practice located in an urban setting, covering a population of about 20,000 people, runs clinical trials since the year 2002. Two general practitioners (GPs) working part-time, two research nurses, one statistician and one administrative integrate the research unit.

Patients are recruited from the list of patients of each GP (n=11) working in the center after reviewing the inclusion and exclusion criteria. We also use text messages through mobile phones to invite our patients to participate in specific trials. We also use the screens located in our waiting rooms to inform our patients about the different studies that are opened for inclusion.

### **Outcomes**

since march 2002 we have run 91 clinical trials, recruited 1,129 patients and randomized 872 patients. The most frequent trials carried out in our unit are phase III trials (70%). 43% of the trials were international. More than half of the trials were focused on cardiovascular diseases, increasing in the last three years trials on vaccinations.

### **Discussion**

Clinical investigation in general practice is feasible, it does not interfere with clinical practice, and adds substantial value in clinical research.

### **Take Home Message for Practice**

We encourage GPs to contribute with clinical research in general practice. Results of these trials can change guidelines and clinical practice.





## Abstract topic

06. Access to Innovations

**Abstract ID:** 471

## Presentation form

Lecture

## Insights into the use of telemedicine in primary care in times of the SARS-CoV-2 pandemic. A cross-sectional analysis based on the international PRICOV-19 study in Austria

Florian O. Stummer<sup>1)</sup>, Esther Van Poel<sup>2)</sup>, Sara Willems<sup>2)</sup>, Kathryn Hoffmann<sup>1)</sup>

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<sup>2)</sup>Department of Public Health and Primary Care, Ghent University, Ghent, Belgium

The SARS-CoV2 pandemic as well as the implementation of public health measures to decrease the spread of the virus re-sparked the call for “virtual” health or “distance” treatments. This paper aimed to assess the use of video consultations in publicly-funded primary healthcare facilities in Austria. Hence, a cross-sectional online questionnaire, as part of the PRICOV-19 study, was conducted from December 2020 until July 2021 to verify the status quo. 176 GP practices were randomly recruited across Austria. Descriptive statistics and binary logistic regression models were applied to examine the associations between telemedicine use and practice factors.

Compared to the pre-pandemic situation (3.8%), 7.6% of publicly funded GP practices used video consultations since the pandemic. According to this, 93.9% of the practices had no increase in video consultation use. Positive associations with video consultation use were found in practices with fewer patients aged 70 years+ than the average and more patients with chronic diseases than the average practice.

The use of video consultations in general practice is very low in Austria. Austria has to follow the example of countries and implement a transparent and comprehensive national digital health strategy that includes video consultation. Without a proper reimbursement system, patient involvement, and support regarding administrative and organizational aspects, no substantial change will occur despite an increase in need due to the pandemic and its long-term effects.







### **Abstract topic**

06. Access to Innovations

**Abstract ID:** 475

### **Presentation form**

Lecture

## **What's the impact of the usage of digital applications on quality and safety of GP care?**

Stijn van den Broek<sup>1,2)</sup>, Ulrik Kirk<sup>2)</sup>, Andree Rochfort<sup>2)</sup>

<sup>1)</sup>Digital Care, Dutch College of GPs, Utrecht, Netherlands

<sup>2)</sup>EQUIP Network WONCA Europe, Dublin, Ireland

### **Background**

Last decade the facilities and possibilities to provide digital care increased in general practice. During the period of extensive infection prevention control, due to COVID-19, physical contacts were often fully replaced by digital forms of care.

### **Questions**

What are the experiences of the application of digital care in GP practices in different European countries which participate in EQUIP and what are the reported barriers, challenges and identified risks for quality and safety?

### **Methods**

We analyse part of the data in the PRICov-19-study and develop a questionnaire to collect data from EQUIP-members that give additional answers on the key question. All collected data will be analysed and classified.

### **Outcomes**

The collected data comes together in an overview that give insight in the distribution of digital care and used forms in the different European countries, and point out similarities, common sense of benefits and concerns about digital care.

### **Discussion**

The overview will be presented and discussed in small groups in order to get feedback about the recognizability of these outcomes, to collect additional experiences and to find possible solutions on the described barriers, considering precautions and formulate some preconditions before commencing digital care.

### **Take Home Message for Practice**

Digital GP care deserves the same attention and quality standards as non-digital face-to-face physical care. Risks to Quality (Patient safety, Effectiveness, Efficiency, Equity, Person centeredness and Timeliness) have to be considered prospectively for application of digital tools in order to maintain quality care for the patient.





## Abstract topic

06. Access to Innovations

**Abstract ID:** 521

## Presentation form

1 Slide 5 minutes

## More choices in digital continuous medical education for general practitioners.

Florijn Jacobi<sup>1)</sup>, Mireille Ballieux<sup>1)</sup>

<sup>1)</sup>Implementation, NHG, Utrecht, Netherlands

## Background

The NHG is the scientific association of general practitioners (GPs) in the Netherlands. It has been making continuous medical education for GP's for more than 25 years. The form of the education has changed from booklets to e-learning suitable for PC's and laptops. The last years also the wishes of our members changed.

## Question

How we can make our e-learnings more diverse for our members, so they'll better fit the multiple wishes for continuous medical education in the very diverse group of Dutch GP's?

## Methods

In 2022 we conducted a survey to find out the wishes for digital continuous medical education.

## Outcomes

The outcome of the survey shows that our subscribers prefer a more diverse range of e-learnings with respect to the duration. Shorter e-learnings were preferred, especially by GP's in training. The respondents also mentioned that e-learnings should also be available on a mobile device or tablet besides a desk- or laptop.

In spring 2023 we will conduct a pilot with digital education in the form of a podcast and a short e-learning with a final test for accreditation. Both have a duration of half an hour and will be available on smartphone.

In the oral presentation we will show examples of the difference in our original e-learnings and the pilot and the review of the members that participated in the pilot.

## Discussion

We intent to keep offering a more diverse range of e-learnings for our members depending on the topic.





**Abstract topic**

06. Access to Innovations

**Abstract ID:** 61

**Presentation form**

1 Slide 5 minutes

## 3D design and applied virtual reality to medical learning in urgencies and emergencies

Daniel Suárez Hernández<sup>1)</sup>

<sup>1)</sup>Atencion Primaria, Conselleria de Sanidad Fisabio, Guardamar del Segura, Spain

Virtual Reality (VR) has evolved remarkably in recent years and has become very popular due to the democratization of the devices necessary for its correct visualization [1]. The cheaper price of immersive glasses has led to an exponential increase in the number of users who use these technologies for leisure or even for more serious purposes. For this reason, the application of this disruptive technology to various fields such as education, industry and health, among others, has been significantly expanded. Within the field of health, it is intended to request a preparatory action with the aim of recreating interactive 3D scenarios for learning medical techniques, initially in the Urgent and Emergency medicine environment, but which can be extended to other medical specialties in the future. The preparatory action will present a virtual patient model for learning different clinical situations. On the one hand, medical personnel in training who need to be trained in intubation and lumbar puncture techniques. These techniques are complex and frequent in urgent and emergency situations. It is also intended to develop a 3D model of a virtual patient that shows the "signs" and "symptoms" of the pathologies that affect the respiratory system. The doctor-in-training will give you different treatments and the virtual patient will react just like he would in real life.

Upon accessing, the user will view a hospital consultation through VR glasses.





### Abstract topic

06. Access to Innovations

**Abstract ID:** 715

### Presentation form

Lecture

## Point-of-care ultrasound teaching in a undergraduate medical setting

Luís Rafael Afonso<sup>1,2)</sup>, Renato Gonçalves<sup>3,2)</sup>, Rita Santinho Costa<sup>1)</sup>, Pedro Ribeiro de Oliveira<sup>1)</sup>

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<sup>2)</sup>Health and Sciences Faculty, University of Beira Interior, Covilhã, Portugal

<sup>3)</sup>Internal Medicine, Centro Hospitalar Universitário Cova da Beira, Covilhã, Portugal

Ultrasound has had increasing relevance over the last few decades. Its availability, effectiveness diagnosing numerous pathologies, non-ionizing nature, as well as its affordability comparing to other methods, makes it as one of the ideal methods for diagnosing a pneumothorax for instance. However, in Portugal as in many other countries, undergraduate medical education doesn't include an exhaustive component of ultrasound in its curriculum, neither theoretical nor practical. The exponential evolution of ultrasound techniques as well as ultrasound devices, reverberating to the clinical practice, the University of Beira Interior (UBI), embarked into training physicians in basic skills of point-of-care ultrasound. After an experimental academic year with enormous success and acceptance by all students, the project evolved and ran smoothly in the second year. This year, in addition to the managing physician, a group of interests enrolled, consisting of a newly graduated doctor and fifteen students attending the Master's in Medicine at FCS-UBI. The peer-learning method has shown exciting results in several courses and faculties, and ultrasound teaching hasn't been any different. Students received training in visualizing various structures throughout the body, such as the thyroid, lungs, heart, liver, gallbladder, spleen, among others. The sessions were divided into a theoretical part taught by students followed by hands-on taught by students and physicians. At the end of each training group, a questionnaire was provided to all attending students so they could assess the organization and training capacity of an innovative peer-learning method. The method received great acceptance from the attendees.





## Abstract topic

06. Access to Innovations

**Abstract ID:** 716

## Presentation form

WONCA Network Workshop

## Improving planetary health through quality innovations in primary care

Andree Rochfort<sup>1,2)</sup>, Nick Mamo<sup>3)</sup>, Angela Fernanda Santos Neves<sup>2)</sup>, Oisín Brady Bates<sup>3)</sup>, Ulrik Bak Kirk<sup>2)</sup>

<sup>1)</sup>Director of Quality Improvement and Doctors Health Program, Irish College of General Practitioners, Dublin, Ireland

<sup>2)</sup>EQuIP European Quality and Safety Network, WONCA Europe, Copenhagen, Denmark

<sup>3)</sup>EYFDM, European Young Family Doctor Movement, Zwolle, Netherlands

## Background

Planetary health is the health of human civilisation and the earth systems on which it&nbsp;depends. All of life needs a healthy planet.

Quality improvement (QI) is a crucial area of clinical practice and includes any or all of the following domains: being patient-centered, safe, timely, effective, equitable and making efficient use of available resources. Primary care is the ideal setting for planetary health innovations with multiple contacts between people and healthcare over time.

## Didactic Method

We will use a lively interactive method based on a “competitive entrepreneur” model. We have a jury group “the buyers”, with experience in quality projects. We also have a competitors group “the sellers” chosen prior to the WS session from a shortlist of innovators in planetary health. The sellers present their QI projects with emphasis on how they can be implemented in different contexts (rural / urban / different patient groups) and how “the buyers” can help to develop it. The “Court” or audience participate via electronic voting.

## Objectives

Project proposals will be translatable to different GP contexts, and with a focus on planetary health and sustainability in healthcare. After the conference “the buyers” will help the chosen programs to develop and disseminate them in different contexts in WONCA Europe, such as innovations in antimicrobial resistance, inhaler prescribing and deprescribing.

Sharing interventions for QI projects for better patient care and improving planetary health is motivating for practices. Measuring quality to benchmark different innovations in different PC environments is important for future health policies and standards.





## Abstract topic

06. Access to Innovations

**Abstract ID:** 723

## Presentation form

1 Slide 5 minutes

## Telemedicine - a gateway to a personalized management of heart failure

Liviu-Nicolae Ghilencea<sup>1)</sup>, Alexandra Ana Maria Stănescu<sup>1)</sup>, Andreea-Catarina Popescu<sup>2)</sup>, Cristina Roxana Trifu<sup>3)</sup>, Lavinia Matei<sup>2)</sup>, Cristian Gabriel Bejan<sup>1)</sup>, Constantin Stefani<sup>1)</sup>, Serban Mihai Bălănescu<sup>2)</sup>, Carlo Di Mario<sup>4)</sup>

<sup>1)</sup>Family Medicine, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

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<sup>3)</sup>Family Medicine, University Emergency Hospital, Bucharest, Romania

<sup>4)</sup>Department of Cardiology, University of Florence, Structural Interventional Cardiology, University Hospital Careggi, Florence, Italy

## Background

Heart failure, regardless the ejection fraction, is a condition with high morbidity and mortality which pose a considerable economic burden for the national health care systems.

The COVID-19 pandemic, with all of the unfortunate aspects was an opportunity for telemedicine based management of patients with heart failure.

## Method

The evaluation of heart failure patients remotely monitor clinical data like: blood pressure, heart rhythm and rate, arterial oxygen saturation, body weight, dyspnea and peripheral edema, in hospital NT-proBNP and echocardiography assesment, and left atrium (LA) implantable biosensor based presure measurement (V-LAP).

Different applications from smart watch/smart phones send information including alarms to general practitioner (GP) and cardiologist who optimise medication.

## Results

Our algorithm management is based on initial standard care measurement of NT-pro BNP and echocardiography, with further telemedicine assesment of clinical characteristics by GP and cardiologist.

Clinical data and alerts are transmited online to the GP, while LA pressure raise alerts the cardiologist up to 2 weeks before clinical signs and symptoms (dyspnea, periferal edema, weight gain, oxigen desaturation) occure, allowing the GP and cardiologist to uptitrate the doses of diuretics.

General practitioner and cardiologist joint assesment and treatment optimisation decrease the hospital readmision in acute events and mortality in short term.







### **Conclusions**

More frequent but less specific assesment performed by GP using temedicine is complementary to less frequent but more specific cardiologist evaluation of the patients with heart failure. Furthermore, combined efforts of GP and cardiologist optimise the management of patients with heart failure.





### **Abstract topic**

06. Access to Innovations

**Abstract ID:** 752

### **Presentation form**

1 Slide 5 minutes

## Strategies and initiatives to enhance rural maternal health outcomes

Chinue Uecker<sup>1)</sup>

<sup>1)</sup>LPI CONSULTANTS LLC, ST THOMAS, Virgin Islands, U.S.

### **Introduction**

Since 2014, over 50% of rural counties in the United States have had limited access to hospital-based obstetric services. For rural residents, further access instability surfaced during the COVID-19 pandemic contributing to increased maternal mortality and morbidities. The struggle to access quality care has been a systemic barrier for rural women of color.

### **Aim**

Improving access to quality care and specialized clinicians are valuable strategic and patient-focused goals for rural hospital leaders, rural communities, and the patients served.

### **Methods**

This case study explored strategies rural hospital leaders implemented to enhance access to maternity services in rural areas.

### **Results and conclusion**

Developing synergies with providers and health systems, utilizing technology, and creating effective telehealth programs were central themes that evolved from this study.





## Abstract topic

06. Access to Innovations

**Abstract ID:** 792

## Presentation form

1 Slide 5 minutes

## Machine learning and telemedicine technologies-based clinical decision support system in tobacco addiction treatment and monitoring: E-Therapy4Quit

Vildan Mevsim<sup>1)</sup>, H. Cumhur Tekin<sup>2)</sup>, M. Kaan Gonuldas<sup>3)</sup>, Nazlı Hilal Altun<sup>2)</sup>, Baris Yildiz<sup>4)</sup>, Ogulcan Come<sup>1)</sup>, Alp Kut<sup>4)</sup>

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<sup>3)</sup>Department of Research, Vinnova Health CO, Izmir, Turkey

<sup>4)</sup>Department of Computer Software, Dokuz Eylul University Faculty of Computure Engineering, Izmir, Turkey

## Background

In this project, a machine learning-based clinical decision support system has been developed using telemedicine technologies that will enable it to offer personalized pharmacological and psychological treatment and remote monitoring based on international evidence-based guidelines in tobacco treatment and management.

## Methods

The tele-consultation module was developed on a web-based basis using HTML, JavaScript and PHP languages. Cloud Computing Based Estimation Tool has been developed to be used in Machine Learning processes. This application is a tool that has the ability to process many known types of data such as Text, Database Table, XML, and still prepare results in the desired format. It includes features that can be easily integrated into any software system.

## Outcomes

The information was obtained from the patients who came with the SCT software, and the rule-based clinical decision support system (CDS) offers the physician patient-specific treatment and follow-up recommendations for their patients. In addition, the mobile application is used for patient monitoring. The interviews with the patients were made with a special video consultation system developed in line with the project and integrated into the system. In pilot intervention, the system could be easily used by physicians and patients.

## Discussion

In the treatment of tobacco addiction, a CDS based on telemedicine technology, machine learning technology and rule-based software was developed for the first time in Turkey.&nbsp;

## Take Home Message for Practice

The use of telemedicine technologies is important in order to provide effective smoking cessation treatment in family health centers.





## Abstract topic

06. Access to Innovations

**Abstract ID:** 80

## Presentation form

WONCA Network Workshop

## Writing for publication – meet the editors for tips and tricks!

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<sup>2)</sup>Department of General Practice and Primary Health Care, University of Helsinki, Faculty of Medicine, Helsinki, Finland

## Background

Peer-reviewed medical journals are essential for publishing articles relevant to General Practice/Family Medicine. They are the means to disseminate original research results and discuss available evidence. However, many colleagues find writing and submitting a scientific paper a challenge. This workshop provides participants with information about preparing manuscripts for medical journals.

## Target Group

Authors interested in research or medical writing with little or no experience publishing. More experienced authors are welcome to share their expertise.

## Didactic Method

A highly interactive session.

## Objectives

Participants will expand their knowledge and receive practical advice ('tips tricks') to prepare a manuscript for publication in a peer-reviewed medical journal. In the workshop, we focus on preparing, submitting and revising manuscripts to be published in peer-reviewed medical journals. We discuss the general presentation of research articles and discuss (how to prevent) common errors. We can address optional topics at the participants' request if there is sufficient time. Examples are convincing Cover Letters; adequate Abstracts; informative Titles; choosing the right (Open Access) Journal; Authorship; potential conflicts of interest; responding to Reviewers; or any other topic.

A presentation handout will be available for all participants after the workshop.

## Estimated number of participants

10-40 persons (20-25 is ideal).

## The workshop leaders

Jelle Stoffers, GP, is the Editor-in-Chief of the European Journal of General Practice(EJGP), the scientific journal of WONCA Europe

Helena Liira, GP, is the Editor in Chief of the Scandinavian Journal of Primary Health Care, the scientific journal of the Nordic Federation of General Practice.





### **Abstract topic**

06. Access to Innovations

**Abstract ID:** 865

### **Presentation form**

Lecture

## **Digital health solutions in primary care practices to manage the shortage of GP's in both urban and remote settings**

Steven van de Vijver<sup>1)</sup>, Vladan Ilic<sup>2)</sup>

<sup>1)</sup>Family Medicine, OLVG, Amsterdam, Netherlands

<sup>2)</sup>Flexdokters, Amsterdam, Netherlands

### **Background**

Digital transformation is taking place in primary health care (PHC) and leading to challenges and potential solutions for both patients and health care providers. At the same time there is an increasing shortage of PHC staff in urban and even more remote settings. There are several examples how innovative digital health tools can support primary health care practices to overcome the challenge of limited staff support.

### **Target Group**

GPs with experience or interest in digital health innovations and GPs who would like to receive digital support in urban or remote settings confronted with shortage of staff.

### **Didactic Method**

Introduction with examples how digital innovation can benefit several elements in PHC practice like 1) patient communication 2) triage through AI 3) sharing availability of staff and support. Afterwards break out session where personal experiences, ideas and insights will be exchanged in a smaller group (7-10 people) on these three topics and possible other challenges. Finally plenary discussion where information from the break-out sessions will be shared, and the potential of concrete collaboration and support can be discussed.

### **Objectives**

to share and evaluate successes and challenges in digital innovations in PHC, which might lead to interaction and a network for support among GPs in various settings to actively implement this in their own practice.

### **Estimated number of participants**

20-30

### **Brief presentation of the workshop leader**

Vladan Ilic is GP and founder of Flexdokters <https://www.flexdokters.nl/> , Steven van de Vijver is a GP and working for Ahti <https://ahti.nl/en/>





**Abstract topic**

06. Access to Innovations

**Abstract ID:** 901

**Presentation form**

1 Slide 5 minutes

## Enhanced Chronic Care Model and E-health in Dementia?

Huseyin Elbi<sup>1)</sup>, Ece Yokus<sup>1)</sup>, Vildan Mevsim<sup>2)</sup>

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<sup>2)</sup>Family Medicine, Doku Eylul University, School of Medicine, Izmir, Turkey

### Background

Within the scope of the "self-management support" component of the chronic care model, technology stands out as a tool that dementia patients can follow and quickly transfer their health status and offer practical solutions, suggestions, and new strategies. The "clinical information system" created with electronic data from the patient has an important position in the organization of health services. With this proactive approach adopted, online scheduled patient interviews ensure the creation of an effective and efficient "health care delivery plan."

### Question

Does supporting dementia patients with social activity and exercise motivate them to be involved in social life and to maintain their independence for a long time?

How can combining the Extended Chronic Care Model with eHealth create social networks and virtual communities for people with dementia?

### Discussion

Telemedicine, which provides services through technological communication tools (e.g., e-mail and video conferencing), has enabled rapid and effective intervention to evaluate the current clinical situation and treatment recommendations. In a study investigating the frequency and effectiveness of telemedicine via e-mail in the elderly population during the pandemic, it was seen that those who benefited most from telemedicine were dementia and hypertension patients. Behavioral disorders due to dementia constituted most of the reasons for application in communication via e-mail.

### Take home message

Although it seems like a limitation in today's studies that the use of technology among elderly individuals is insufficient, it is predicted that this problem will disappear with the new generation that quickly adapts to the digital world.







## Abstract topic

06. Access to Innovations

**Abstract ID:** 953

## Presentation form

Lecture

## PoC-US (point-of-care ultrasound) in primary health care: is this the future?

Sara Tainha<sup>1)</sup>, Inês Tomás Mendes<sup>2)</sup>, Ana Rita Amado Ramos de Carvalho<sup>3)</sup>

<sup>1)</sup>USF S. Domingos, Santarém, Portugal

<sup>2)</sup>USF do Parque, Lisboa, Portugal

<sup>3)</sup>USF Planalto, Santarém, Portugal

### Background

Point-of-care ultrasound (PoC-US) consists in both performing and interpreting an ultrasound during an appointment and it is described as the “stethoscope of the future”. Currently, ultrasound devices are an accessible method. Therefore, there has been a growing interest from Primary Health Care (PHC) physicians to complement physical examinations, to allow faster diagnosis and guidance.

### Questions

To determine the benefits of performing PoC-US at the PHC level.

### Methods

Articles published in the last 5 years were searched using PubMed, regarding the following MESH terms: Point-of-Care Testing, primary health care, and ultrasonography. Articles written in Portuguese and English were considered. The American Academy of Family Physicians' Strength of Recommendation Taxonomy scale was used.

### Outcomes

11 articles were obtained, but only 8 were selected - 5 clinical trials, 2 narrative reviews, and 1 clinical case. All articles demonstrated benefits of using PoC-US as an auxiliary diagnostic method. However, further studies are needed to clarify teaching methods and levels of experience required for an accurate implementation of this method by PHC physicians.

### Discussion

This method could be very useful and revolutionary in PHC. For the application of PoC-US in this context, it would be necessary to guarantee accurate and longitudinal training of physicians.

### Take Home Message for Practice

Portable ultrasound is an affordable and safe method and can be a viable tool for PHC physicians. The possibility of using this method of diagnosis at this level could be an added value in providing better care to the patient





## Abstract topic

06. Access to Innovations

**Abstract ID:** 961

## Presentation form

1 Slide 5 minutes

## Skin Shared

Montse Andreu Miralles<sup>1)</sup>, Jaume Miro<sup>1)</sup>, Marta Puigdefabregas<sup>1)</sup>, Carmen Altes<sup>1)</sup>

<sup>1)</sup>Primary care, Institut Catala de la Salut, Tortosa, Spain

Increase knowledge in dermatology and dermoscopy.

Primary Care can be resolved and 20% of the pathology is dermatological. Dermatology is studied as a subject at the end of the degree and at the Family and Community Medicine Residency only for a month of rotation. Lack of knowledge in Dermatology implies professional dissatisfaction and an increase in the number of referrals. In addition, it is worth mentioning that skin cancer in the 10-year-old has increased by 20% and Primary Care is the gateway to the health system (GateKeeper) for early diagnosis. In order to improve the resolution and the knowledge of our professionals, increasing their satisfaction and that of the patients, we created a WhatsApp group ("Share the Skin") on May 2018, with 147 participants (family members, residents and nursing). Currently there are 1763 documents including photographs, links and articles. It is possible to consult synchronously and asynchronously any Dermatological and dermatoscopic questions. The administrator is the family member referring to Dermatology. All the photographs on clinical cases respect the privacy of the patient and is a fan with prior consent.

We confirm that this tool promotes the training, increasing the knowledge and decreasing the derivations.

Use of new technologies with the training course in clinical pathology and dermoscopy in Primary Care. Active and continuous teaching to residents of family and community medicine.

It is an easy and accesible tool. Iti s possible to consult the documents or ask a diagnostic or treatment question at any time





### **Abstract topic**

06. Access to Innovations

**Abstract ID:** 99

### **Presentation form**

1 Slide 5 minutes

## **Medical cannabis and the general practitioners : a reasonable choice in 2023?**

Jean-Claude Leners<sup>1)</sup>

<sup>1)</sup>Medicus liber, Hospice House Omega, Ettelbruck, Luxembourg

### **Background**

Since 4 years, our country has legalized the use “cannabis medicinalis” . GPs and other interested specialist in this field were taught by a 1 day course in 2018 and a recent online upgrading session was done in December 2022.

### **Question**

How to implement and for which patient? A first survey 2 years ago gave us some insight on how it was prescribed by general practitioners.

### **Method**

In mid 2022 a commission was enabled to strengthen the indications in order to be in line with the latest EBM articles . We as GPs were involved in a working group and have contributed to the now existing indications in daily practice in our country.

### **Outcomes**

Five major indications may exist, the first three as clear indications) only as cannabidiol (CBD), for rare forms of juvenile epilepsy all others indications as a combination of CBD THC (tetrahydrocannabinol) for chemotherapy induced nausea and vomiting c)for spasticity in multiple sclerosis.

### **Discussion**

at least 2 other possible indications were found : d) for chronic pain with a general cutting down of 1 point on the VAS 10 points scale and e) for neuropathic pain: similar indications for chronic pain and this means its use is only in a 2d or 3 line .

### **Take home message**

In conclusion we can say ,strong indications are documented for a, b and c but for the GP ,medical cannabis could also be an option for chronic and neuropathic pain , but never as a first line choice.





## 07. Goal Oriented Care

### Abstract topic

07. Goal Oriented Care

**Abstract ID:** 187

### Presentation form

Science Slam

### The stroke care in outpatient settings: translating research into meaningful actions. Systematic review.

Josep-Lluís Clua-Espuny<sup>1)</sup>, Jorgina Lucas-Noll<sup>2)</sup>, Anna Panisello-Tafalla<sup>3)</sup>, Alba Hernandez-Pinilla<sup>4)</sup>, Eva-Maria Satue-Gracia<sup>5)</sup>, Pedro Molto-Balado<sup>3)</sup>, Silvia Reverte-Villarroya<sup>6)</sup>, Francisco-Manuel Martin-Lujan<sup>5,6)</sup>, Maria del Mar Lleixà-Fortuño<sup>7)</sup>

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<sup>8)</sup>Economics Department, Universitat Rovira i Virgili, TORTOSA, Spain

### Background

Stroke is the second highest disease burden in Europe as leading cause of death and long-term disability. The ischemic strokes will triple (2010–2060), and increase expenditure on health and non-health care.

### Questions

the Stroke Action Plan for Europe has outlined disparities, reliability and cost of Primary care-related issues among similar high-income countries.

### Methods

systematic literature review in accordance with PRISMA guidelines 2020 in PubMed/MEDLINE, ClinicalTrials.gov, Cochrane Reviews, EconLit, and Ovid/EMBASE between 01/01/2012–12/31/2021.

### Outcomes

30/724 studies were selected. Discussion

Most studies are focused on hospital care. Only primary care performance in stroke care is associated with lower hospital costs, after one year post-stroke. 90% of strokes are related to modifiable risk factors mainly the AF and HTA, but 23.5% with known AF were not receiving oral anticoagulant therapy





and just 40% are treated by HTA. Early critical care accounted for one-third of the total expenditure and challenges the health equity in the access to thrombectomy because patients from nonurban areas had worse neurological outcomes. The greatest costs were hospitalizations (45%) and rehabilitation (33%). 23% will suffer new stroke and secondary prevention may reduce additional strokes up to 80%. Up to 50% will become chronically disabled. Over time the increase in the economic burden (health and social costs) is associated with social care (300%).

**Message for practice**

Focused on measured inequities, quality-improvement activities should be required to reduce disparities in primary and secondary prevention, selection and pre-hospital transfer, and supported social and health care.





## Abstract topic

07. Goal Oriented Care

**Abstract ID:** 20

## Presentation form

Lecture

## Development of a tool to prevent and reduce inappropriate use of opioids in patients with non-cancer pain in primary care

Loes de Kleijn<sup>1)</sup>, Elsemiek Jansen<sup>2)</sup>, Romina Fakhry<sup>2)</sup>, Alessandro Chiarotto<sup>1)</sup>, Mette Heringa<sup>2)</sup>, , Hanneke J.B.M. Rijkels-Otters<sup>1)</sup>, Jeanet W. Blom<sup>3)</sup>, Mattijs E. Numans<sup>3)</sup>, Bart W. Koes<sup>1,4)</sup>, Marcel L. Bouvy<sup>5)</sup>

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<sup>3)</sup>Department Public Health and Primary Care, Leiden University Medical Center, Leiden, Netherlands

<sup>4)</sup>Center for Muscle and Joint Health, University of Southern Denmark, Odense, Denmark

<sup>5)</sup>Division of Pharmacoepidemiology and Clinical Pharmacology, Utrecht University, Utrecht, Netherlands

## Background

Opioid prescriptions have been rising in Netherlands. The primary care guideline on pain was recently updated to tackle inappropriate opioid use. Qualitative research has demonstrated that health care providers are in need of tools to implement these guidelines.

## Question

What practical tools are useful in reducing inappropriate opioid use for non-cancer pain in primary care? Methods A modified Delphi approach was used. A concept of an intervention tool was constructed based on literature. In a three-round consensus process, a multidisciplinary expert panel of 21 experts assessed the content, usability and feasibility of the tool components. The concept tool consisted of two parts: part A to reduce opioid initiation and to stimulate short-term use, and part B to taper opioid use among chronic opioid users. In three rounds, components and subcomponents were added, deleted and adapted until consensus was reached.

## Outcomes

The resulting part A of the tool consists of 6 components: education, opioid decision tree, risk assessment, agreements on dosage and duration of use, guidance and follow-up, and interdisciplinary collaboration. The resulting part B consists of 5 components: education, patient identification, risk assessment, motivation and tapering. Discussion This Delphi study included focus group discussions with panel members to create in-depth knowledge on topics discussed and identify shared views. The tool has to be tested in a feasibility and implementation study.

## Take Home Message for Practice

This pragmatic Delphi study produced a practical tool for primary care providers to reduce inappropriate opioid use.







### Abstract topic

07. Goal Oriented Care

**Abstract ID:** 203

### Presentation form

Workshop

## Positive Health supports in making good choices in primary care. A variety of international experiences how to apply into practice

Karolien van den Brekel-Dijkstra<sup>1)</sup>, Machteld Huber<sup>2)</sup>, Geert Pint<sup>3)</sup>, Katrien Bombeke<sup>4)</sup>

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<sup>3)</sup>Academic Center for General Practice Department of Public Health and Primary Care, KU Leuven, Leuven, Belgium

<sup>4)</sup>Faculty of Medicine and Health Sciences, University of Antwerp, Antwerp, Belgium

### Background

To address the increasing burden of lifestyle related chronic diseases, goal oriented and personalized preventive care is needed. Health problems and poor lifestyle habits often have a multidimensional background. Therefore, effective collaboration with public health and the social domain is needed. Positive Health, as the elaboration in six dimensions of the general concept 'Health as the ability to adapt and to self manage, in the face of social, physical and emotional challenges' has been implemented in the Netherlands. Experience and research on the application in daily practice is growing, and colleagues from a variety of European countries are taking their first steps in implementing the concept of Positive Health.

### Objectives

Participants will experience what Positive Health means for themselves and will be more skilled to apply the tools into practice with their patients, inspired by results and experiences so far in the Dutch primary care and two rooting Belgian projects. In Leuven, the caring community 'Caring Wilsele' uses the concept of Positive Health in bridging the gaps between primary care, mental health care, social welfare partners and civilian participation. In Antwerp, GP-practice 'Gezondheidspraktijk Valaar' has adopted Positive Health in its mission statement, thus placing it at the centre of daily practice both for patients and for care givers.

### Take Home Message for Practice

Positive Health can be a solution for the health challenges we face today. The easy to use tools empowers patients, resilient communities and also stimulates working pleasure in the GP practice.





## Abstract topic

07. Goal Oriented Care

**Abstract ID:** 336

## Presentation form

Case Reports By Young Doctors

## Adjusting daily activities as treatment - a case report

Diogo Phalempin Cardoso<sup>1)</sup>, , Joana Aidos<sup>2)</sup>, , Pedro Moura Junqueira<sup>1)</sup>, , Nuno Pina Soares<sup>1)</sup>

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<sup>2)</sup>Obstetrics and Gynecology Service, Tondela-Viseu Hospital Center, Viseu, Portugal

### Presented Problem

Female, 19 years old, student, with secondary amenorrhea with 6 months of duration. The patient does not want hormonal contraceptives and schedules a consultation to study the cause of amenorrhea. No relevant clinical background or medication. Non-smoker, non-drinker. No history of past pregnancy or sexual activity. Physical exercise 2 hours daily. No dietary restrictions.

### Menarche

13 years old, with regular cycles, and usual 5-day catamenia.

### BMI

22.5kg/m<sup>2</sup>

### Management

Following the first consultation, blood tests with hormonal levels and a transvaginal ultrasound were requested and a follow-up consultation was scheduled, one month later. The patient's amenorrhea persisted and the exams were normal.

Consequently, a Gynecology consultation was requested, where it was suggested restarting combined oral contraceptive (COC), with a reassessment in 3 months. Regular menstrual flow returned. Another ultrasound still revealed no alterations, and hormonal levels responded with COC reintroduction. Therefore, COC was once again suspended and a reduction in exercise load was advised, as it was the most probable cause for amenorrhea.

### Outcome

After reducing physical activity and suspending COC, the patient maintains a regular menstrual flow for the past 5 months.

### Discussion

Family doctors are the first point of contact with healthcare. A thorough medical history and knowledge of the patients' habits are essential in providing quality medical care and, oftentimes, a non-pharmacological answer to their needs. As the patients' wants and needs evolve, the continuity of care provided by family doctors will enable these issues to continue being met, adapting healthcare to the individual.





## **Abstract topic**

07. Goal Oriented Care

**Abstract ID:** 359

## **Presentation form**

Lecture

## Using patient feedback in workplace based learning

Mana Nasori<sup>1)</sup>, Judy van Es<sup>1)</sup>

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### **Background**

The patient's role has become essential for our current healthcare system, where the patient actively participates in decision-making process, takes responsibility for his own health and contributes to improving the quality of health care. This active role is rarely seen in medical education. Their role can be valuable in educating future doctors, especially given the rapidly changing healthcare landscape in which the patient's role changes constantly.

### **Target group**

Anyone who wants to use patient feedback for learning purposes: GP (-trainees), teachers, trainers, students, and policymakers.

### **Didactic Method**

Patient-centred care is becoming increasingly important, as it simply leads to better care. Experiences of patients in the form of patient feedback is therefore of great value for the quality of care. Working with and learning from patient feedback has benefits for both the patient and GP. For instance, it could increase patient adherence, greater patient engagement and eventually contribute to better health outcomes and reduced healthcare costs. GP (-trainees) may benefit as it increases job satisfaction and enlighten blind spots. In this workshop, participants learn about the possibilities of incorporating patient feedback into the workplace based learning setting.

### **Objectives**

A clear understanding of the areas in which patient feedback can contribute to workplace based learning of trainees and students.

Explore solutions together with colleagues to overcome barriers in the use of patient feedback in workplace based learning.

### **Estimated number of participants**

30

### **Brief presentation of the workshop leader**

Researcher in the GP training setting with a particular interest in patient feedback.





### Abstract topic

07. Goal Oriented Care

Abstract ID: 476

### Presentation form

1 Slide 5 minutes

## Interference of sleep problems in the self-perceived general health of Long-COVID patients, and their need for treatment

Sandra León Herrera<sup>1)</sup>, Mario Samper-Pardo<sup>1)</sup>, Bárbara Oliván Blázquez<sup>1)</sup>, Alejandra Aguilar Latorre<sup>1,2)</sup>, Fátima Méndez López<sup>2)</sup>, Marimar Martínez Pecharromán<sup>2)</sup>, Rosa Magallón Botaya<sup>1)</sup>

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<sup>2)</sup>Institute for Health Research Aragón (IIS Aragón), Zaragoza, Spain

### Background

Among the multitude of symptoms typical of Long-COVID pathology is poor sleep quality, such as insomnia or drowsiness. This reality could be seriously affecting the patients who suffer from it, since it is not possible to have a beneficial physical and mental rest.

### Questions

To know if the quality of sleep of patients diagnosed with Long-COVID interferes with their self-perceived general health.

### Methods

A cross-sectional study was carried out. The sample is made up of 100 patients diagnosed with Long-COVID, recruited by Primary Health Care family doctors at the beginning of 2022. The main variable was self-perceived general health perceived by the patients themselves, one of the dimensions included in The Short Form-36 Health Survey (SF-36). Age, sex, and the person's perceived sleep quality were used as predictive variables. The latter was measured using the Insomnia Severity Index (ISI) questionnaire. Descriptive, correlation and linear regression analyses were performed.

### Outcomes

Negative correlations were obtained between perceived general health and sleep quality, age, and gender. Linear regression showed that lower sleep quality ( $b = -0.345$ ,  $p = 0.001$ ), was a predictor of worse perceived general health, regardless of gender ( $b = 0.161$ ,  $p = 0.084$ ) or the person's age ( $b = 0.181$ ,  $p = 0.051$ ).

### Discussion

The sleep quality of Long-COVID patients is negatively interfering with their general health, regardless of their age and gender, so there is a need to consider this symptomatology in the general care of this group of patients.





### **Abstract topic**

07. Goal Oriented Care

**Abstract ID:** 531

### **Presentation form**

1 Slide 5 minutes

## **When cultures clash... What can we learn from migrant and Family Medicine staff experiences of cross-cultural care?**

Aaron Poppleton<sup>1)</sup>, Lisa Dikomitis<sup>2)</sup>, Caroline Sanders<sup>3)</sup>, Tom Kingstone<sup>1)</sup>, Carolyn A Chew-Graham<sup>1)</sup>

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<sup>3)</sup>School of Health Sciences, University of Manchester, Manchester, United Kingdom

### **Background**

Over 2 million Central and Eastern Europeans (CEE) live in the United Kingdom (UK). Data suggest UK-CEEs have high levels of unmet physical and mental health needs, and low levels of family medicine (FM) service use. Central and Eastern Europeans have described challenges in access to, and frustration at care received from FM in the UK. This has been exacerbated by Brexit, the COVID-19 pandemic, and conflict in Ukraine.

### **Question**

What are Central and Eastern Europeans' perspectives of accessing primary care and family medicine staff experiences of providing care within the UK?

### **Methods**

A qualitative study, designed and delivered with patient and public involvement of UK-CEE individuals and FM staff. Recruitment to interviews through community organisations, social media and snowballing, with purposive sampling to support diverse representation. Semi-structured interviews were in-person, by telephone or video call, using a literature-informed topic guide. Accredited translation was offered (if needed). Data were analysed thematically using a constant comparison approach.

### **Outcomes/Discussion**

Recruitment and analysis are ongoing. Provisional emergent themes include: CEE concerns around FM consultation availability/format, service non-responsiveness, quality and relevance of FM services; and FM staff members' difficulties managing health expectations and therapeutic partnerships with CEES. Generated knowledge is being mapped onto a health beliefs framework. This will be presented and its role in culturally adapting FM for Central and Eastern Europeans in the UK will be discussed.

### **Take Home Message**

We present a culturally informed framework to improve FM care for Central and Eastern Europeans within the UK.





## Abstract topic

07. Goal Oriented Care

**Abstract ID:** 657

## Presentation form

1 Slide 5 minutes

## When “Just pause” is not helpful – Caring for musicians with play-related illnesses

Katharina Schmalstieg-Bahr<sup>1)</sup>, David Baass<sup>2)</sup>, Johanna Bastian<sup>1)</sup>, , Hanna Hardt<sup>1)</sup>, Tina Mallon<sup>1)</sup>, Martin Scherer<sup>1)</sup>

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<sup>2)</sup>Institute for Music Therapy, University of Music and Theater, Hamburg, Germany

## Background

When musicians experience health problems caused or aggravated by their play, stopping or pausing for a longer time period is often not an option. To meet their special needs, the Department of Family Medicine and Primary Care Hamburg-Eppendorf established consultation-hours focusing on musicians. Aim of this evaluation is to improve care.

## Questions

What are the characteristics of professional musicians and music students suffering from play-related illnesses? What are the most common health problems? What therapy was recommended?

## Methods

Patient online-survey prior to the appointment addressing e.g. play routine and current medial problem. The results were matched with data from patient charts after the appointment. Descriptive analysis was performed.

## Outcomes

44 of 90 patients completed the survey. Guitar (n=10) was the most common (main) instrument, followed by piano (n=6) and cello (n=6). 69% played at least one other instrument. 14,5h/week was the average practice time. Most often patients suffered from musculoskeletal problems (n=38), particularly cervical spine syndrome (n=7). But psychological problems e.g. performance anxiety also played a role (n=2). The problem duration varied ranging from 2 weeks to 20 years; 73% had sought medical advice before. Altering practice routine and / or physical therapy was recommended in 29 of the cases, a referral in 9 cases.

## Discussion

(Chronic) musculoskeletal problems were the most common-play related illnesses. Further studies should evaluate therapy success.

## Take Home Message for Practice

Expertise in music and medicine is required to care for musicians with play-related illnesses. Musicians should receive a thorough evaluation of their play.







## Abstract topic

07. Goal Oriented Care

**Abstract ID:** 669

## Presentation form

WONCA Network Workshop

## How can we improve family doctors' competencies to deliver good quality care to doctors as patients?

Andree Rochfort<sup>1)</sup>, Maria Pilar Astier Pena<sup>2)</sup>, José Miguel Bueno<sup>2)</sup>, Inés Sebastián-Sánchez<sup>3)</sup>, Alba Gállego-Royo<sup>3)</sup>

<sup>1)</sup>Director of Quality Improvement and Doctors Health Program, Irish College of General Practitioners, Dublin, Ireland

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<sup>3)</sup>Bioethic Research Group of Aragon., Zaragoza, Spain

## Background

There are lessons to be learned from doctors' experiences of treating doctors as patients. It is acknowledged that physicians have challenges with their role as patients when they become ill and some doctors feel unable to self-manage the process of attending another doctor and engaging with them.

Family doctors (FD) have a special role in the healthcare of doctors: as the connection to the healthcare system for optimising quality healthcare for doctors, and responsibility to demonstrate professionalism and active leadership for patients who are doctors.

Target Group: all family doctors, and doctors in training

## Didactic Method

Short presentation on recent studies of healthcare for doctors.

Open discussion on the role of FDs in healthcare for doctors.

Small group work. Sharing experiences of treating doctors as patients: barriers and facilitators in the care of doctors in different professional stages from students to retired doctors.

Sharing examples of good quality practice and competencies

Discussion, proposals and take-home message for daily practice

## Objectives

We aim to identify skills and competencies that are helpful to doctors when treating patients who are also doctors. This workshop will develop a list of recommendations to help family doctors provide safe high quality care for colleagues all all professional levels.

## Estimated number of participants

60

## Workshop leaders

Andrée Rochfort

María Pilar Astier

José Miguel Bueno





## Abstract topic

07. Goal Oriented Care

**Abstract ID:** 84

## Presentation form

Science Slam

## Development of a quality audit to improve domestic violence's screening: a focus on psychotropic medication

Eline Madepuech<sup>1,2)</sup>, Lou Richelle<sup>1,2)</sup>, Michel Roland<sup>1,2)</sup>, Anne-Marie Offermans<sup>1,2)</sup>

<sup>1)</sup>Department of General Practice, Université Libre de Bruxelles, Brussels, Belgium

<sup>2)</sup>Primary Care Research Unit, Université Libre de Bruxelles, Brussels, Belgium

### Background

The prevalence of domestic violence (DV) is high and has a significant psychological impact leading to an increased use of psychotropic medication (PM) among the victims. General practitioners (GP) have a key role in identifying and supporting these patients.

### Research questions

How to improve DV screening among patients treated with PM through the development of a quality audit?

### Content

This pilot-study was conducted following the 6 development steps of a quality audit: Identify the problem and priorities (1,2), define quality criteria (3), establish the initial situation (4) and objectives (5), plan for change (6).

To identify the problem and define quality criteria (1,2,3), we proceeded to a literature review and a 6-weeks test phase of screening in our setting. 60% of the 72 patients with PM screened were detected with a narrative of DV.

To establish the initial situation and the objectives (4,5), we conducted a qualitative study through the 12 GP of a medical center.

Based on our researches, we defined an audit protocol (6).

### THM

This study demonstrated that PM is a tangible entry point for DV screening. It is well accepted by patients, less gender-based and resulting in a high rate of positive DV screenings.

The protocol elaboration conducted to 7 change strategies that will need to be implemented (7) and assess (8)

Training GP, promoting patient's loyalty, ensuring systematic encoding, holding interdisciplinary staff meetings, using a 'treatment agreement', integrating support tools in the software, adopting a common GP vision for the renewal of prescriptions.





## **Abstract topic**

07. Goal Oriented Care

**Abstract ID:** 928

## **Presentation form**

1 Slide 5 minutes

## **Defining safety netting advice for acutely ill children presenting to ambulatory care in high-income countries: a mixed methods study**

Ruben Burvenich<sup>1,2)</sup>, Stefan Heytens<sup>2)</sup>, An De Sutter<sup>2)</sup>, Thomas Struyf<sup>1)</sup>, Jan Y Verbakel<sup>1,3)</sup>

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<sup>2)</sup>Department of Family Medicine and Primary Healthcare, Ghent University, Ghent, Belgium

<sup>3)</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

### **Background**

Safety netting advice (SNA) is an important aspect of the management of acutely ill children in ambulatory care. SNA can help reduce antibiotic prescribing, antibiotic use, and return visits. However, it has a broad, non-uniform definition and more research is needed on the ideas and expectations of parents and carers about SNA.

### **Questions**

How do parents at the national and clinicians at the international level directly involved in the care of the acutely ill child define SNA for acutely ill children in ambulatory care in high-income countries?

### **Methods**

We conducted focus group interviews with parents from Flanders (Belgium) until no new ideas emerged. The interviews were transcribed verbatim, coded by two independent researchers, and thematically analysed.

### **Outcomes**

Themes that will be used as input in the first of four rounds of a modified e-Delphi procedure among clinicians to obtain a consensus definition of SNA.

### **Discussion**

In six focus groups, organised in four different municipalities, we interviewed a total of 30 parents. We identified five main themes: 1. 'Relevant background information', 2. 'What to expect, what to look out for', 3. 'Instructions on child homecare and when to revisit a practitioner', 4. 'Consideration for parents' perspectives and contexts'. 5. 'A reliable source provides advice in a multimodal way and only when necessary'. The e-Delphi procedure will commence soon.

### **Take Home Message for Practice**

Our results add substantially to previous definitions of SNA. The clinical implementation of our definition attained after the e-Delphi procedure requires further research.





## Abstract topic

07. Goal Oriented Care

**Abstract ID:** 966

## Presentation form

1 Slide 5 minutes

## Utilizing the experience of healthcare professionals in the mobile COVID-19 immunisation units as a foundation for primary healthcare home services.

Iosifina Dimitra Papageorgiou<sup>1,2)</sup>, Zoe Tachtalidou<sup>1,2)</sup>, Marilena Gialama<sup>2)</sup>, Nikolaos Vlachopoulos<sup>2)</sup>, Panagiota Ntenta<sup>1,2)</sup>, Ioanna Avakian<sup>2)</sup>, Ilias Theodoropoulos<sup>2)</sup>, Nikolaos Evangelidis<sup>1)</sup>, Martha Andreou<sup>2)</sup>, Panagiotis Stachteas<sup>2)</sup>, Aristofanis<sup>1)</sup>

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<sup>2)</sup>Aristotle University of Thessaloniki Primary Health Care Research Network, Aristotle University of Thessaloniki, Thessaloniki, Greece

## Background

In September 2021, a mobile COVID-19 immunisation service was provided to homebound patients, by Primary Health Care (PHC) in Greece. The experience gained from this service could be used as the foundation for the development of a future PHC home care service.

## Questions

How do PHC staff participating in the COVID-19 home immunisation programme feel about this initiative? According to PHC professionals, which are the prerequisites in order to develop a PHC home care service?

## Methods

Mobile COVID-19 immunization teams operating in the public Greek PHC in 6 out of 7 Health Regions participated in the study. PHC professionals received a structured questionnaire including two open-ended questions. Qualitative data obtained from the written answers were coded and analyzed (descriptive and analytical themes).

## Outcomes

The organization at the central but also local level, the interdisciplinary collaboration, the professionalism and the training of the staff, the availability of equipment and the information of the citizens were the main reasons for the success of the program. Emerging aspects were the structural barriers like the understaffing of healthcare services during the pandemic and the lack of transportation means.

## Discussion

Experience gained during the SARS-CoV-2 vaccination program could assist stakeholders in the development of a public primary healthcare services model for home-care.

## Take Home Message for Practice

The organization, the interdisciplinary collaboration and training, the provision of protected time, and the information of the citizens are necessary conditions for the development and sustainability of a home care program in PHC.





## 08. Interdisciplinary Collaborative Care

### Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 145

### Presentation form

1 Slide 5 minutes

**Induction into primary care: improving collaborative teamworking through interprofessional education and DISC profiling workshop.**

David Kerbel<sup>1)</sup>, Philippa Guy<sup>1)</sup>, Krishan Patel<sup>1)</sup>, Maria Gilbert<sup>1)</sup>

<sup>1)</sup>LLR Training Hub, Leicester, United Kingdom

WORKSHOP 75 minutes

### Background

Individual practices traditionally induct new primary care staff into primary care individually but there has been an explosion of recruitment into new primary care roles in England to increase capacity. LLR Training Hub has started to provide broad regional induction training programme aimed at new to primary care - paramedics, pharmacists, nurse practitioners (AMPs), pharmacy technicians physicians associates (PAs) to help all practices in region using a mix of half day workshops and virtual sessions. This workshop explores one half day workshop (part of much more extensive induction) aimed at improving teamwork and intergration into primary care team using mix of interprofessional education and DISC personality profiling.

### Target Group

All primary care staff including managers, GPs, AMPs, paramedics, pharmacists and PAs interested in improving their collaborative teamwork skills.

### Didactic Method

Group work exercises to demonstrate interprofessional educational approach to improved MDT working, combined with factual powerpoint presentation.

1. Icebreaker exercise getting to know one another and primary care roles.
2. Develop a team worker 'co-worker' mind-set - reflections on own team and culture.
3. DISC profile group exercise for multi-disciplinary team meeting.

### Objectives

Develop a broader understanding of how to work effectively in a MDT environment.  
Increased self awareness of own communication preferences and how to modify for others.  
Confidence in contributing from own professional perspective.

### Estimated number of participants

30

Brief presentation of the workshop leader - discussion of innovative approach to improving teamwork.  
Evaluation of programme from feedback. Summary of benefits to approach and questions.









### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 154

### **Presentation form**

1 Slide 5 minutes

### **Doc, we need help**

Jessica Tavares<sup>1)</sup>, Lourdes Sousa<sup>2)</sup>

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<sup>2)</sup>Assistente Graduada em Medicina Geral e Familiar, Pinheiro Bemposta, Portugal

Dementia is characterized by deterioration in cognitive and behavioral performance, conditioning autonomy. This can lead to serious repercussions in the patient's life and family who, most of the time, are not prepared for these changes. Understanding the disease helps to deal with the need for changes in personal/family/social life.

88-year-old man, without psychiatric history. Family seeks help from Family Doctor (FD). He acquired a certificate for a driving license, against FD advice, having had 2 serious accidents, which led to greater family attention to prevent him from driving. Since then with behavioral changes, heteroaggressiveness associated with memory changes and disorientation. After medical evaluation, he underwent cerebral computed tomography with subsequent referral to Psychiatry. For worsening behavior with running away from home, attempts to raise money to buy a car and hallucinatory activity, he was medicated with olanzapine 5mg at bedtime in the Psychiatric emergency. The family was oriented in the sense of resorting to a process of greater accompaniment and prohibit the driving.

It's important to psychoeducate the patient/family in order to understand this behavioral changes in an adaptive way. The family/social containment has great value, playing the Nursing Homes and Day Centers an essential role in delaying the functional/cognitive deterioration and combating loneliness. Community intervention with stimulation groups adapted for empowerment remain scarce. It is up to the FD to know and clarify the social and legal tools available in order to protect the best interest of users and families.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 162

## Presentation form

1 Slide 5 minutes

## Supporting long COVID recovery: lessons for managing medically unexplained symptoms

Karen Gully<sup>1)</sup>

<sup>1)</sup>St Cadocs Hospital, Strategic Programme for Primary Care, Wales, Newport, United Kingdom

Persisting symptoms after COVID infection emerged early in the pandemic. Despite a wide range of diagnostic tests many patients have 'medically unexplained symptoms' and are not offered any further support.

Why do we place so much value on the diagnostic label yet pay less attention to understanding and supporting the individual's symptoms and experience?

We established a multi-professional team to support people in their COVID recovery journey. General Practitioners played a key role in excluding other diagnoses and seeking consultant input when required. The Post COVID Recovery Team focused on the presenting symptoms and impact for each individual. An Impact Assessment, with an average duration of one hour, was completed, detailing the experience of the COVID illness, investigations, healthcare interventions, current concerns, and aspirations. Following a review in the multi-professional team, individuals were offered a choice of support from a peer education programme, psychology, respiratory physiotherapy, and a personalised programme of activity. This approach provided the time and ongoing support needed whilst General Practice coped with the continuing demands of the pandemic.

Medically unexplained symptoms are common in general practice and in specialist services. Diagnostic tests may exclude certain diagnoses but often provide no explanation for continuing symptoms. If these concerns are not addressed, they will often be re-presented, leading to further investigation. The provision of a symptom led, rehabilitative approach, provides support that is well received by patients, is a prudent use of healthcare resources and helps to minimise the risk of over-medicalisation.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 177

### **Presentation form**

1 Slide 5 minutes

## **Collaborative medication review for people with polymedication in primary care: scoping review**

Manon de Montigny<sup>1</sup>, , Olivia Dalleur<sup>1</sup>)

<sup>1</sup>Médecine générale, Uclouvain, Bruxelles, Belgium

### **Background**

In 2019, a report of the World Health Organization stated that "polypharmacy is a major and growing public health problem, occurring in all health care sectors." Inappropriate polymedication leads to possible side effects, drug interactions and hospitalizations. To ensure more appropriate prescribing, general practitioners (GPs) can conduct medication reviews. However, polymedicated patients are abundant and GPs are overworked. Collaboration with other primary care actors to perform medication review is encouraged. Pharmacists are complementary to GPs thanks to their expertise in pharmacology. To boost medication reviews for polymedicated patients, by pharmacists, in primary care in Belgium, the government is planning to finance them.

### **Questions**

What are the ideal conditions to implement this type of intervention? How will it be perceived by GPs and by patients? What will be the clinical effects of this type of intervention on patients?

### **Content**

At the moment, a scoping review is conducted in four databases ( Pubmed, Cochrane, Tripdatabase, Embase). The research equation keywords include polypharmacy, drug utilization review and primary health care. The scoping review will answer these several questions in other contexts and allow adaptation of a study protocol which will analyse these collaborative medication reviews in Belgium.

### **Take home message**

This protocol would allow to reflect on the best conditions for the launch of this new activity by the community pharmacists, by promoting a good acceptance of the GP and a better collaboration with him. It would also ensure that certain indicators could be verified during the study to quantitatively assess the intervention.





### Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 201

### Presentation form

WONCA Network Workshop

## European young family doctors movement (EYFDM) exchange workshop

Rabee Kazan<sup>1)</sup>, Rianne van Vliet<sup>2)</sup>, Rocio Garcia-Gutierrez Gomez<sup>3)</sup>, Marina Jotic Ivanovic<sup>4)</sup>, Raisa Alvarez Paniagua<sup>5)</sup>, Eva Leceaga-gaztambide<sup>6)</sup>, Yanica Vella<sup>7)</sup>

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<sup>3)</sup>Hospital Universitario Severo Ochoa de Leganes, SERMAS, Madrid, Spain

<sup>4)</sup>Primary Health Care Center Dobo, Dobo, Bosnia and Herzegovina

<sup>5)</sup>CS Arnedo, SERIS, Arnedo/ La Rioja, Spain

<sup>6)</sup>EAP Mataro 7, ICS Barcelona, Barcelona, Spain

<sup>7)</sup>EYFDM, Sant Julian, Malta

### Background

Our program is one of the most well-known activities promoted by the EYFDM. Hippocrates program offers an exchange in a European participating country. With FM360 Program, in partnership with WONCA and other YDMs, young family doctors & trainees can participate in global exchanges. Both are unique opportunities to have an insight of other Primary Care systems&nbsp;

### Target Group

any family doctor interested in this experience, either joining or helping.

### Didactic Method

Introduction, explanation and application procedures will be presented by the EYFDM & FM360 Exchange Coordinators. We'll share our work experiences. We discuss ideas, benefits, improvements and challenges of our program, in order to improve future exchanges.

### Objectives

Present the opportunities for exchanges offered by EYFDM-WONCA. Explain how the pandemic affected our programme & how we started up again. Focus on future plans for exchanges. Discuss about extending our network & possibilities.

EYFDM Exchange Program is built on the cooperation of young family doctors around the world. By promoting intercultural dialogue, we wish to encourage doctors to experience primary care in other cultures, not just by being a visitor, but also becoming a host or by&nbsp;supporting this program in other ways. We gather new ideas for further improvement, during and after the pandemic. So, we still keep strong together.

### Estimated number of participants

+/- 30

### Brief presentation of the workshop leader





Rianne, Rocio & Rabee are the team making EYFDM Exchanges happen, together with national exchange coordinators. They are passionate about bringing together young doctors around the world, to share, learn and grow





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 206

### **Presentation form**

1 Slide 5 minutes

## **The art of making (multidisciplinary) guidelines suitable for all involved healthcare providers**

Marloes Minnaard<sup>1</sup>, Annemiek Schep<sup>1</sup>

<sup>1</sup>Nederlands Huisartsen Genootschap (NHG), Utrecht, Netherlands

### **Background**

Recommendations from multidisciplinary guidelines and guidelines for medical specialists are not always completely or directly applicable for primary care.

### **Questions**

What are conditions for developing multidisciplinary- and primary care guidelines that fit well together?

### **Methods**

A collective working group was set up to develop both a multidisciplinary- and primary care guideline in parallel for irritable bowel syndrome (IBS). This working group strongly focused on tuning and collaboration. Patient representatives were involved to express their views. Final recommendations were developed and adapted with multiple disciplines simultaneously in order to take all viewpoints into account.

### **Outcomes**

It is important for guideline developers to understand characteristics of different healthcare settings and which diagnostics and treatment options are actually available. Moreover, it is necessary to have an equal number of representatives from all professional groups in the working group. Referral criteria (both from GP to gastroenterologist and vice versa) have to be formulated together. By involving patient representatives, the recommendations are also in line with how patients (desire to) experience care.

### **Discussion**

Developing the two guidelines at the same time has added value because they are aligned. This makes a positive contribution to continuity of care.

### **Take home message**

Collaboration is important, both in guideline development and in daily practice (e.g. referrals and referral criteria). Recommendations must be well aligned between primary and secondary care so that collaboration is better facilitated and functions well.







## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 217

## Presentation form

1 Slide 5 minutes

## Impact of age in medical resource use and outcomes in patients with heart failure: a population-based analysis in 77,554 patients.

Blanca Torres<sup>1,2)</sup>, Laia Alcober<sup>1,2)</sup>, Emili Vela<sup>3,4)</sup>, Monste Clèries<sup>3,4)</sup>, Rocío Moreno<sup>1,2)</sup>, Núria José<sup>5,6,7)</sup>, Raul Ramos<sup>5,6,7)</sup>, Mar Ras<sup>5,6,8)</sup>, Cristina Enjuanes<sup>5,6,7)</sup>, Josep Comin-Colet<sup>9,5,6,7,10)</sup>

<sup>1)</sup>Catalan Health Institute, Barcelona, Spain

<sup>2)</sup>Primary Care Service Delta del Llobregat and IDIAP, Catalan Health Service, L'Hospitalet de Llobregat, Spain

<sup>3)</sup>Healthcare Information and Knowledge Unit, Catalan Health Service, Barcelona, Spain

<sup>4)</sup>Digitalization for the Sustainability of the Healthcare System, Sistema de Salut de Catalunya, Barcelona, Spain

<sup>5)</sup>Bio-Heart Cardiovascular Diseases Research Group, Bellvitge Biomedical Research Institute (IDIBELL), Hospitalet de Llobregat, Spain

<sup>6)</sup>Community Heart Failure Program, Cardiology Department, Bellvitge University Hospital, L'Hospitalet de Llobregat, Spain

<sup>7)</sup>Cardiology Department, Bellvitge University Hospital, L'Hospitalet de Llobregat, Spain

<sup>8)</sup>Department of Internal Medicine, Bellvitge University Hospital, L'Hospitalet de Llobregat, Spain

<sup>9)</sup>Department of Clinical Sciences, University of Barcelona, Barcelona, Spain

<sup>10)</sup>Bellvitge University Hospital, Hospitalet de Llobregat, Spain

## Background

Old age has been previously associated with poorer outcomes in patients with heart failure (HF). Whether the deleterious effect of age can be explained by the clustering of coexisting comorbidities or limitations in socioeconomic status in older patients has not been evaluated. The purpose of the study is to assess health outcomes, medical resource use and its temporal trends across age-groups in 77,554 HF patients using real-world, population-based data.

## Methods

We included all individuals consecutively admitted to hospital with at least one ICD-9-CM code for HF as the primary diagnosis and discharged alive in Catalonia between 2015-2019. We performed a multivariate adjusted Cox proportional hazard model analyzing the risk of events according to age group strata and adjusted for socioeconomic status and morbidity burden.

## Results

We included 77,554 patients. Distribution of patients according to age was 15-74 years-age-group (25.3%), 75-84 years-age-group (36.1%) and >84 years-age-group (38.5%). Adjusted Cox





proportional hazards models showed an increased risk of all-cause death and HF readmission in those aged 75-84 years (HR1.768 [1.714-1.824]; HR1.152 [1.118-1.187]) and in those aged 84 or older (HR3.194, [3.097-3.293] and HR1.202 [1.165-1.240]). When temporal trends in events across age groups were analyzed, we observed that the proportion of all adverse events tended to decline overall. However, the relative risk between age groups remained unchanged.

### **Conclusions**

Age is an independent predictor of health events in patients with HF. The association of old age with a higher use of medical resources and adverse events remains stable across the years.





### Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 219

### Presentation form

1 Slide 5 minutes

## Sex differences in medical resource use and outcomes in patients with heart failure: a population-based analysis in 77,554 patients.

Laia Alcober<sup>1,2)</sup>, Blanca Torres<sup>2,1)</sup>, Emili Vela<sup>3,4)</sup>, Monste Clèries<sup>3,4)</sup>, Rocío Moreno<sup>2,1)</sup>, Núria José<sup>5,6,7)</sup>, Raul Ramos<sup>5,6,7)</sup>, Mar Ras<sup>5,6,8)</sup>, Cristina Enjuanes<sup>9,5,6,7)</sup>, Josep Comin-Colet<sup>9,10,5,6,7)</sup>

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<sup>9)</sup>Bellvitge University Hospital, L'Hospitalet de Llobregat, Spain

<sup>10)</sup>Department of Clinical Sciences, School of Medicine, University of Barcelona, Barcelona, Spain

### Background

Sex differences in the prevalence and burden of different CVDs have been described. However, the impact on medical resources and outcomes after acute CVD events according to gender has been poorly described using real-world data.

### Purpose

To assess the effect of gender on health outcomes and medical resource use and their time trends in patients after hospital admission for heart failure (HF) in the context of a universally covered medical system using the real world, population-based data.

### Methods

We included all individuals consecutively admitted to hospital with at least one ICD-9-CM code for HF as the primary diagnosis and discharged alive in Catalonia (7,794,749 inhabitants) between 2015-2019. The data were analyzed both globally and independently year by year. To evaluate the association between sex and medical outcomes and use of medical resources, we performed a multivariate adjusted Cox proportional hazard model analyzing the risk of events according to sex group strata.





### **Results**

77,554 patients were included, 46.3% males and 53.7% females. Multivariate Cox proportional hazards models showed that females had a lower risk of all-cause mortality (HR0.814 [0.797-0.832], p-value 0.05) and clinically-related readmission (HR0.869 [0.852-0.887], p-value 0.05). The risk of readmission for HF did not differ between the sexes. Similar results were observed across the years.

### **Conclusions**

Sex is an independent predictor of clinically related mortality and readmission in patients with HF. The risk of readmission for HF is the same in both sexes. Further studies are needed to clarify whether the differences are related to gender or sex.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 280

### **Presentation form**

Case Reports By Young Doctors

## **Interdisciplinary approach in elephantiasis nostras verrucosa**

Gerardo Boillat<sup>1)</sup>, Jose Carlos Perez Sanchez<sup>1)</sup>

<sup>1)</sup>Centro de Salud Rincon de la Victoria, Servicio Andaluz de Salud, Rincon de la Victoria, Malaga, Spain

### **Presented problem**

A 52-year-old male patient, obese, smoker and harmful consumer of alcohol distillates, unemployed, diagnosed with elephantiasis nostras verrucosa secondary to chronic lymphedema that prevents him from living outside his home.

### **Management**

A joint assessment is made between primary care and hospital specialties. Weaning of toxins by his family doctor is advised. A motivational interview is carried out by a psychologist. From a nutritional point of view, the endocrinologist raises the possibility of bariatric surgery, which he rejects. Finally, the dermatologist and plastic surgeon perform debridement of lesions and recommend the use of keratolytics in areas of hyperkeratosis. Finally, a social worker is contacted to obtain some support that would allow the patient to carry out his basic activities of daily living.

### **Outcome**

The patient presents improvement of functional limitation after a multidisciplinary treatment. Social services obtained a proposal for a home help service and resources appropriate to the patient's circumstances from the town hall.

### **Discussion**

Elephantiasis nostras verrucosa is a very limiting disease which, added to a social problem, obesity and toxic habits, requires a multidisciplinary approach and assistance from social services to offer efficient treatment to the patient.

### **What we can learn from this/open questions**

Interdisciplinary collaborative care allows a comprehensive approach to the biopsychosocial problems of patients.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 292

## Presentation form

Lecture

## How to start a research project on interprofessional education or collaborative practice in primary care?

Paul Van Royen<sup>1)</sup>, Peter Pype<sup>2)</sup>, Giannoula Tsakitzidis<sup>1)</sup>

<sup>1)</sup>Family Medicine and Population Health, University of Antwerp, Antwerp, Belgium

<sup>2)</sup>Public Health and Primary Care, Ghent University, Ghent, Belgium

## Background

To deal with complex health care demands, interprofessional education (IPE) and collaboration (IPC) have become major issues within health care reforms, especially within primary care. These reforms should be based on the value and effectiveness of these IPE/IPC approaches. However research in this area is complicated because of varied terms used, overlap with other fields of research, need for innovative research designs, different perspectives and paradigms, interactive working within complex environments and contexts.

## Target group

Primary care researchers and teachers

## Didactic method

Brief presentation about basic concepts of IPE/IPC research (20 min)

Small group discussion on ideas and steps for planning and developing this research (40 min)

## Round-up

Taking home messages (15 min)

## Objectives

The workshop aims to present the concepts of IPE/IPC as well as the context, methods and tools to set up research in this field. Exchange of research ideas, good practices and lessons learned in the small group discussions will give participants the stimulus and basis to start up their own research project on IPE/IPC

## Estimated number of participants

20 à 25

## Brief presentation of workshop leaders

Paul Van Royen, GP and professor Family Medicine, teaching and performing primary care research, including research on IPE/IPC.

Peter Pype, GP and professor Interprofessional Education and Collaboration and responsible for developing and implementing IPE at his Faculty. His research focuses on curriculum evaluation and team dynamics.

Giannoula Tsakitzidis, postdoc-researcher with focus on IPE/IPC. She coordinates the Chair Province Antwerp Healthcare Professions in Evolution.







## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 314

## Presentation form

1 Slide 5 minutes

## “Star Children”: Adequate support after the death of a child.

silke stalpaert<sup>1)</sup>

<sup>1)</sup>VZW Kinderwens, oostende, Belgium

The death of a child is a traumatic experience that can put parents and family members at risk for adverse mental and physical health. Also, one in three women who experience early pregnancy losses develop post-traumatic stress disorder with often long-term symptoms of anxiety or depression. The way health care professionals respond to such a major life event often determines their further relationship of trust. Therefore it's important to plan follow-up contacts in which the parents and siblings are asked whether they need support and what kind of support they would like to receive. These moments may allow them to gain additional information, emotional support and instrumental back-up. Further, it's an opportunity for the professional to identify symptoms of complicated grief at an early stage. Complicated grief increases the risk of psychosocial and psychiatric problems and death from natural and external causes. The earlier action is taken, the better.

VZW Kinderwens started the program “Sterrenkinderen” (“Star children”) to support parents and family after the death of a child. Health professionals are educated through webinars and seminars on the importance of follow-up and how to handle such difficult consultations. Cities and municipalities are addressed to raise awareness of the impact of losing a child and stimulated to actively approach the parents and family. Empathy, kindness and respect are key. Systematic follow-up should be considered in primary care settings to ensure adequate family support and cooperation to form a network for low-threshold referrals must be provided.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 315

## Presentation form

Lecture

## Experiences of delivering reablement to home-dwelling elderly people: An interview study of community-based nursing assistants

Anne Nielsen<sup>1,2,3)</sup>, Anne Forster<sup>4)</sup>, Janus Laust Thomsen<sup>2)</sup>, Line Ørum Hansen<sup>3)</sup>, Susanne Dau<sup>5)</sup>, Rina Juel Kaptain<sup>6)</sup>, Allan Riis<sup>2,3)</sup>

<sup>1)</sup>Thisted Municipality, Thisted, Denmark

<sup>2)</sup>Research Unit for General Practice, Aalborg University, Aalborg, Denmark

<sup>3)</sup>Department of Physiotherapy, University College Northern Denmark, Aalborg, Denmark

<sup>4)</sup>Academic Unit for Ageing and Stroke Research, Leeds University, Leeds, United Kingdom

<sup>5)</sup>Department of Nursing, University College of Northern Denmark, Hjoerring, Denmark

<sup>6)</sup>Department of Occupational Therapy, University College of Northern Denmark, Aalborg, Denmark

## Background

Nursing assistants are members of interdisciplinary teams delivering reablement to elderly people. Nursing assistants play an important role in supporting elderly people to become more physically active and less care dependent. Nursing assistants' role in active reablement is new and knowledge about their experiences is needed.

## Question

What are community-based nursing assistants' experiences of delivering reablement to home-dwelling elderly people?

## Methods

This is a phenomenological study of 10 nursing assistants' experiences of delivering reablement in Denmark. Semi-structured interviews were conducted between 30 and 55 minutes at their workplace from April to December 2022. Data were gathered until data saturation was reached. Data were analysed by thematic text analysis.

## Outcomes

Six main themes emerged from the interviews: 1) Reablement is a strategy to achieve self-management for elderly people, 2) delivering reablement requires a new role as nursing assistant and skills to identify reablement potential are needed, 3) allocated time to read and documentation in the journal of the elderly people is important, 4) active involvement of all nursing assistants in the elderly peoples' rehabilitation plans are necessary, 5) systematic interdisciplinary sharing of knowledge is important and 6) elderly peoples' motivation for reablement and potential to improve physically and mentally is required to increase self-management.

## Discussion

Organisational, professional, and elderly-oriented factors are significant for succeeding with reablement.





### **Take Home Message for Practice**

General practice plays a role in nursing assistants' delivery of reablement as general practitioners identify elderly people with the potential to benefit from reablement and become less care dependent.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 320

## Presentation form

Lecture

## How to present scientific information?

Dirk Avonts<sup>1)</sup>

<sup>1)</sup>Communication, Domus Medica, Antwerpen, Belgium

A pillar of collaborative care is sharing new scientific information among health care workers. This allows to discuss the new knowledge and to reflect on the impact for daily practice. Before starting a critical discussion, an appropriate presentation of the information is essential. Research papers have a strict design, and are not easy to understand and to interpret for clinical workers not engaged in research activities. Therefore a careful and correct presentation is necessary to start an evidence-based discussion and to reflect on daily practice. When to maintain the clinical routine? And, when is it time to change? The workshop 'presentation of scientific information' will offer ideas and skills on following items.

Which part of the introduction is useful and relevant for your clinical practice?

How relevant is the research question?

What is important in the section 'patients and methods'?

Which elements of the results are applicable for your situation?

How to look to the arguments in the discussion?

Is the conclusion correct and applicable?

After the workshop the participants are able to present a research paper in 10 slides. In addition they are familiar with guiding a critical reflection of the new scientific information in the light of their particular clinical situation.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 322

## Presentation form

1 Slide 5 minutes

## Medical-pharmaceutical concertation in Belgium: collaboration between general practitioners and community pharmacists

Silas Rydant<sup>1,2)</sup>, Sara Desmaele<sup>1,3)</sup>, Nilgün Kizilmese<sup>1,4)</sup>, Anneleen Robberechts<sup>1,2)</sup>, Linde Van Cauwenberghe<sup>5)</sup>, Gert Merckx<sup>6)</sup>

<sup>1)</sup>Meduplace, Royal Association of Pharmacists Antwerp (KAVA), Antwerpen, Belgium

<sup>2)</sup>Pharmaceutical Sciences, UAntwerpen, Antwerp, Belgium

<sup>3)</sup>Biomedical Lab Technology, Erasmus Hogeschool Brussel, Brussels, Belgium

<sup>4)</sup>Hospital Pharmacy, University Hospital Brussel (UZ Brussel), Brussels, Belgium

<sup>5)</sup>Apotheek Claeys-Decraene, Zottegem, Belgium

<sup>6)</sup>Domus Medica, Antwerp, Belgium

In 2015, the National Institute for Health & Disability Insurance (NIHDI) of Belgium created 'Medical-Pharmaceutical Concertation (MPC)', a legal and financial framework to promote the safe use of medication (prescribing and dispensing) in general. This MPC encourages and facilitates local concertation between community pharmacists and GP's in Belgium to mitigate the risk of inadequate use of drugs.

Local CP and GP's can organize a 'local MPC-project', which is based upon a 'quality improving program (QIP)'. This is a pre-developed educational program with quality indicators covering one specific drug-related topic (e.g. safe use of DOAC, diabetes or opioids) and provides a script and educational support (PowerPoints, leaflets ...). In total, 37 QIP are recognized by NIHDI and 455 local MPC-projects have been organized from 2016 to 2022. Yet, little is known about their impact.

The Royal Association of Pharmacists in Antwerp (KAVA) and the GP organization Domus Medica take joint initiatives to promote the implementation of MPC. Together, they have developed 16 QIP's (43%), on which 195 local MPC-projects (43%) are based. Furthermore, they have organized 50 'train-the-trainer sessions', in which participants become a moderator and learn how to organize local MPC-projects. Over 700 GP and CP have been trained so far. Lastly, KAVA Domus Medica communicate widely and provide administrative logistic support for the organization of local MPC-projects.

KAVA and Domus Medica have a successful collaboration, but further implementation initiatives and research about the impact is necessary to utilize the full impact of MPC.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 330

## Presentation form

1 Slide 5 minutes

## Improve quality of care by making better choices based on shared medical data

Lore De Raeve<sup>1)</sup>

<sup>1)</sup>Nexuzhealth, Hasselt, Belgium

The complexity of healthcare is increasing. Treatments are becoming more advanced, making the path to recovery more complex. Specialized care paths require efficient collaboration between different healthcare providers. Obtaining a complete view of the patients' health record is becoming ever more important.

Existing tools for sharing patient information within the healthcare community are lacking behind. Most healthcare providers still rely on a limited set of data on their patients' health status - data they collected in their own files or software. Some basic information is shared through government platforms, but not enough to provide a holistic view of the patient's situation. Now, more than ever, the challenge is getting the right information to the right healthcare provider at the right time.

“Communication breakdowns are the most common causes of medical errors.” - Michael Daniel of Johns Hopkins

Nexuzhealth believes the solution to this challenge is a shared Electronic Health Record. In a centralized EHR, all health care professionals involved in the treatment of a patient work within the same database, each with their own view on the shared information. Every stakeholder can access the information they need to provide the best possible care. Shared medication overviews are the best example, enabling an accurate overview anytime and anywhere to avoid medical errors. A shared EHR also allows the patients to obtain more information on their own healthrecord. Of course, advanced access controls and respect for the privacy of the health care provider and the patient are very important in this context.







### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 334

### **Presentation form**

WONCA Network Workshop

## **The EGPRN Research Strategy – assessing the impact and barriers both on country and regional bases**

Radost Asenova<sup>1)</sup>, Claire Collins<sup>2)</sup>, Jean Yves Le Reste<sup>3)</sup>, Peter Torzsa<sup>4)</sup>, Mehmet Ungan<sup>5)</sup>

<sup>1)</sup>Urology and General Practice, Medical University of Plovdiv, Plovdiv, Bulgaria

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<sup>3)</sup>Department of General Practice, Université de Bretagne Occidentale Faculté de Médecine, Brest, France

<sup>4)</sup>Department of Family Medicine, Semmelweis University Budapest, Budapest, Hungary

<sup>5)</sup>Department of Family Medicine, Ankara University, Ankara, Turkey

### **Background**

The Research Strategy (RS), published in 2021, is a useful tool providing an overall plan for research in general practice/family medicine (GP/FM) with guidance how to achieve specific goals. Within the strategy, a framework is presented to be adopted by those involved in research in GP/FM.

### **Target group**

Primary care researchers

### **Didactic method**

A brief overview on the RS document focusing on the proposed framework.

Small group discussions on metrics and barriers according to the four main regions in Europe.

Groups reporting with round-up.

### **Objectives**

The workshop aims to discuss and find out the barriers both on a&nbsp;country and regional levels regarding the indicators for assessing the impact of the EGPRN RS Document.

### **Estimated number of participants**

20 to 30

### **Brief presentation of workshop leaders**

Radost Asenova, EGPRN EB Member &nbsp; WONCA Europe EB Member, Assoc. Prof. in Family Medicine

Peter Torzsa, member of EGPRN Research Strategy Committee, Professor in Family Medicine

Mehmet Ungan, WONCA Europe Past President, EGPRN Past President, Professor in Family Medicine





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 338

## Presentation form

1 Slide 5 minutes

## Helping smokers to quit: the added value of collaboration with smoking cessation specialists

Laurence Belenger<sup>1)</sup>, Meike Pappens<sup>1)</sup>, Hedwig Boudrez<sup>2)</sup>, Sandrina Schol<sup>1)</sup>

<sup>1)</sup>Department of Smoking Cessation, Flemish Association for Respiratory Health and Tuberculosis Control, Leuven, Belgium

<sup>2)</sup>Department of Internal Diseases and Paediatrics, University of Ghent, Ghent, Belgium

## Background

The chances of success to quit smoking are highest when behavioural counselling is combined with pharmacological aids. In Belgium, behavioural counselling is offered by Smoking Cessation Specialists (SCS), healthcare providers additionally trained during a university course to provide evidence-based counselling to smokers.

## Questions

Does counselling by a SCS lead to higher success rates than other means of quitting?

## Methods

This cross-sectional study compared success rates of smokers who made a quit attempt in the past year (2020) with (n = 214) or without (n = 452) SCS-counselling. Self-reported continuous abstinence (CA, smoke-free since quitdate) and point prevalence (PP, not smoked in the past 7 days) were used as outcomes in logistic regression models.

## Outcomes

Success rates were higher in those who received SCS-counselling (CA 52.8%, PP 63.1%) than those who tried to quit by other means (CA 32.7%, PP 39.8%). Counselling significantly predicted successful quitting even after controlling for medical problems, smoking profile, previous quit attempts and pharmacological aid (OR<sub>CA</sub> = 2.929 [1.917 – 4.476], Z (1) = 24.678, p 001; OR<sub>PP</sub> = 3.190 [2.097 – 4.854], Z (1) = 29.351, p 001).

## Discussion

Smokers can increase their chances to quit by receiving SCS-counselling, regardless of their medical health, smoking profile, previous attempts and usage of pharmacological aids.

## Take home message for practice

To increase the chances of a successful quit attempt, health practitioners could use their privileged position with patients to discuss smoking status and refer smokers to SCS, who are trained in evidence-based smoking cessation counselling.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 36

### **Presentation form**

1 Slide 5 minutes

## **“Welgerust” (Sleep well), a multidisciplinary project in rural Antwerp to put sleeplessness to rest**

Eveline Van Looy<sup>1</sup>, , Mathias Peeters<sup>1</sup>)

<sup>1</sup>)Welgerust vzw, 2200, Belgium

It is well known that sleep disorders are prevalent in both the general population and in those with chronic diseases. Despite impressive statistics, many of these patients do not find their way to the appropriate treatment options.

This projects targets all adults with sleep disorders, both somatic and non-somatic. Especially those who experience a significant impact on their daily life and/or health, but would otherwise not consult a caregiver to address their sleeping problems.

A website has been designed in order to supply patients with a screening questionnaire they can complete at home. An algorithm is being developed to offer guidance either directly to paramedical care, or to the general practitioner for further orientation. To support the GP, there is a transmural care path in place with close connection to sleep specialists and the sleep laboratory.

We want to care for patients with sleep disorders who remain ‘under the radar’ and to organise care in the most efficient way for all health professionals involved. By supplying an online questionnaire we want to direct patients early on to a somatic or psychologic caregivers based on their profile. By collaboration between several local hospitals it will become possible for general practitioners to refer directly for ‘urgent’ polysomnography in specific cases (e.g. hypersomnolence in professional drivers).

By developing a collaboration between general practitioners, paramedical health professionals and intramural sleep specialists, and by empowering patients, we can reach an undertreated population of sleep disorders and positively impact daily life and long term health.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 376

### **Presentation form**

1 Slide 5 minutes

## **Pain management, an essential skill. Opioids for Primary Care physicians**

Matteo Mannucci<sup>1)</sup>, Jorge Ernesto Hidalgo Chavez<sup>2)</sup>, Rocio Garcia-Gutierrez Gomez<sup>3)</sup>, Enrique Ferrer Mygind<sup>1)</sup>

<sup>1)</sup>SEMFYC, Palma, Spain

<sup>2)</sup>CAMFIC, Barcelona, Spain

<sup>3)</sup>Semfyc, Madrid, Spain

### **Background**

WHO considers that the consumption of opioid analgesics in a country is an adequate indicator of pain management. At present, the consumption of these drugs is increasing in a controlled way thanks to the adequate training of health professionals and the increasing use in non-cancer pain. Although we have to deal with the risk of misuse and abuse. Switching opioids can improve pain control and reduce secondary effects.

### **Target Group**

All family physicians, young doctors, residents and nurses can join, pain care is universal care.

### **Method.**

Following an illustrated presentation looking like "Breaking Bad"© tv series, easy to remember rules for Opioids switching will be shown ending up with a Kahoot test with a final winner.

### **Introduction (5 mins)**

Realistic clinical cases where each team will have its role and where they will have to choose the rotation, dose and route. We will take advantage of each one of the cases to give the keys in the management and calculation of opioid doses (45 mins)

Conclusions and take home messages (10 mins)

### **Objectives.**

Improve the management of opioids by primary care physicians, in order to increase confidence as well as optimize their use.

### **Brief presentation of the workshop leader**

Family Medicine Specialist. MSc in Palliative Care, MSc in Bioethics, PhD student in Palliative Care. Communication skills with several workshops presented at WONCA conferences.

President 2018-2021 of the Organizing Committee of the Balearic Meeting. Member of WONCA SIG Cancer Palliative care. Member of IPCRG (International Primary Care Respiratory Group).





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 396

## Presentation form

Symposium

## Bridging across countries: The results of the European Young Family Doctors' Movement (EYFDM) Bridge Project

Rianne van Vliet Vliet<sup>1)</sup>, Rabee Kazan<sup>2)</sup>, Rocio Garcia–Gutiérrez Gómez<sup>3)</sup>, Nick Mamo<sup>4)</sup>, Raisa Álvarez Paniagua<sup>5)</sup>, Maria Beatriz Cordeiro Morgado<sup>6)</sup>, Hilal Karakaya<sup>7)</sup>, Esther Muscat<sup>8)</sup>, Dragos Paul Hagiu<sup>9)</sup>, Charlotte Morris<sup>10)</sup>

<sup>1)</sup>VVR Waarnemend Huisarts, The Hague, Netherlands

<sup>2)</sup>European Young Family Doctor Movement, Barcelona, Spain

<sup>3)</sup>European Young Family Doctor Movement, Madrid, Spain

<sup>4)</sup>European Young Family Doctor Movement, Groningen, Netherlands

<sup>5)</sup>European Young Family Doctor Movement, Arnedo, Spain

<sup>6)</sup>European Young Family Doctor Movement, Almada, Portugal

<sup>7)</sup>European Young Family Doctor Movement, Antalya, Turkey

<sup>8)</sup>European Young Family Doctor Movement, Imsida, Malta

<sup>9)</sup>European Young Family Doctor Movement, Saint Etienne, France

<sup>10)</sup>European Young Family Doctor Movement, Manchester, United Kingdom

## Bridging across countries

Results of the European Young Family Doctors' Movement (EYFDM) Bridge Project

### Names of moderators and speakers

Rianne van Vliet, Rabee Kazan, Rocio Garcia–Gutiérrez Gómez, Nick Mamo

### Titles of individual contributions

Medical error impact and strategies for its prevention - Maria Beatriz Cordeiro Morgado

Child abuse - Hilal Karakaya

Pneumonia prevalence between different countries: a comparison of the current state - Raisa Álvarez Paniagua

How general practitioners can bridge cultural divides - Esther Muscat

Leveraging technology for vaccination - a scoping review of digital health use in primary care - Dragos Paul Hagiu

Shared reflections, learning and experiences from an international exchange - Charlotte Morris

### Objectives

The Bridge Project is an EYFDM initiative started in Covid–19 period as a way to bring Family Doctors from different countries together at a time when going on exchanges and attending conferences was not possible. Candidates apply with a specific topic of interest and the Bridge Project team allocates





them with corresponding interests. In six months, the subgroup meets digitally or live, discussing the topic and work together to create an end product. In this symposium, we would like to present our projects, and the results that have arisen from the groups, giving them the stage to present their group work.

#### **Discussion**

The main goal of the project is to connect young doctors and to promote the dialogue crossing boundaries, guiding them to an end goal, promoting new ideas, research, and improvements in primary care.

#### **Take Home message for Practice**

Working together makes you stronger.







### Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 452

### Presentation form

1 Slide 5 minutes

## Interprofessional collaboration between general practitioners and community pharmacists to promote the safe and responsible use of direct oral anticoagulants

Sara Desmaele<sup>1)</sup>, Gert Merckx<sup>2)</sup>, Silas Rydant<sup>1,3)</sup>

<sup>1)</sup>Meduplace, KAVA, Antwerpen, Belgium

<sup>2)</sup>Domus Medica, Antwerpen, Belgium

<sup>3)</sup>Department Pharmaceutical Sciences, UAntwerpen, Antwerpen, Belgium

Many drug related problems occur while prescribing and/or dispensing direct oral anticoagulants (DOAC). In 2017, the Royal Association of Pharmacists in Antwerp (KAVA) and Domus Medica have developed a quality improving program (QIP) about DOAC use in the context of Medical-Pharmaceutical Concertation (MPC). The National Institute for Health & Disability Insurance (NIHDI) provides financial incentives to general practitioners (GP) and community pharmacists (CP) to organize local MPC-projects, based on a QIP. A local MPC-project starts with a 'kick-off meeting', to make agreements of the rational use of medication. Often, different cases are discussed in small interprofessional groups. After this meeting, the agreements are subsequently implemented into practice and can be evaluated with quality indicators.

This specific QIP focusses on three challenges: (1) prescribing and dispensing of the correct dose, in function of all patients characteristics, (2) correctly dealing with possible drug-drug interactions, and (3) peri-operative management and switch between DOAC and other anticoagulants. Additionally, this QIP focusses on recent changes in DOAC therapy.

Currently 20 local MPC-projects based on this QIP have been organized in which 173 CP and 236 GP participated. Different conclusions were made during these MPC-projects. Most decisions handled about the communication between het pharmacist and general practitioner, the need of shared data and the role of the pharmacist in checking dosage regimens and drug-drug interactions. All participants stated that DOAC treatment is still challenging because of the different dosage regimens and possible drug-drug interactions, therefore good collaboration between community pharmacists and general practitioners is crucial.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 483

## Presentation form

Case Reports By Young Doctors

## Paresthesias... And bad news – a case report of multiple sclerosis

Olga Couto Cardoso<sup>1)</sup>, Clara Oliveira<sup>1)</sup>, Mariana Pereira<sup>1)</sup>

<sup>1)</sup>USF Ribeirão, ACeS Ave-Famalicão - North Regional Administration, Vila Nova de Famalicão, Portugal

### Introduction

Multiple sclerosis (MS) is an autoimmune disorder that affects the central nervous system and is classified according to various clinical criteria, including the frequency of relapses, disease progression, and presence of lesions on MRI. The most common form of MS is relapsing-remitting.

### Description

A 55-year-old woman presented with paresthesias in her feet and anogenital pressure for the previous five days, without other significant symptoms. She had previously visited a gynecologist and no abnormalities were found. The woman was in good general condition, had normal blood pressure, and showed no edema or abnormal findings on a neurological examination. Laboratory tests (including a hemogram, glucose, renal and thyroid function tests, ionogram, folic acid, and vitamin B12) and endoscopic digestive exams were ordered.

Two days later, patient presented to the emergency room with worsening symptoms and an X-ray of the lumbosacral spine was taken, which showed no abnormalities.

Laboratory results were all within normal limits. She reported the paresthesias had spread to her pelvic region and an electromyography of the lower limbs was performed, showing no abnormalities. An MRI of the lumbosacral spine, brain, and spinal cord was requested, revealing inflammatory demyelinating lesions in the fronto-parietal regions and an area of hyperintensity on T2 in the spinal cord that was consistent with inflammatory injury. The diagnosis of MS was proposed and the patient was referred to a neurologist, where she started immediate treatment.

### Conclusion

Timely diagnosis of MS is essential, as the absence of treatment can lead to significant disability.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 511

## Presentation form

1 Slide 5 minutes

## Team-based care in primary care

Eng Sing Lee<sup>1,2)</sup>, Phui-Nah Chong<sup>1,2)</sup>, Donna Mui Ling Tan<sup>1)</sup>

<sup>1)</sup>National Healthcare Group Polyclinics, Singapore, Singapore

<sup>2)</sup>Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore, Singapore

The symposium consists of three talks.&nbsp;The first is “Introduction to the National Healthcare Group Polyclinics (NHGP) Teamlet model of care” by A/Prof Phui-Nah Chong.&nbsp;The second is “The influence of resilience, burnout and job satisfaction on team development in primary care” by Asst Prof Eng Sing Lee. The last is “Team-based care in the time of COVID-19 – taking off of various telehealth services during the pandemic” by Dr Donna Tan.

The objectives of this symposium are threefold.&nbsp;Firstly, to share with an international audience on the primary care transformation journey that NHGP has embarked on since 2014. &nbsp;We adopted the teamlet care model where small teams consisting of two doctors, a care manager and a care coordinator provided care for a fixed panel of patients with improved care continuity, comprehensiveness and integration of care. &nbsp;We will then share our preliminary findings on the factors associated with good team development for team-based care in our setting. Finally, we describe the various telehealth modalities that our healthcare team quickly adapted to and continued to be sustained since the start of the pandemic.

The teamlet care model incorporated the elements of the building blocks of high performing primary care as described by Bodenheimer. However, teamwork in healthcare teams is challenging as team members come from different backgrounds with different&nbsp;expectations. The COVID-19 pandemic also has caught the world off guard. NHGP turned to technology to minimise the risk of spread of infection which accelerated our digital transformation and innovation.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 528

## Presentation form

Symposium

## Learning about dementia: An educational roadshow

Vildan Dogan<sup>1)</sup>

<sup>1)</sup>Technical University of Munich, School of Medicine, Munich, Germany

### Learning about dementia

An educational roadshow

General practitioners (GPs) often represent the entry point to dementia care and have a key role in coordinating interventions and services. However, the skills that are required for making an early diagnosis, setting up a comprehensive treatment plan, communicating with patients and their families, and orchestrating the therapeutic team are usually not a part of medical education. To close this gap, a group of experts has created and piloted complementary educational programs on dementia which address GPs as well as medical students, take advantage of modern didactic principles, and are delivered as online courses and face-to-face workshops. The symposium showcases and discusses examples of this novel form of dementia training.

Simona Vytykáčová (moderator)

How can education and training improve dementia care?

An outline of the key role of education for upskilling GPs.

#### Tiberiu Ionescu

How do students learn about dementia?

A virtual game demonstrates the early detection and differential diagnosis of dementia.

Alexandra Palkovic: How to disclose the diagnosis of dementia?

A dialogue scenario shows how to avoid communication pitfalls.

Vildan Dogan: What are the benefits of interprofessional collaboration?

An interactive case example illustrates the importance of a shared treatment plan.

Julia Fischer: Can education be a part of dementia care research?

A success report of interprofessional training in a project featuring mobile memory teams.

#### Take-home message for practice

GPs can engage in a variety of educational programs which support them in fulfilling their important role in dementia care.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 530

## Presentation form

Case Reports By Young Doctors

## When the brain is in FLAMES...

Olga Couto Cardoso<sup>1)</sup>, Clara Oliveira<sup>1)</sup>, Mariana Pereira<sup>1)</sup>

<sup>1)</sup>USF Ribeirão, ACeS Ave-Famalicão - North Regional Administration, Vila Nova de Famalicão, Portugal

## Background

FLAMES is a sub-entity of myelin oligodendrocyte glycoprotein antibody associated inflammatory disease. These pathologies usually present with optic neuritis, myelitis or acute disseminated encephalomyelitis; it rarely exhibits focal cortical encephalitis and can be confused with viral aetiology. Clinical features include seizures, headache, fever and cortical symptoms referable to the FLAIR hyperintense location. Patients have cerebrospinal fluid pleocytosis and anti-MOG antibody seropositivity.

## Description

A 25-year-old male, with a history of smoking, allergic rhinitis and no regular medications, presented with a worsening fronto-temporal headache that had persisted for seven days. That morning he felt like his tongue was twisted and had a slurred speech the day before. He reported nasal congestion and self-medicated with paracetamol. The brain CT was normal. Next day he went to a medical appointment with the same symptoms and was medicated for sinusitis. Two days later he had a generalized tonic-clonic (GTC) seizure and was taken to hospital. He was drowsy, reacting to voice stimuli and able to follow instructions, but slowed down and aphasic; right homonymous hemianopsia and right hemiparesia. CT suggested meningoencephalitis. The study was inconclusive; it was administered levetiracetam, acyclovir e ceftriaxone. He was admitted for three weeks and had a new TCG seizure. The exams were repeated and the anti-MOG antibodies came positive. The ambulatory treatment includes prednisolone, omeprazole, levetiracetam and alprazolam and he is also receiving treatment with rituximab.

## Conclusion

This case makes us aware of the importance of a continuous update of knowledge for a better follow-up of our patients.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 535

## Presentation form

Lecture

## Service organisation in primary health care (PHC): an interdisciplinary response to acute needs of patients in a Community Health Centre (Ghent, Belgium).

Sofie Spiers<sup>1</sup>, , Els Decroo<sup>1</sup>, , Ann Van Hecke<sup>2,1)</sup>

<sup>1)</sup>Community Health Center De Kaai, Ghent, Belgium

<sup>2)</sup>Department of Public Health and Primary Care, Ghent University, Ghent, Belgium

## Background

PHC in Belgium is evolving towards a more local, integrated and interdisciplinary approach. Despite the fact that Belgium has a high number of General Practitioners (GPs) per inhabitant, the workload of GPs is perceived as high.

Also in CHC De Kaai, an interdisciplinary, flat-rate practice, with 4,500 registered patients; GPs sound the alarm, despite the substantive support of other disciplines.&nbsp;

In order to respond to the changes in the landscape of care, to cope with the high workload and to improve quality of care (QOC), acute PHC was reorganised with an interdisciplinary approach: a daily offer of short consultations with GPs, a physiotherapist, nurse and social worker, responding to urgent needs. Secondary, more qualitative time for regular and chronic care was created.&nbsp;&nbsp;

Triage is done by the reception and via internal referral between the disciplines. 45 urgent consultations are daily carried out within 2 hours by 7 healthcare providers.&nbsp;

## Target Group

PHC providers, policy makers, care managers

## Didactic Method

Presentation general context

Project presentation

Brainstorm sessions

(changing) role and challenges for GPs

Impact on QOC

Impact on wellbeing and involvement of care givers

Legal framework and ethics

## Number of participants

40

## Presentation workshop leader

Dr. Sofie Spiers is a family doctor with a postgraduate in public health. Working abroad with an international NGO,&nbsp;she gained experience in project management and health systems. She's now working as a GP in De Kaai, coordinating the MDs and collaborating closely with the care manager, continuously aiming for a high QOC.







### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 536

### **Presentation form**

Lecture

## **Improving interdisciplinary task distribution and collaboration for intimate partner violence through nominal groups**

Lodewijk Pas<sup>1)</sup>, Sajaratulnisah Othman<sup>2)</sup>, Raquel Gomez Bravo<sup>3)</sup>, Carmen Fernandez-Alonso<sup>4)</sup>, Snežana Knežević<sup>5)</sup>, Nena Kopcavar Gucek<sup>6)</sup>, Pascale Franck<sup>7)</sup>

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<sup>2)</sup>Department of Primary Care Medicine, Faculty of Medicine ; University of Malaya, Kuala Lumpur, Malaysia

<sup>3)</sup>Rehaklinik, SSLMG, CHNP, Luxembourg, Luxembourg

<sup>4)</sup>SEmFyC, Barcelona, Spain

<sup>5)</sup>Health Center Kraljevo, Kraljevo, Serbia

<sup>6)</sup>Community health center Ljubljana, Medical Faculty, University Ljubljana, Ljubljana, Slovenia

<sup>7)</sup>Board and Trainers Team, European Family Justice Center Alliance, Zwolle, Netherlands

### **Background**

The IMOCAFV project is a WONCA SIGFV project supported by WONCA World, Europrev, and EGPRN aiming to improve guidance on implementing effective intimate partner violence (IPV) care based on reviews of literature and consensus procedures in countries worldwide.

### **Target Group**

Family physicians other health care professionals

### **Didactic Method**

A short introduction will be given on the procedures of the IMOCAFV project on consensus development and Nominal Group (NG) work. &nbsp;Case studies from different countries using the NG methodology will highlight task distribution and interprofessional collaboration initiated at the primary care level. In small groups, the participants will apply the NG procedure to their own situations. Participants will exercise the IMOCAFV methodology planning for intersectoral task distribution in the management of IPV.

### **Objectives**

To stimulate the participants' reflection on improving IPV management taking into account best evidence, consensus methodology and differences in local primary care settings, according to available professional backgrounds,countries' health service setting and cultural differences.

### **Estimated number of participants**

30





**Brief presentation of the workshop leader**

Lodewijk Pas, is a retired GP, still active as a collaborator to the Academic Centre of General Practice in research as well as a consultant of the European Family Justice Centre Alliance. Acting as GP vocational trainer his research areas were: screening, tobacco, alcohol and family violence. After Convening the WONCA Special Interest Group of Family Violence between 2014-2016 he initiated 2019 the IMOCAFV study piloting now an implementation study in Flanders.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 548

### **Presentation form**

Lecture

## **Born in Belgium Professionals, a shared platform towards integrated care**

Kelly Amuli<sup>1)</sup>, Kim Decabooter<sup>2)</sup>, Bianca Eerens<sup>1,2)</sup>, Caroline Germanes<sup>2)</sup>, Sabine Vershelde<sup>2)</sup>, Katrien Beeckman<sup>1)</sup>

<sup>1)</sup>Public Health, UZ Brussel/VUB, Jette, Belgium

<sup>2)</sup>UZ Brussel, Jette, Belgium

Pregnancy is a vulnerable period where attention to psychosocial well-being is of great importance and a window of opportunity to target those vulnerabilities. Born in Belgium Professionals, which is a National Institute of Health and Disability (NIHD) project, is a shared digital platform developed by and for care providers that offers support in the needs assessment and follow-up of psychosocial well-being in the perinatal period. More than 100 organisations were involved in the development phase. It resulted in a shared digital platform that offers an overview of the care providers involved, maps the psychosocial care needs by means of a questionnaire and propose customized care. Moreover, the platform facilitates referrals through integration with databases of the NIHD, Social Brussels, Social map Flanders,... The platform enables multidisciplinary consultation across primary and secondary care organisations. It can be integrated in Electronic Medical Files or can be accessed via a web link.

The platform is offered by the NIHD to all Belgian care providers working in the perinatal period: general practitioner, gynecologist, midwife, psychologist, social worker, non-profit organisation, ....

More than 1,500 women have already been followed up in the platform. Less than 1% of women refused to participate and over 87% of the women report at least one vulnerability. Further results will be reported in the future as well as thorough implementation analysis of the use of the platform along with barriers and facilitators to its use in practice. This will allow us to develop appropriate implementation strategies.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 557

## Presentation form

Lecture

## Designs and outcomes of acute home treatment programmes for COVID-19 patients needing oxygen in The Netherlands.

Josi Boeijen<sup>1)</sup>, Alma van de Pol<sup>1)</sup>, Eric van Rijswijk<sup>2)</sup>, Marjan van Apeldoorn<sup>3)</sup>, Eric van Thiel<sup>4)</sup>, Netty de Graaf<sup>4)</sup>, Michiel Menkveld<sup>5)</sup>, Martijn Mantingh<sup>6)</sup>, Frans Rutten<sup>1)</sup>, Dorien Zwart<sup>1)</sup>

<sup>1)</sup>General Practice, Julius Center, UMC Utrecht, Utrecht, Netherlands

<sup>2)</sup>Primary Care Network Chronos-Beroemd-BIB, 's-Hertogenbosch, Netherlands

<sup>3)</sup>Department of internal medicine, Jeroen Bosch Ziekenhuis, 's-Hertogenbosch, Netherlands

<sup>4)</sup>Department of Pulmonology, Albert Schweitzer ziekenhuis, Dordrecht, Netherlands

<sup>5)</sup>Wilhelmina Hospital Assen, Assen, Netherlands

<sup>6)</sup>Dokter Drenthe, Assen, Netherlands

## Background

During the COVID-19 pandemic new collaborative acute care initiatives were developed including home management of COVID-patients.

## Question

How are such acute home management programmes organized and what were patient outcomes across the Netherlands?

## Methods

Initiatives were eligible if COVID-19 patients (i) received oxygen at home; (ii) received structured remote monitoring; and (iii) were not first hospitalized. Protocols of initiatives were screened, and additional information was obtained from involved physicians. Routine care data of patients' outcomes were collected from the medical records of the hospital, GP and monitoring centres.

## Results

Five out of nine initiatives were eligible. Three initiatives included low-risk patients and two specifically frail patients. Emergency department (ED) visit for an initial diagnostic work-up and evaluation was mandatory in three initiatives. Medical responsibility was either assigned to the GP or hospital specialist. Pulse-oximetry was used in all initiatives, with additional monitoring of heart rate and respiratory rate in three initiatives. Remote monitoring staff's qualification and authority varied, and organization and logistics were covered by persons with various backgrounds. All initiatives offered remote monitoring via an application, while two also offered a paper diary option.

## Discussion

In total 125 patients were treated of whom 65 provided informed consent. Outcome data are currently collected.





### **Conclusions**

There are substantial differences in the organization of the acute home management initiatives of COVID-19 patients within the healthcare setting of the Netherlands. Key elements were pulse-oximetry and an application for remote monitoring. Data on patient outcomes will be presented at WONCA.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 559

## Presentation form

Case Reports By Young Doctors

## When the rare becomes obvious – Case Report

Soraia Gonçalves<sup>1)</sup>, Ana Soares<sup>1)</sup>, Ana Fernandes<sup>1)</sup>, Estefânia Teixeira<sup>1)</sup>, Sílvia Duarte<sup>1)</sup>, Rita Ribeiro<sup>1)</sup>,  
Sílvia Sousa<sup>1)</sup>, Fernanda Araujo<sup>1)</sup>, Fabiola Ferreira<sup>1)</sup>

<sup>1)</sup>Unidade Local de Saúde do Alto Minho, Viana do Castelo, Portugal

## Background

Pemphigus is a group of life-threatening blistering disorders characterized by acantholysis resulting in intraepithelial blisters in mucous membranes and skin. Pemphigus vulgaris, the most common form, is a rare disease with two clinical variants involving acantholytic blisters and IgG autoantibodies against desmoglein 3 and/or 1.

## Case presentation

In April 2021, a 75-year-old man presented with ulcerated, painful lesions of the oral mucosa interpreted as candidiasis, complying multiple cycles of fluconazole without benefit. Therefore, in July 2021, biopsy of a tongue lesion was performed, revealing acantholysis. As the complaints persisted, the patient was referred to internal medicine (followed from December 2021 to August 2022) where a complementary study showed no alterations. In October 2022, the patient presented a skin lesion on the left foot, treated with empirical antibiotherapy and antifungal agents. After multiple therapy adjustments without improvement of the skin lesions, associated with significant weight loss, the patient was referred to dermatology. When observed, in 21 November 2022, presented several painful ulcerated lesions of the nasal and oral mucosa, multiple erosive plaques involving axillae. Considering the lesions presented and the biopsy, dermatology suspected of pemphigus vulgaris, vegetative variant and prescribed oral and topical corticoids. After the thiopurine methyltransferase test and anti-desmoglein 1 and 3 antibody assays confirmed the diagnosis, azathioprine was added. In December 2022, the patient showed complete resolution of the lesions.

## Conclusion

A shared management between primary health care and dermatology is crucial to the best outcome for these patients, contributing to the quality of life and rational use of medical resources.







### Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 560

### Presentation form

1 Slide 5 minutes

## Optimization of the (pharmaceutical) treatment and care of the type II diabetes patient in Belgium through medical-pharmaceutical concertation (MPC)

Nilgün Kizilmese<sup>1)</sup>, Silas Rydant<sup>1)</sup>, Gert Merckx<sup>2)</sup>

<sup>1)</sup>Royal Association of Pharmacists Antwerp (KAVA), Antwerpen, Belgium

<sup>2)</sup>Domus Medica, Antwerpen, Belgium

In 2018, the Royal Association of Pharmacists in Antwerpen (KAVA) and Domus Medica have developed a quality improving program (QIP) in the context of Medical-Pharmaceutical Concertation (MPC). MPC is a legal and financial framework to promote the safe use of medication (prescribing and dispensing) in general. A local MPC about diabetes has been developed to promote a multidisciplinary collaboration between the community pharmacists (CP) and general practitioners (GP) where the added value lies in a combination of knowledge and competences and joint responsibility.

This specific MPC focusses on five modules: 1. the pathogenesis, diagnosis, complications and non-pharmacological treatment, 2. pharmacological treatment, 3. case studies of different patient, 4. Care pathways and adherence to therapy-vaccinations, and 5. the safe use of antidiabetic medication during Ramadan.

KAVA and Domus Medica strongly believe in this initiative. Currently 17 local MPC-projects have been organized in which 102 CP and 122 GP participated. The four most important topics of these MPC are:  
Treatment comorbidities

Overview and objective of care pathways and organizing good use medication (GGG) by CP and feedback to GP

Adherence

Vaccination

A MPC is a promising service to support evidence-based practice for optimizing treatment of diabetes patients through constructive collaboration between GP and CP. There was a particular need for good information about the treatment options for diabetes, comorbidities and lifestyle. There is certainly a strong will to work on compliance, as evidenced by the many indicators around the 'GGG'. Further research is necessary to analyze the impact of the MPC.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 571

### **Presentation form**

Lecture

## **It takes a village - multidisciplinary primary care**

Nick Mamo<sup>1,2)</sup>, Claire Marie Thomas<sup>3,4)</sup>, Kieran Dinwoodie<sup>5)</sup>, Kerry Greenan<sup>6,7)</sup>, Anna Hansemann<sup>8,7)</sup>, Ana Cristina Franco Spinola<sup>9,7)</sup>, Raquel Gomez Bravo<sup>10)</sup>

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<sup>8)</sup>JAMÖ, Steyr, Austria

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<sup>10)</sup>Rehaklinik, SSLMG, Luxembourg, Luxembourg

### **Background**

With increasing comorbidity, care and health needs have become increasingly complex. This means that the individual Family Doctor are hard pressed to provide the high quality care needed alone: it really does take a village. Multidisciplinary care is the key to providing holistic care that truly can help our patients maintain independence and improve health outcomes. It can also reduce pressures on the healthcare system both in primary care and secondary care.

In this workshop we aim to explore the role the multidisciplinary team (MDT) can have in achieving this change, looking at research and practical examples in different countries, developing recommendations together.

### **Target Group**

Healthcare Professionals working in Primary Care

### **Didactic Method**

Interactive case studies in different primary care settings including small practice and large primary care network (PCN) as well as experience of the workshop participants

Discussion and questions around the cases

Highlights from literature and current research

### **Objectives**

Understanding the role of the MDT in primary care through practical examples

Consider how we can improve team working by identifying best practices

Developing recommendations for MDTs including priorities and evaluating different roles





Understanding what makes an MDT be sustainable

**Estimated number of participants**

25-35

**Brief presentation of workshop leader**

Claire Thomas is clinical lead of South Southwark PCN in London; Kieran Dinwoodie is a GP partner in Blantyre, Scotland; Nick Mamo is a PHD candidate looking at collaborative care networks in functional disorders; Kerry Greenen is clinical lead for Population Health and Homelessness for Tower Hamlets, London.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 575

## Presentation form

1 Slide 5 minutes

## Health literacy in orthopaedic lower limb trauma patients: A cross-sectional survey study

Hüsna Sarıca Çevik<sup>1)</sup>, Gülsüm Öztürk Emiral<sup>2)</sup>, Muhammed Fazıl Özcan<sup>3)</sup>, Fatihcan Aldemir<sup>3)</sup>, Hüseyin Bilgehan Çevik<sup>3)</sup>

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<sup>2)</sup>Public Health, Çankaya District Health Directorate, Ankara, Turkey

<sup>3)</sup>Orthopaedics & Traumatology, Ankara Etlik City Hospital, Ankara, Turkey

## Background

Complex instructions are given postoperatively to patients with variable health literacy(HL) levels.

Questions

Are orthopaedic lower limb trauma patients' comprehension of their treatment and HL levels low?

## Methods

The questionnaire, which was conducted between June-September 2021 to 225 patients with a surgically treated unilateral lower limb fracture in an orthopaedic clinic, consisted of 3 parts: (1)sociodemographic information, (2)knowledge about ongoing orthopaedic treatment, and (3)16-item version of The European Health Literacy Survey(HLS-EU-Q16).

## Outcomes

Of the participants, 46% were not aware that they were using thromboembolism prophylaxis, and 10% did not use the prophylaxis. More than half of the patients did not know which bone was fractured, and approximately 90% did not know the expected healing time. Inadequacy of HLS-EU-Q16 score with a median of 34.4(range,0-50), was 38.7%(n=87).

## Discussion

Participants demonstrated inadequate HL with low comprehension of their injuries, surgeries, and discharge schemes. This study's results show the need to promote more effective communication between patients and healthcare providers and update discharge schemes and patient education tools according to their needs. Identifying inadequate HL in patients, developing appropriate interventions, prioritizing person-centred care, and including patients in collaborative decision-making will strengthen the physician-patient relationship and promote health and well-being.

## Take Home Message for Practice

Being aware of low treatment compliance in surgical patients as family physicians, who take care of patients' all health problems while providing effective communication and continuous and comprehensive care, can help increase awareness of patients regarding their treatments, accelerating healing processes and preventing possible complications.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 589

### **Presentation form**

Lecture

## **Domestic violence workshop - from screening to caring**

Anne-Marie Offermans<sup>1,2)</sup>, Eline Madepuech<sup>1,2)</sup>, Nadine Kacenenbogen<sup>1)</sup>, Michel Roland<sup>1,2)</sup>

<sup>1)</sup>Department of General Practice, Université Libre de Bruxelles, Brussels, Belgium

<sup>2)</sup>Primary Care Research Unit, Université Libre de Bruxelles, Brussels, Belgium

### **BACKGROUND**

With a high prevalence and morbidity, domestic violence(DV) is a major individual and public health issue. Primary care professionals(PCP), as the first line of contact, must be trained to detect and offer the appropriate medical and psychological support for both direct and indirect victims of DV as well as authors.

The Department of General Practice of ULB (DMGULB) has a long-recognized expertise in this field with the publication of multiple articles, theses, recommendations and regular Continuous Medical Education workshops on DV for PCP.

### **TARGET GROUP**

PCP

### **DIDACTIC METHOD**

When dealing with DV, the type of relationship developed with the patient will be key for building lasting change. Based on active pedagogy and interdisciplinary intervention, this workshop will discuss Motivational Interviewing and Transtheoretical Model of Change and outline an integration of these two approaches, adapted to situations of DV. Reference points with regard to attitude and communication tools will be proposed, identified and described at each stage. In order to insure a problem-based learning, the intervention will be led from a real clinical case chosen among the participants.

### **OBJECTIVES**

To support, train and equip professionals to actively screen for DV and give appropriate care in primary care setting.

### **ESTIMATED NUMBER OF PARTICIPANTS**

5-30 PCP(75min).

### **BRIEF PRESENTATION OF THE WORKSHOP LEADER**

Mrs Offermans, sociologist, research coordinator(DMGULB), is the writer of multiples articles and guidelines regarding DV. She led 30 workshops with PCP, and is now launching the first interdisciplinary University certificate in DV in Belgium.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 597

### **Presentation form**

Lecture

## **Setup and analysis of a transmural safety incident program on a regional level in Belgium**

Viki Wouters<sup>1)</sup>, Pierre Vanden Bussche<sup>1)</sup>, Kristof Eeckloo<sup>1)</sup>

<sup>1)</sup>UGhent Department of Public Health and Primary Care, Ghent University, Gent, Belgium

### **Background**

Literature research shows that transitions between care settings have a high safety risk. Reporting incidents and near misses are a useful tool to help find system errors. Information and medication errors are responsible for the majority of those incidents.

### **Questions**

Is it possible to set up a system to register and analyze transmural safety incidents in Belgium? Can a script be developed, learning from this pilot in two regions, to offer to hospitals and primary care representatives to implement in their own setting.

### **Methods**

Between March 1st and September 30rd 2022, 52 general practitioners and health care workers within the emergency department of 2 hospitals, were given the opportunity to report transmural incidents through an online platform. A monthly committee reviewed the collected incidents.

### **Outcomes**

More than 200 incidents were registered and processed. In more than 50% inadequate communication are the cause of the incident. Medication errors take up the second place. The analysis gave immediate hands on information about possible system errors and actions to improve both at hospital and at primary care level.

### **Discussion**

This project gave a boost to the transmural safety culture. Barriers and enablers were identified to realize cooperation and communication on a regional level in Belgium

### **Take Home Message for Practice**

It is possible to have a TSI register and this offers very interesting information to enhance safety for patients in the transitions between Hospital and Primary care







### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 610

### **Presentation form**

1 Slide 5 minutes

## Group work with patients on 'How to cope with stress' - Sharing 5 years of experience

Sofie Blancke<sup>1)</sup>

<sup>1)</sup>Geneeskunde voor het volk, Deurne, Belgium

### **Background**

According to Sciensano, one out of four Belgians suffers from anxiety or depressive disorder. One out of six Flemish struggle with burnout symptoms. In a survey among our own patients stress sessions turned out to be the priority topic.

### **Questions**

How can we help and empower people with stress-related complaints?

### **Methods**

In the past 5 years, health care providers in our community health centre can refer patients with stress-related complaints to group sessions. These are facilitated by one of our doctors and our in-house primary care psychologist.

A full course consists of 4 sessions of 2.5 hours and focuses on three axes:

Interaction in a safe, warm, positive context.

Education: stress-axis system, psychological and societal factors.

Exercises: relaxation, meditation, breathing, MCBT, stimulating creativity.

### **Outcomes**

Patients feel empowered. The understanding of their own body is increasing. They take control of their lives. Peers support one another and learn from the experiences and the learning process of others. Social interaction creates connection. Patients stand up for their rights together.

In-home referral is reducing the threshold and improves follow-up care. Guidance by trusted health professionals promotes positive mindset and behaviour change.

Afterwards, patients consult less and are less focused on their complaints.

### **Discussion**

What are the strengths and weaknesses of these group classes? What incentives are needed to facilitate group sessions with patients?

### **Take home message**

Group sessions with patients in primary care help and empower patients. This strategy is efficient and improves the quality of care. It energizes patients and caregivers.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 683

## Presentation form

1 Slide 5 minutes

## Training in Mental Health in Brussels, all together for better care ! For a better support in general practice

Lou Richelle<sup>1)</sup>, Nathalie Vanbeylen<sup>2)</sup>, Sylvie Cassiers<sup>3)</sup>, Christophe Barbut<sup>4)</sup>, Hassane Moussa<sup>5)</sup>, Ann Roex<sup>6)</sup>

<sup>1)</sup>Département de médecine générale, Université Libre de Bruxelles, Brussels, Belgium

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<sup>3)</sup>Réseau Pluridisciplinaire d'Accompagnement et de Soutien aux Addictions,, Brussels, Belgium

<sup>4)</sup>Fédération des Associations de Médecins Généralistes de Bruxelles, Brussels, Belgium

<sup>5)</sup>Plateforme Bruxelloise pour la Santé Mentale, Brussels, Belgium

<sup>6)</sup>Geneeskunde en Farmacie Faculteit, Vrije Universiteit Brussel, Brussels, Belgium

## Background

General practitioners (GPs) are facing numerous and growing mental health disorders for which they often feel powerless.

## Question

How to support GPs in accompanying persons with a mental health disorder when mental health services are less and less accessible?

## Content

A bi-community and bilingual project was developed by 6 health partners to support GP practices in Brussels. It started in September 2021 and aimed to offer, through a Continuing Medical Education trajectory, training and networking for GPs in Brussels. By participating in the programme, doctors could develop advanced clinical skills as well as improve their interprofessional collaboration. The training based on the adult learning principles was led by different medico-psychosocial workers and peer helpers and included 8 modules covering several aspects of mental health. The last training session concerned local interprofessional collaboration and took place in 4 local branches of the Mental Health Network (Rezone, Bruxelles-Est, Hermesplus, Norwest). Through a complex clinical situation, GPs were connected with various mental health professionals and organisations which allowed to introduce the networking part. Complementing the training programme, the partners developed practical mental health fact sheets and organised interdisciplinary meetings to facilitate the interdisciplinary links between the large network of mental health care in Brussels.

## Take Home Message

We aimed to develop GP's skills in mental health care and connected bicomunity health professionals to offer better and more patient-centred care for people with mental health disorders. Working all together on this programme also enhanced the network of mental health care in Brussels.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 687

### **Presentation form**

1 Slide 5 minutes

## **Acceptance and Commitment-based Therapy for Patients with Psychiatric and Physical Health Conditions**

Hannah Burian<sup>1)</sup>

<sup>1)</sup>Evangelic Hospital “Königin Elisabeth Herzberge”, Berlin, Germany

### **Background**

In routine care, transdiagnostic approaches are needed to effectively treat patients with a broad range of diagnoses and comorbidities, yet the evidence for the effectiveness of treatments beyond Cognitive Behavioral Therapy (CBT) is largely lacking.

### **Questions**

We describe the process of implementing an interdisciplinary multi-professional Acceptance and Commitment Therapy (ACT)-based treatment for patients with psychiatric and physical health conditions and present outcomes before and after implementation.

### **Method**

The present investigation was a naturalistic comparative study comparing ACT-based (n = 126) vs. CBT-based (n = 127) treatments in a psychiatric day hospital in Berlin, Germany. Primary outcomes were changes in everyday functioning and health-related quality of life, assessed with the Short Form 36 (SF-36), between admission and discharge, with within-group changes for secondary outcomes of anxiety and depressive symptoms (Hospital Anxiety and Depression Scale, Beck Depression Inventory-II) also observed. Finally, outcomes were also investigated between groups.

### **Outcomes**

Data analysis showed statistically significant improvements (p.001) for most SF-36 scales in both groups from pre- to post-treatment. ACT and CBT showed comparable effects in relation to clinical outcomes.

### **Discussion**

An interdisciplinary multi-professional ACT-based group treatment is a valuable approach for patients with psychiatric and physical health conditions in real-life hospital settings, with effects equivalent to CBT interventions.

### **Take Home Message for Practice**

We emphasize the value of transdiagnostic therapy approaches for patients with comorbid mental and somatic disorders in routine care.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 692

### **Presentation form**

Case Reports By Young Doctors

## **A case of pediatric undifferentiated embryonal sarcoma of the liver - the role of a family doctor in care coordination**

André Mata<sup>1)</sup>, Ana Filipa Pimentel<sup>1)</sup>, Cláudia Leitão<sup>1)</sup>, Daniela Basto<sup>1)</sup>, Mariana Filipa Ferreira<sup>1)</sup>, Tiago de Castro Almeida<sup>1)</sup>

<sup>1)</sup>USF Manuel Rocha Peixoto, Braga, Portugal

GHFB, 10 years old, male, with no previous illnesses, presented to the Primary Care Centre with complaints of vomits with one week of duration and discomfort in the right hypochondrium. Physical examination revealed a painful voluminous mass on the right flank.

He was transferred to the Emergency Service where a CT scan revealed a mass with exophytic growth, centred on the right hepatic lobe, with characteristics consistent with an undifferentiated embryonal sarcoma of the liver.

He was then transferred to the Portuguese Institute of Oncology where he was hospitalized for further investigation. An MRI and PET-scan revealed lung metastasis.

During the hospitalization the tumor ruptured, requiring urgent hepatic embolization. He began treatment with both chemotherapy and radiotherapy, having to switch between various treatment protocols due to side effects, namely peripheral neuropathy and iatrogenic hepatitis. He was submitted to partial hepatic resection surgery. The postoperative period was complicated with hemodynamic instability requiring vasopressor support. Since then, he had an unfavourable evolution with several complications including febrile neutropenia, hepatic abscesses, large volume ascites and herpes zoster.

Currently, he is still undergoing treatment, maintaining the need for a very close follow-up.

Since the initial diagnosis, the family doctor has had a crucial importance in making links between the different specialties and managing both the child's condition and the impact that it had on all his family.

This case is a clear example of the extreme importance of the articulation between various specialties and the family doctor's critical role in care coordination.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 718

## Presentation form

From practice to research

## How can KAIZEN help improving Primary Care?

Maria Joao Nobre<sup>1)</sup>

<sup>1)</sup>KAIZEN Institue Western Europe, Porto, Portugal

### Background

KAIZEN means “change for better”, currently known in Medicine as continuous improvement. In Japan, KAIZEN’s origin, the core idea is that poor quality comes from bad systems and not from bad people, translating in a “no judging and no blaming” culture. Every “problem” should be approached as a learning and improving opportunity.&nbsp;

The elimination (or drastic reduction) of waste, the creation of flow and value, and evolving everyone in the organization (from top administration to front line workers) are some of the principles in KAIZEN methodology.

### Questions / Discussion Point

After the huge demand that our health systems suffered due to COVID-19 pandemic, with no or little chance to recover, what can be done to improve our daily work?

Can a methodology born in car manufacturing in Japan help Primary Care improve its service quality (and happiness of their professionals)

### Content

Transforming healthcare services is a challenge, so all the examples should be shared and considered: the good ones to follow, and the others to learn from them.

I will present several examples how KAIZEN methodology helped improve the quality of the care and how it was measured.

I also want to address some of the reasons why KAIZEN has been difficult to implement within doctors.

### Take Home Message for Practice

I aspire that by the end of the session the participants feel motivated to get out of their comfort zones and try something different in their own practices. I wish to hear their successful stories in the future.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 775

## Presentation form

Lecture

## Integration of nurses in general practices in Flanders: the identification of barriers and facilitators, and the development of a solution.

Sylvie Ackaert<sup>1)</sup>, Vanessa Gauwe<sup>1)</sup>, Karen Van den bussche<sup>1)</sup>

<sup>1)</sup>Expertisecentrum Zorg en Gezondheid, Arteveldehogeschool, Gent, Belgium

Primary care systems are challenged. Among other factors increasing noncommunicable diseases, multimorbidity affect the service capacity and quality of care. Consequently, increasing the need for interdisciplinary collaboration. Within the general practice (GP), the collaboration between GP's and nurses is rising. Nevertheless, these collaborations are still rare in Flanders due to barriers in the integration process.

What are barriers and facilitators on a clinical and team level within the integration process of nurses in GP's, and which solution(s) can overcome them?

A two-phase participatory action research started with identifying barriers and facilitators. First, a literature review, interviews (n=12), non-participating observations (n=11), and 2 interdisciplinary focus groups were conducted. The second co-design phase consisted of semi-structured interviews (n=9) and a focus group with nurses (n=5). An advisory committee (AC) guided the research process.&nbsp;

Five topics in the integration process surfaced. The AC prioritized the onboarding process. The second phase identified heterogeneity within onboarding processes. Facilitating factors on clinical, team, and interpersonal level were identified such as the collaborative culture, soft skills such as mentorship, experience with the employment of nurses, and the type of GP. The focus group withheld 'culture of collaboration' and 'match on vision'. A solution that guides GPs and nurses in matching competencies, talents and vision on collaboration was further developed.

The integration process of nurses in GP's is complex. Insight in and the fit between personal tasks, roles, competencies, and vision on collaboration facilitates the process. Further investigation on adoption and implementing the prototype is necessary.







## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 781

## Presentation form

1 Slide 5 minutes

## Screening and management of drug-drug interactions with direct oral anticoagulants in ambulatory care

Andreas Capiou<sup>1)</sup>, Els Mehuys<sup>1)</sup>, Inge Van Tongelen<sup>1)</sup>, Thierry Christiaens<sup>2)</sup>, An De Sutter<sup>3)</sup>, Eline Tommelein<sup>4)</sup>, Niels Vercaigne<sup>4)</sup>, Geneviève Philippe<sup>5)</sup>, Tine De Backer<sup>6)</sup>, Koen Boussery<sup>1)</sup>

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<sup>3)</sup>Department of Public Health and Primary Care, Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium

<sup>4)</sup>Department of Pharmacy, Faculty of Medicine and Pharmacy, Vrije Universiteit Brussel, Jette, Belgium

<sup>5)</sup>Department of Pharmacy, University of Liège, Liège, Belgium

<sup>6)</sup>Department of Cardiology, Ghent University Hospital, Ghent, Belgium

## Background

Direct oral anticoagulants (DOAC) can be involved in clinically relevant drug-drug interactions (DDIs) which may compromise safe and effective use. However, assessing the clinical relevance of DOAC-DDIs and managing these optimally, is challenging in clinical practice.

## Questions

What DOAC-DDIs are relevant to screen for in ambulatory care? What is the effect of DOAC-screening in the community pharmacy?

## Methods

First, a 2-step modified Delphi process was used to develop the DDI list, including specific management plans. Second, a prospective interventional study was conducted in 201 community pharmacies (Belgium). The developed list was used (i) to screen for patients having  $\geq 1$  DOAC-DDI and (ii) to manage these interactions together with the prescriber.

## Outcomes/discussion

The developed DDI list included 71 DDIs for 20 different interacting drugs. The intervention study included 750 patients, in whom 872 DDIs were identified. Most DDIs (83.0%) were not new (patients were already using these drugs) and 8.9% of interacting drugs were dispensed over-the-counter. In almost one-third of DDIs, the interacting drug and the DOAC were prescribed by different physicians. Prescribers considered the clinical risks of the identified DDIs as high (15.9%), moderate (33.1%) and low (38.7%) while 12.3% of prescribers were unaware of the DDI. In 76.1% of patients, the management of DDIs was discussed with the prescriber (data on the agreed management and its implementation will be presented).

## Take Home Message for Practice





The developed DDI list can support clinicians in identifying DOAC-DDIs and in addressing these to mitigate the attendant bleeding/thromboembolic risks.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 789

## Presentation form

1 Slide 5 minutes

## Perceptions of healthcare providers, patients and informal caregivers on the care for older people with depression and physical multimorbidity

Laura Tops<sup>1)</sup>, Simon Gabriël Beerten<sup>1)</sup>, Mathieu Vandenbulcke<sup>2,3)</sup>, Mieke Deschodt<sup>1,4)</sup>, Mieke Vermandere<sup>1)</sup>

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<sup>2)</sup>Department of Neurosciences, KU Leuven, Leuven, Belgium

<sup>3)</sup>Department of Geriatric Psychiatry, University Psychiatric Centre, Leuven, Belgium

<sup>4)</sup>Gerontology and Geriatrics, University Hospitals Leuven, Leuven, Belgium

## Background

Multimorbidity, is a growing challenge in the care for older people with mental illness. In order to address both physical and mental illnesses in older people, integrated care management is required.

## Questions/discussion point

Stakeholders are often not involved in the development of new care models responding to their needs and preference, despite the proven positive effects (e.g., quality improvement, accumulation of different viewpoints, increased trust among service users). For the development of an integrated care model for older adults with depression and physical multimorbidity, we explored the perceptions of healthcare providers, patients and informal caregivers.

## Content

We conducted an exploratory qualitative study which maps the perspectives on the current and future care for older adults with depression and physical multimorbidity. Two focus group sessions were conducted with healthcare providers. Simultaneously we conducted ten dyadic interviews with patients and their informal caregivers. We followed the QUAGOL guide for analysis of the results and used Atlas.ti for coding the data.

## Take Home Messages for Practice (expected results, yet to be confirmed)

- 1) Patients with complex care needs require an integrative care approach.
- 2) Involving patients and families have beneficial effects on healthcare processes.
- 3) GP's are a central figure in the multidisciplinary caretaking process.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 798

### **Presentation form**

From practice to research

## Using community hubs to improve the access to care for patients with severe mental illness from the ethnic minorities

Niro Amin<sup>1)</sup>

<sup>1)</sup>South London GP School, Health Education England,, London, United Kingdom

The Southwest London Integrated Care Board and Wandsworth Local Authority have jointly funded a three-year transformation programme called the Ethnicity and Mental Health Improvement Programme. This programme aims to improve the access to healthcare for patients from the ethnic minorities who suffer with severe mental illness. The purpose of the programme is to address the strategic aims of the Five Year Forward View for Mental Health (2016) and design a service that supports the early intervention of both physical and mental health issues. The model is based on community hubs that link local communities with the mental health and primary care services using trained volunteers.

The hypothesis is that patients with severe mental illness from the ethnic minorities will engage better with services that are based in a community hub, offering culturally sensitive care and where the stigma of mental illness is less overt. The community hubs are based in faith centres and attract both patients and their care givers thereby increasing the opportunity to screen for long term conditions such as hypertension and diabetes. However, the rules around patient confidentiality and data sharing have limited ability to establish a coherent multi-disciplinary approach connecting the patient with healthcare, employment support and social support.

For this quality improvement project to be successful we need data showing the impact of a community hub on the patient experience beginning with an increase in the numbers of this cohort having physical health checks. Do community hubs work?





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 814

## Presentation form

Case Reports By Young Doctors

## Hidden melanoma

Inês Almeida<sup>1)</sup>, Catarina Fortunato<sup>1)</sup>, Cláudia Palmeira<sup>1)</sup>

<sup>1)</sup>Family Health Unit Moliceiro, Aveiro, Portugal

The skin is a complex organ, which can be the site of various tumors, both benign and malignant. Melanoma is the main cause of mortality from skin cancer. Metastatic melanoma occurs in 15 to 26 % of cases of stage I and II melanomas. However, metastatic melanoma with no primary tumor detected is rare.

A 58 year old male, with a personal history of heart failure, sleep apnea, hypertension, dyslipidemia and obesity, contacted his Family Doctor, complaining of painless nodular lesion in the right inguinal region, which associated with local trauma 8 months ago. Ultrasound showed two solid nodular formations, most likely adenomegaly, which was confirmed by pelvic CT.

The lesion had been subjected to excisional biopsy, whose immunohistochemical study revealed malignant melanoma metastasis. He was submitted to radical right inguinal lymphadenectomy with reconstruction with a fasciocutaneous transposition flap and started immunotherapy. The patient ended up dying of heart failure decompensation and the primary origin of the tumor has never been detected.

Cutaneous melanoma in the early stages is usually a curable primary tumor, but in advanced stages it's associated with bad prognosis. Early detection and diagnosis is extremely important. The Family Doctor plays a central role in observation of the patient's skin, actively seeking any melanoma precursor lesions and referring to Dermatology whenever indicated. Family Doctor should never undervaluing patient complains and is responsible for coordinating health care, managing collaboration with other specialties when in patient's best interest.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 831

## Presentation form

Lecture

## TRIO: a Belgian initiative for a multidisciplinary approach to the reintegration of long-term sick people.

Bieke Claesen<sup>1)</sup>, Anne-Marie Bonroy<sup>1)</sup>

<sup>1)</sup>Medical Department, Liantis, Wilrijk, Belgium

With support from the Ministry of Health, a partnership between general practitioners, medical advisers and occupational physicians was set up as a pilot in 2019. This project laid the foundation for the creation of a wider network to promote communication between the three professions to work more effectively on the rehabilitation of the long-term ill people. In 2022, this initiative was renewed by refining it and the implementation a larger scale.

Initially, a well-developed TRIO consultation between the different professional groups (MD) was established and an ever-renewing training package for the physicians involved was developed. We have also planned a methodology to work on a more targeted approach on both prevention and reintegration of long-term disabled patients.

Indeed, with the changing social context and legislation, there will always be a need for training and initiatives that enable the three professional groups of physicians to work closely together to respond quickly to these problems.

The main objectives

- Optimise theoretical knowledge of general practitioners &nbsp;
- Optimise practical knowledge, implementation in daily practice and better/faster contact between the three professions. Further increase the involvement of the three professions (MD). &nbsp;

During the presentation, we would like to introduce this project by describing the role of the multidisciplinary medical team, the legal framework for the reintegration of incapacitated workers and how this initiative works in practice.







### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 909

### **Presentation form**

1 Slide 5 minutes

## **Recovery of homeless people with both psychiatric and drug use problems: medical aspects of a Housing First programme**

Fabian Colle<sup>1)</sup>

<sup>1)</sup>Alias, Schaerbeek, Belgium

### **Background**

People accumulating homelessness and double diagnostics have often an extremely difficult case for recovering. However, important health benefits are to be gained in these populations. Multidisciplinary action is often necessary to tackle a variety of problems, among others accumulation of nefast socio-economic determinants of health and different forms of societal violence.

### **Questions/methods**

Housing First provides regular housing without conditions combined with possibly intensive transdisciplinary guidance. This requires the use of a variety of concepts such as personal recovery, risk and harm reduction, trauma care and raising social capital.

### **Outcomes**

By a combination of tackling socio-economic determinants and potentially intensive transdisciplinary guidance Housing First aims to improve mental and physical health, better access to health care and safer drug consumption.

### **Discussion / Take Home Message for Practice**

The methods that are presented are all within reach of general medical practice. Principles of a Housing First programme could be implemented in a GP-setting, providing multidisciplinary and healthier networks around the patients and improving social capital which contribute positively to the experienced psychiatric symptoms and problems of substance abuse.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 917

## Presentation form

Science Slam

## Interdisciplinary collaboration for early identification of non-cancer palliative care needs – examples from European healthcare services participating in the InAdvance project

Clare Bradley<sup>1)</sup>, Ascensión Doñate-Martínez<sup>2)</sup>, Jorge Garcés<sup>2)</sup>, Gordon Linklater<sup>3)</sup>, Panagiotis Bamidis<sup>4)</sup>, Sofia Reppou<sup>4)</sup>

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InAdvance is a Horizon 2020 project exploring personalised palliative care pathways for older people with complex, chronic non-cancer conditions. A randomized clinical trial (RCT) has evaluated the use of an early PC needs assessment (PCNA) in four different healthcare settings across Europe. In this presentation we share examples of interdisciplinary collaboration from the trial.

### Questions

Is a PCNA acceptable to participants and can its use impact quality of life, health status and resource usage?

### Methods

The RCT is delivered in Spain, Portugal, UK and Greece. 370 participants were enrolled, with their carers and healthcare professionals (HCPs). Participants were randomised to PCNA (using the NAT:PD validated tool) or care as usual. Participants will be followed up for 18 months, to summer 2023.

### Outcomes

Trial activities were delivered through existing healthcare structures. Across the varied settings, common experiences emerged, demonstrating that a co-ordinated multidisciplinary approach facilitates early identification and management of PC needs. Deficits were identified in staff training, specialist service provision and communication between services. Cultural misconceptions regarding PC were a barrier to staff and patient engagement.

### Discussion

Shared learning from this RCT, which was delivered in culturally and systemically contrasting settings, has the potential to improve PC provision to this overlooked patient population.

### Take Home Message

Timely PCNAs can be delivered out with specialist PC services. The required skills already exist within services, putting this in reach of most health care systems. Improved training and service co-ordination is required to optimise holistic health care for the older, non-cancer population.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 924

### **Presentation form**

1 Slide 5 minutes

## **Do we need a Single Point of Access or a No Wrong Door model for primary care mental health?**

Richard Byng<sup>1)</sup>, Alex Stirzaker<sup>1)</sup>, Zara Hanif-Schneider<sup>2)</sup>, Vanessa McPin<sup>2)</sup>

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<sup>2)</sup>McPin Foundation, London, United Kingdom

### **Background**

Primary care mental health care systems are variable around Europe and gaps in care are common. In England the Community Mental Health Framework (CMHF) (2019) has a vision to join up secondary care, the voluntary and community sector (VCSE) and general practice. Our aim was to learn from practices and models developed in response to the CMHF.

### **Method**

We evaluated the CMHF in three sites learning how service configuration can impact on system functioning. Researchers observed meetings and interviewed 40+ staff. We used a realist informed analysis to understand the effects of different roles, team configurations, meetings and eligibility criteria.

### **Results**

There was great variation in system configuration within and across sites including deployment of new roles from CMHF investment and availability of new social and psychological interventions. &nbsp;These influenced patient 'flow' and cross team relationships. We saw evidence that pure Single Point of Access referral systems, while easy for GPs, may lead to barriers to care for patients. In contrast networked neighbourhood approaches, with a 'No Wrong Door' philosophy allowed swift flexible decisions aimed at providing the right care in a timely way. This required proactive collaborative leadership work across teams, case discussions to create a shared culture and workers with an understanding of available community services.

### **Conclusions**

This early evidence suggests that system configuration is likely to have a large impact on patient experience. The lack of standards of care for the CMHF has led to bottom-up innovation from which we need to learn.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 95

### **Presentation form**

Case Reports By Young Doctors

## **Mental health in the elderly – a case report of the Diogenes syndrome**

Ana Teresa Frois<sup>1)</sup>

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### **Presented problem**

Hoarding, isolation, and self-neglect are public and mental health problems, which can appear related to psychiatric and neurological diseases, such as depression or dementia. These behavioral problems combined form the Diogenes Syndrome, which has an independently increased risk of death, and may be undiagnosed for a long time as patients do not usually recognize the problem or look for help. The reported case is of a 76 year-old female widow, who has been hoarding objects, neglecting personal and domestic hygiene, and living in isolation for almost four years. Blood tests showed a thyroid dysfunction and brain CT revealed frontal cortical and subcortical atrophy. The symptoms persisted after correction of thyroid function. A neuropsychiatric evaluation diagnosed a mild cognitive impairment.

### **Management**

Antidepressants (escitalopram and venlafaxine), anxiolytics (clonazepam), and anti-dementia medications (rivastigmine) were tried, in addition to behavioral interventions.

### **Outcome**

After one year of intervention, despite a brief period of improvement, the symptoms remained. Paranoid ideas started to develop. A mental health act intervention was initiated.

### **Discussion**

Suspecting Diogenes Syndrome in the elderly is imperative, especially in patients who are isolated and with paranoid or antisocial personality traits, to allow early intervention. The intervention requires the interaction of the family doctors with Psychiatrists, Neurologists, Social Assistants, and, ultimately, Public Health doctors.

### **What we can learn from this/open questions**

It's important for family doctors to be aware of this syndrome, to recognize signs and symptoms, and to be open to work in cooperation with other professionals.





### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 952

### **Presentation form**

Case Reports By Young Doctors

## **Substance use disorder: a cause of family dysfunction**

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Substance use disorder is an illness with potentially significant consequences for the individual's ability to function, and for his family and other interpersonal relationships.

Male patient, 28 years old, caucasian, single, from the middle socio-economic class. Family history of paternal alcohol use disorder associated with episodes of domestic violence. Personal antecedents of cannabinoid use and alcohol use disorder. Several appointments were made, as requested by the family, following episodes of domestic violence associated with abusive drinking, but the patient missed them. Later, the patient presented with complaints of anhedonia and anxiety. He associated these with changes in daily routines following the end of his work contract and a weak social network. On objective examination, the patient is alert and oriented, with a calm posture, logical and coherent speech, neutral mood, low affective resonance and no heterologous symptoms. A brief lifestyle intervention was given and a follow-up visit was scheduled, but the patient missed it.

Due to escalating episodes of violence, the mother filed a criminal complaint against the patient. The patient has been under regular supervision ever since, but has been frequently late and hostile. He has also been in psychiatric care, where he has presented with a similar attitude. The family remains concerned about the patient's health.

Early identification of family dysfunction is facilitated by the general practitioner's comprehensive view. In this case, family dysfunction appears to be a vicious circle in which early intervention by the healthcare team, complemented by community resources, can help prevent further damage.





## Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 980

## Presentation form

Lecture

## Women's health in primary care – a comparative analysis of healthcare in 12 European countries

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<sup>2)</sup>German Society of Peripartal Health Promotion (DGPPG), Potsdam, Germany

<sup>3)</sup>Research, WIN, Rostock, Germany

## Background

Women's health is an important public health topic. Healthcare for women is performed in general practice and gynaecology in most European countries.

## Questions

This Analysis was performed to assess the different healthcare approaches with regards to women's health in different European countries.

## Methods

We assessed the organisation of women's healthcare with regards to content, well-patient-visits, preventive and curative health management and reproductive healthcare regarding contraception, healthcare in pregnancy, childbirth and postpartum in 12 European countries, including the United Kingdom, Belgium, The Netherlands, Germany, France, Austria, Switzerland, Hungary, Poland, Spain, Portugal and Italy. Publicly available data was used and if certain aspects remained unclear the respective medical associations of the respective countries were contacted.

## Outcomes

European countries differed with respect to the organisation of women's healthcare. Basic care was mostly performed in general practice, while countries differed regarding care for women in pregnancy, childbirth and postpartum. Most countries had a system where interdisciplinary care was not always available, with general practitioners and gynaecologists providing care alongside of each other, but with little cooperative effort.

## Discussion

Lack of interdisciplinary care or local healthcare can impair healthcare access, because of the associated higher burden of treatment. Optimal healthcare for women should involve general practitioners in the necessary healthcare needs for women and this could improve access and lower burden of healthcare.

## Take Home Message for Practice

Improvements in interdisciplinary care and stronger involvement of general practitioners in all aspects of women's health, could improve healthcare for women and improve access to healthcare.







### **Abstract topic**

08. Interdisciplinary Collaborative Care

**Abstract ID:** 993

### **Presentation form**

1 Slide 5 minutes

## **Develop interprofessional collaboration between general practitioners and pharmacists through interprofessional education: a training need analysis in last year GPs and PHs**

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<sup>2)</sup>ACCePT, University of Clermont Auvergne, Clermont-Ferrand, France

### **Context**

Collaborative practice in primary health care increases care quality and security. In France, primary health care professionals increasingly work together in interprofessional collaborations. Despite this, effective collaboration between general practitioners (GPs) and pharmacists (PHs) are difficult to develop and formalize. Interprofessional education has been identified by the World Health Organization as a necessary step to prepare collaborative practice-ready professionals.

### **Objectives**

Analyse training needs related to interprofessional education in last year GPs and PHs students to develop interprofessional collaborations.

### **Method**

Through a method inspired by professional didactics, we carried out individual interviews with GPs and PHs. Through a thematic analysis, we identified emblematic situations, and analysed operating characteristics and apparent competencies involved in their interactions. Through a categorisation we defined training needs.

### **Results**

Competency collaborate in interprofessionality to respond to the health care problems in their territory is expressed in multiple professional situations. It is described by three capacities and is based on two dynamics: spontaneous exchanges and structured collaboration. Multiples communication tools make it easier implementing these interactions. The actions of this collaboration were modeled.

### **Conclusion**

We identified a framework to develop the collaborative competency of the future GPs and PHs





### Abstract topic

08. Interdisciplinary Collaborative Care

**Abstract ID:** 999

### Presentation form

Lecture

## Geriatricians Perceptions On Multidisciplinary Heart Failure Care

Miek Smeets<sup>1)</sup>, Bram Nys<sup>1)</sup>, Willem Raat<sup>1)</sup>, Bert Vaes<sup>1)</sup>

<sup>1)</sup>ACHG, KULeuven, Leuven, Belgium

### Background

Guidelines recommend multidisciplinary care for patients with heart failure (HF). However, this is not how care is organized in Belgium. In previous research, we studied the experiences of general practitioners' and cardiologists with respect to multidisciplinary HF care. Geriatricians could play an important role since the geriatric profile of HF patients but are often not included in multidisciplinary HF care programs.

### Questions

How do geriatricians perceive their role in multidisciplinary HF care?

### Methods

Thirteen semi-structured interviews with a purposive sample of geriatricians until data-saturation was reached. Data-analysis using the QUAGOL guide by two independent researchers.

### Outcomes

Geriatricians reported they felt capable to deal with HF due to its high prevalence. Most geriatricians were pleased with the collaboration with cardiologists, appreciating their accessibility and expertise. They did experience a different point of view in the care for HF, with geriatricians preferring higher blood pressure values and a more pragmatic approach than cardiologists. In the collaboration with primary care, they struggled with the transition of care, noticing that follow-up in primary care was often suboptimal, leading to frequent rehospitalization. Different strategies were used to tackle that. A more active role of GPs and cardiologists in advanced care planning was desired.

### Discussion

Geriatricians are overlooked as partners in multidisciplinary HF care. There is room for improvement in intra-hospital and transmurial HF care organization.

Take Home Message for Practice

- Recognition of the role geriatricians could play in HF care
- More attention to ACP and prevention of HF hospitalizations is needed





## 09. Advanced Care Planning

### Abstract topic

09. Advanced Care Planning

**Abstract ID:** 112

### Presentation form

Lecture

### Development and validation of a model to predict unplanned hospitalizations in home-dwelling older adults using electronic medical records

Jet Klunder<sup>1)</sup>, Martijn Heijmans<sup>2)</sup>, Otto Maarsingh<sup>1)</sup>, Hein van Hout<sup>1)</sup>, Karlijn Joling<sup>3)</sup>

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<sup>3)</sup>Medicine for Older People, Amsterdam UMC, Amsterdam, Netherlands

### Background

Unplanned hospitalizations often represent a hazardous event for older persons. Predicting the risk of unplanned hospitalizations in older persons may be utilized to proactively target interventions and guide clinical care. We aimed to develop and validate a clinical decision rule to predict unplanned hospitalizations in older adults using routine healthcare data from general practices.

### Methods

We used electronic medical records of 243,055 home-dwelling adults aged  $\geq 65$  years from 417 general practices linked with hospital claims data to predict unplanned hospitalizations within 6 months. The dataset was geographically split in the southern (58.7%) and northern (41.3%) part of the Netherlands to create a development and validation sample, respectively. Based on literature review and a qualitative study among primary health care professionals, we selected 29 candidate predictors for possible inclusion in the prediction model using logistic regression with backwards stepwise selection. Variables included sociodemographic factors, chronic conditions, prescriptions, and previous healthcare use. Model discrimination was assessed by area under the curve (AUC) and model calibration through calibration plots.

### Outcomes

In both samples, 7.6% of older adults experienced at least one unplanned hospitalization within 6 months. The final model included 15 variables. Discriminative ability was reasonable after geographic validation (AUC 0.73 [0.72 - 0.73]). The calibration plot tended to overestimate risk among higher probabilities.

### Discussion

This model predicted unplanned hospitalizations within 6 months reasonably well using routine data from electronic medical records in general practice. It may help identify older adults at high risk for unplanned hospitalization and support decision-making in general practice.





## Abstract topic

09. Advanced Care Planning

**Abstract ID:** 143

## Presentation form

1 Slide 5 minutes

## Practice and challenges for organ donation after medical assistance in dying

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<sup>2)</sup>Family Medicine, Family Medicine Center, Zwolle, Netherlands

## Background

The procedure combining medical assistance in dying (MAiD) with organ donation (DCDD) is known as ODE. ODE is a complex procedure involving ethical and logistical considerations. In most countries the GP is the end-of-life care and MAiD provider.

MAiD was provided 17,217 times in eight countries (The Netherlands, Belgium, Luxembourg, Spain, Australia, Canada, New Zealand, Colombia) in 2020. Up to 2021, ODE was performed 286 times in Belgium, the Netherlands, Spain, and Canada, including eight cases of ODE from home (ODEH). 837 patients (up to 14% of recipients of DCDD donors) had received ODE organs.

ODE development is strongly MAiD patient driven as they experience that their “severely diseased body that causes the loss of hope and suffering leading to the MAiD request, at the same time, can be a source of something good.” In 2023 a comprehensive review was published on ODE <https://doi.org/10.1111/ajt.17198>

## Target Group

GP's, Trainees, palliative care providers, MAiD providers, patients, carers, nurses, allied health personnel.

## Didactic Method

The lecture will comply with cognitive load theory, multimedia learning theory, and active learning principles. Spaced repetition and low-stakes testing will be incorporated into the instruction.

## Objectives

The presenters, co-authors of the review publication and guideline authors in the Netherlands, will provide insight into international ODE practice, good practice principles and the ethical concerns.

## Take Home Message for Practice

ODE(H) is regarded desirable by many MAiD patients. For healthcare personnel confronted with this often, profound wish emphasizes is needed for good guidance and safeguards for appropriate care





### **Abstract topic**

09. Advanced Care Planning

**Abstract ID:** 316

### **Presentation form**

1 Slide 5 minutes

## **Dermatologic diseases and sexual dysfunction - a literature review**

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### **Background**

Dermatologic diseases are frequent in primary care and are frequently associated with shame, low self-esteem, altered interpersonal relations, and sexual avoidance.

### **Questions**

What is the existing evidence regarding the sexual impact of dermatologic diseases?

### **Methods**

Review of meta-analysis, randomized clinical trials, and systematic reviews using MeSH terms (“sexual dysfunction” OR “dyspareunia” OR “erectile dysfunction” OR “impotence” OR “premature ejaculation” OR “vaginismus”) AND “skin diseases”. 20 articles were included.

### **Outcomes**

Androgenic alopecia - existing studies focused on the treatment impact; finasteride and dutasteride should be used with care in sexually active men; minoxidil is a safe alternative. Psoriasis - sexual and erectile dysfunction are common, more frequent if there are humor alterations, psoriatic arthritis, or genital psoriasis. Suppurative hidradenitis - higher risk of sexual dysfunction related to disease activity, symptoms, and partner characteristics.

### **Discussion**

Dermatologic diseases have a great impact in mental well-being, namely concerning anxiety, depression, suicidal ideation, and lack of self-esteem, which may directly or indirectly impact sexual function. Treatment options may also have an impact on sexual function. Numerous other dermatologic diseases (less studied) may have an impact on sexual function. More studies are needed to evaluate the impact of each disease in sexual dysfunction, as well as researching ways to minimize this impact. It's fundamental that the family doctor is aware of the possibility of sexual dysfunction in the presence of dermatologic diseases and carefully considers treatment options in sexually active patients.

### **Take Home Message for Practice**

Question sexual concerns and complaints in patients with dermatologic diseases.





## Abstract topic

09. Advanced Care Planning

**Abstract ID:** 569

## Presentation form

WONCA Network Workshop

## European Young Family Doctor Movement Exchange – Hippokrates and Carosino Award Winners Presentations 2022

Rocío García-Gutiérrez Gómez<sup>1)</sup>, Rabee Kazan<sup>2)</sup>, Rianne Van Vliet<sup>3)</sup>, Marta Kurdzielewicz<sup>4)</sup>, Nick Mamo<sup>5)</sup>, Stuart Holmes<sup>6)</sup>, Aaron Poppleton<sup>7)</sup>, Raisa Álvarez Paniagua<sup>8)</sup>, Eva Leceaga Gaztambide<sup>2)</sup>, Yanica Vella<sup>9)</sup>

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<sup>8)</sup>SemFYC, Arnedo, Spain

<sup>9)</sup>EYFDM Exchanges, St Julian's, Malta

## Background

With the Hippokrates Exchange Program and the Family Medicine 360 Program (FM360), the European Young Family Doctors Movement offers an unique exchange programme to have insight in Global Primary Care. The Hippokrates Exchange program offers exchanges in a European participating country with a tutor in the host country and an individualized learning schedule. FM360 offers global exchanges in partnership with WONCA and other YDMs. Yearly, EYFDM and EURIPA awards the best Exchanges.

## Target Group

Any family doctor or other personell health interested in exchange experiences

## Didactic Method

Presentations of the experiences of the award winners.

## Objectives

EYFDM Exchange Program is built on the cooperation of young family doctors around the world. By showing their experiences, we would like to promote intercultural dialogue. We wish to encourage primary care doctors to participate in these cultural encounters, not just by being a visitor, but also becoming a host or supporting this program in other ways.

## Estimated number of participants

+/- 30







### **Brief presentation of the workshop leader**

Rocio, Rianne and Rabee are the team making EYFDM Exchanges happen, together with the national exchange coordinators. They are passionate about bringing together young doctors around the world, to share, learn and grow. Marta is the awards officer of the EYFDM.





## Abstract topic

09. Advanced Care Planning

**Abstract ID:** 688

## Presentation form

1 Slide 5 minutes

## A new pandemic-prone disease overlapped with an established pandemic: MonkeyPox and HIV - are we ready?

Rocío García-Gutiérrez Gómez<sup>1)</sup>, Matteo Mannucci<sup>2)</sup>, Juan María Rodríguez Martínez<sup>3)</sup>, Teddy Weimar Córdova Irusta<sup>4)</sup>, Eva Leceaga Gaztambide<sup>5)</sup>, Raisa Álvarez Paniagua<sup>6)</sup>, Cristina Iglesias Frax<sup>1)</sup>, Miguel Ángel Cuesta Espinosa<sup>1)</sup>, Gloria Rodríguez Urrut<sup>1)</sup>

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<sup>5)</sup>semFYC, Barcelona, Spain

<sup>6)</sup>semFYC, Arnedo, Spain

<sup>7)</sup>semFYC, Madrid, Spain

## Background

The "old" HIV pandemic being is still not under control (37.2 million people are living with HIV): there are 1.5 million new HIV diagnoses every year, half of which are made late, leading to more infections and poorer control. Nearly 22% of those diagnosed with monkeypox are people who have HIV and are not on antiretroviral treatment. With the evidence we have now, it seems plausible that people with HIV who are on therapy and with good immune status are no more at risk.

## Target Group

Family doctors, patients, carers, nurses and allied health personnel

## Didactic Method

We will propose some clinical cases and situations that will make us reflect on the current situation and how we can improve.

## Objectives

- To learn about the epidemiology, clinic, diagnosis, prevention and treatment of both diseases.
- To reflect, as family doctors, on the late diagnosis of HIV and provide clues for early diagnosis.

## Take Home Message for Practice

- People with low CD4 cell counts or who are not virally suppressed are more likely to be hospitalised if they have monkeypox than people without HIV infection.
- The drugs used to treat smallpox are safe and can be used to treat people who are more likely to become seriously ill with monkeypox.
- Smallpox treatments do not interfere with anti-HIV drugs.





- There are currently two vaccines that can be used to prevent monkeypox and are safe in HIV-positive patients.
- HIV pre-exposure prophylaxis (PrEP) and HIV post-exposure prophylaxis (PEP) are effective in preventing HIV.





## Abstract topic

09. Advanced Care Planning

**Abstract ID:** 91

## Presentation form

1 Slide 5 minutes

## The general practitioner and the patient's wish for sedation: which medications to choose ?

Jean-Claude Leners<sup>1)</sup>

<sup>1)</sup>Medicus liber, Hospice House Omega, Ettelbruck, Luxembourg

### Background

The general practitioners (GP) are hopefully more often asked nowadays to accompany their patients till the last days, at home or in institutions. For this reason a better understanding for palliative care in general medicine is needed.

### Questions

In order to reflect on our own daily general medicine practice, we wanted to know how often our patients asked for sedation and how sedation was prescribed.

### Methods

We collected in 2022 the&nbsp; dead patients' files in our hospice, in which all patients are treated by GPs.

### Outcomes

out of 141 admissions in the hospice, 16% of patients decided to&nbsp; have a sedation. The different protocols we used were the followings: First the standard combination includes: opioids, short acting midazolam and preventative association with scopolamine if death rattles might appear. Additionally we associated some long acting benzodiazepine for anxiety or levomepromazine for agitation.

### Discussion

The most difficult part of the assessment is to be sure that our patient is: clear minded, not suffering from any form of depression and not to be urged by anyone in the surrounding. An ethical team meeting is mostly needed for patients in our nursing homes.

### Take Home Message for Practice

The general practitioner needs to have in mind: sedation is the patient's choice, the GP has to prescribe the utmost precise dosage in order to have a continuous profound sleep level 4 to 5 on a Ramsay scale and the GP is nearly always unable to predict the duration of any sedation whatsoever.





## Abstract topic

09. Advanced Care Planning

**Abstract ID:** 93

## Presentation form

Lecture

## Advance care planning among older adults of Moroccan origin: An interview-based study

Hakki Demirkapu<sup>1)</sup>, Redouan Hajji<sup>2)</sup>, Brahim Chater<sup>2)</sup>, Stéphanie De Maesschalck<sup>3)</sup>, Lieve Van den Block<sup>4)</sup>, Aline De Vleminck<sup>4)</sup>

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<sup>3)</sup>Department of Public Health and Primary Health Care, Ghent University, Ghent, Belgium

<sup>4)</sup>End-of-Life Care Research Group, Vrije Universiteit Brussel and Ghent University, Brussels and Ghent, Belgium

## Background

Advance care planning (ACP) is rare among older adults with a migration background because of social, cultural, and religious reasons.

## Questions

To explore ACP-related knowledge, experience, views, facilitators, and barriers among older adults of Moroccan origin in Belgium.

## Methods

Semi-structured interviews were conducted in Darija (Moroccan Arabic). General practitioners in Brussels and Mechelen recruited participants. Data were analyzed using a combination of inductive and deductive thematic analysis techniques.

## Outcomes

The 25 interviewees (average age, 74 years) lacked ACP knowledge and had not discussed it with healthcare professionals. After a brief explanation, most interviewees did not find ACP useful. After more extensive explanations with specific examples, they were more willing to have discussions with their general practitioners and/or relatives. The most frequently mentioned facilitator was general practitioners' provision of information; children's involvement in ACP discussions and the desire to not be dependent on children. Barriers were a lack of knowledge, procrastination due to good health, trust in one's children to take over care and make decisions, and fear of worrying one's children.

## Discussion

Many older adults with Moroccan origin were willing to talk about advance care planning after receiving understandable information with case examples in their native language.

## Take Home Message for Practice

The way in which ACP is described and the use of understandable language can determine the impact of ACP conversations.





## **Abstract topic**

09. Advanced Care Planning

**Abstract ID:** 932

## **Presentation form**

1 Slide 5 minutes

## **Dementia, living will and advance directive: What is known?**

Mafalda Moreira<sup>1)</sup>

<sup>1)</sup>Usf Corino de Andrade, Póvoa de Varzim, Portugal

### **Context**

Oncoming patients with dementia poses special challenges, whether for the health team, for family members, or for the patient himself, raising ethical issues in the balance between the patient's loss of ability to make decisions about their own health and daily life and respect for their autonomy. On the other hand, Advance Directives can help in decision making, being of particular meaning for patients with dementia.

### **Objectives**

To know the existing scientific literature on dementia, living will and Advance Directives.

### **Method**

Scoping Review inspired by the principles recommended by the Joanna Briggs Institute, carried out through the analysis of the relevance of the articles, the extraction and synthesis of data. After the selection, a corpus of analysis was established, composed of 6 studies.

### **Results**

Through the analysis of the articles, it was possible to understand that several sociodemographic differences can influence the presence of Advance Directives. From the caregivers' perspective, there was a need to be prepared for the moment when they may need to make decisions for the person with dementia. From the perspective of doctors, there are struggles and needs that need to be attempted and trained, fundamentally in terms of communication.

### **Conclusion**

Despite the heterogeneity of the studies, all defend the importance of the existence of Advance Directives, so efforts will be needed to increase the use of these documents.







## Abstract topic

09. Advanced Care Planning

**Abstract ID:** 94

## Presentation form

1 Slide 5 minutes

## Advance care planning among older adults with a Turkish background and palliative care needs: a qualitative interview study

Hakki Demirkapu<sup>1)</sup>, Lieve Van den Block<sup>2)</sup>, Stéphanie De Maesschalck<sup>3)</sup>, Aline De Vleminck<sup>2)</sup>, Fatma Zehra Colak<sup>4)</sup>, Dirk Devroey<sup>1)</sup>

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<sup>4)</sup>Education, University of Utrecht, Utrecht, Netherlands

## Background

Advance care planning (ACP) is rare among older adults with a migration background because of social, cultural, and religious reasons.

## Questions

To explore ACP-related knowledge and perspectives among older adults with a Turkish background and palliative care needs living in Belgium.

## Methods

Semi-structured interviews were conducted in Turkish. Data were analyzed using a combination of inductive and deductive thematic analysis techniques. General practitioners in Brussels and Antwerp recruited participants.

## Outcomes

All 15 interviewees (average age: 79 years) lacked awareness and detailed information about ACP. While some had discussed certain end-of-life preferences with family members such as the preferred location of care and burial place, many have not felt the need to discuss future care preferences. Expressed reasons for this were mainly their trust in God and in their family to take care of them and take decisions. However, some of our respondents viewed ACP discussions as useful, mainly because of thus relieving the burden on families and being able to answer “what if” questions ahead of time. The self-identified barriers to ACP were fear of making the wrong decision, a “live in the moment” attitude, and difficulties in talking about death. The mentioned facilitators were obtaining sufficient information about ACP and recent illnesses or a death in the family.

## Discussion

Healthcare providers should provide tailored information about ACP to Turkish-origin adults with palliative care needs.





### **Take Home Message**

ACP discussions should also explore the individual's health-related knowledge and personal values, paying attention to social and religious cues.





## 10. Decision Support

### Abstract topic

10. Decision Support

**Abstract ID:** 159

### Presentation form

1 Slide 5 minutes

### The integrated NHG Formulary for general practitioners supporting prescription decisions

Irene Bos-Touwen<sup>1)</sup>, Maud Visser<sup>1)</sup>

<sup>1)</sup>Richtlijnen, NHG, Utrecht, Netherlands

**Introduction** The NHG Formulary is a product of the Dutch College of General Practitioners (NHG). The College has produced more than 100 evidence-based guidelines covering almost 80% of conditions presented in primary care. The formulary contains (non-) drug treatment recommendations for over 200 conditions based on the NHG guidelines. It is available in the electronic patient record, an app and online to guide GPs in their prescription choices.

**Methods** The NHG develops new guidelines or modifies existing guidelines, based on the best available evidence. Accordingly, the formulary is made up to date to this guideline and shows the pharmaceutical and non-pharmaceutical treatment options. Recommendations are shown stepwise on how to prescribe drugs and how to guide patients in their use. Furthermore, patient characteristics are taken into account like current medication, age, gender, allergies and co-morbidity. For children, prescriptions are shown based on age and body weight.

**Conclusion** With the NHG Formulary, available everywhere, it is possible for GPs to prescribe drugs based on the latest evidence in a quick, efficient and safe way considering relevant patient characteristics.

**Recommendations** Considering all the aspects GPs have to take into account when determining the treatment options we believe that the integrated NHG Formulary can be of great help in prescribing drugs safe and efficiently. It is likely a useful tool for other countries as well.





### **Abstract topic**

10. Decision Support

**Abstract ID:** 165

### **Presentation form**

1 Slide 5 minutes

## **Approach to the patient with early stages of syphilis in Primary Health Care**

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<sup>2)</sup>Family Health Unit, Unidade de Saúde Familiar São Bento, Porto, Portugal

### **Background**

Syphilis is a sexually transmitted disease caused by the bacterium *Treponema pallidum*. It is divided into different stages according to the clinical condition of the patient. Early stages of syphilis involves primary, secondary and early latent syphilis. Primary syphilis typically consists of a single painless chancre at the site of inoculation, accompanied by regional adenopathy. Secondary syphilis presents with a systemic illness. The stage of early latent syphilis refers to the absence of symptoms and occurs within the first year of initial infection.

### **Questions / Discussion Point**

The aim of this review is to establish a systematised algorithm of the approach to early stages of syphilis in primary health care, focusing on diagnosis, treatment and follow-up.

### **Content**

Diagnostic testing for syphilis should be performed on patients with signs or symptoms of infection. Serologic tests (nontreponemal tests and treponemal-specific tests) provide a presumptive diagnosis of syphilis. Initial screening test is with a nontreponemal test. If reactive it is necessary to confirm that patient has no history of prior syphilis and perform confirmatory treponemal test.

The recommended treatment for early primary syphilis in adults is a single dose of Penicillin G Benzathine 2.4 million units given intramuscularly. Clinical examination and serological testing is required with a nontreponemal test at 6 and 12 months.

### **Take Home Message for Practice**

Patients presenting with signs/symptoms of syphilis after adequate therapy or presenting with at least a four fold increase in nontreponemal antibody concentrations are patients who are likely to have reinfection or treatment failure.





## **Abstract topic**

10. Decision Support

**Abstract ID:** 305

## **Presentation form**

From practice to research

## **Prediction research in general practice**

Sander van Doorn<sup>1)</sup>, Rosanne van Maanen<sup>1)</sup>, Carline van den Dries<sup>1)</sup>, Linda Joosten<sup>1)</sup>, Florian van Royen<sup>1)</sup>, Maarten van Smeden<sup>1)</sup>, Hannah Teeuw<sup>1)</sup>, Emmy Trinks<sup>1)</sup>, Geert-Jan Geersing<sup>1)</sup>

<sup>1)</sup>Julius Center for Health Sciences and Primary Care and Nursing Science, University Medical Center Utrecht, Utrecht University, Utrecht, Netherlands

## **Background**

Each day, general practitioners (GPs) are faced with a platitude of situations where clinical decisions are needed. Often, these decisions are based upon decision support tools following prediction research findings from primary care research. These tools are subsequently intended to estimate i) the probability that the patient has a certain disease ('diagnosis'), ii) will develop a certain condition or complication in the future ('prognosis'), or iii) predict how a certain treatment will influence this disease course ('prediction of treatment effect').

## **Target Group**

In our workshop we address the entire spectrum of prediction research, for those working in clinical care, but also those interested in clinical science and methodology from a primary care perspective.

## **Didactic Method**

This workshop will consist of interactive presentations, with participation encouraged by the use of digital voting tools on a mobile phone

## **Objectives**

After a brief introduction highlighting the current affairs of prediction research, the objectives are as follows:

Provide insight into Diagnostic Prediction, using a study on the diagnosis of pulmonary embolism as an illustration.

Provide insight into Prognostic Prediction, using a study on the prognosis of patients with Covid-19 as an illustration.

Provide insight into predicting the individual treatment effect, using a study on integrated care for patients with atrial fibrillation as an illustration.

Discuss using (big) datasets for prediction

## **Estimated number of participants**

100 participants

## **Brief presentation of the workshop leader**

All other presenters have broad experience both in general practice as well as prediction research.





## Abstract topic

10. Decision Support

**Abstract ID:** 337

## Presentation form

1 Slide 5 minutes

## Digital encounter decision aids linked to clinical practice guidelines: results from user testing SHARE-IT decision aids in primary care

Pieter Van Bostraeten<sup>1)</sup>, Bert Aertgeerts<sup>1)</sup>, Geertruida Bekkering<sup>1)</sup>, Nicolas Delvaux<sup>1)</sup>, Lien Mertens<sup>1)</sup>, Jasmien Jaeken<sup>1)</sup>, Thomas Agoritsas<sup>2,3)</sup>, Mieke Vermandere<sup>1)</sup>

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<sup>2)</sup>Division General Internal Medicine, Department of Medicine, University Hospitals of Geneva, Geneva, Switzerland

<sup>3)</sup>Department of Health Research Methods, Evidence and Impact, McMaster University, Ontario, Canada

## BACKGROUND

Encounter decision aids (EDAs) are tools that can support shared decision making (SDM) during the clinical encounter. Adoption of these tools has been limited. The MAGIC Evidence Ecosystem Foundation has created a new generation of EDAs that are generically produced along digitally structured guidelines and evidence summaries.

## QUESTIONS

We explored general practitioners' (GPs) and patients' experiences with five selected EDAs in primary care.

## METHODS

We applied a qualitative user testing design to evaluate user experiences for both GPs and patients. We observed the clinical encounters of 11 GPs when they used translated EDAs with their patients. We conducted semi-structured interviews with patients after each consultation and think-aloud interviews with GPs after multiple consultations. We used the Qualitative Analysis Guide for data analysis.

## RESULTS

Analysis of 31 clinical encounters showed an overall positive experience. The EDAs created better and meaningful involvement. The interactive and multilayered design made the tool enjoyable and well-organized. Difficult terminology, scales and numbers hindered understanding. Suitability for every patient and time investment for learning were concerns for GPs. The EDAs were considered trustworthy thanks to a credible source.

## DISCUSSION AND TAKE HOME MESSAGE

EDAs can be useful tools in primary care by supporting SDM and patient involvement. The graphical approach and clear representation help patients better understand their options. To overcome barriers such as health literacy and GPs attitudes, effort is still needed to make the EDAs as accessible, intuitive and inclusive as possible through use of plain language, uniform design, rapid access and training.







## Abstract topic

10. Decision Support

**Abstract ID:** 385

## Presentation form

Lecture

## Integrated care in patients with atrial fibrillation - a post-hoc predictive heterogeneous treatment effect analysis of the ALL-IN trial

Emmy Trinks-Roerdink<sup>1)</sup>, Geert-Jan Geersing<sup>1)</sup>, Carline van den Dries<sup>1)</sup>, Martin Hemels<sup>2,3)</sup>, Michiel Rienstra<sup>4)</sup>, Maarten van Smeden<sup>1)</sup>, David van Klaveren<sup>5)</sup>, David Kent<sup>6)</sup>, Frans Rutten<sup>1)</sup>, Sander van Doorn<sup>1)</sup>

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<sup>3)</sup>Department of Cardiology, Radboud University Medical Center, Nijmegen, Netherlands

<sup>4)</sup>Department of Cardiology, University of Groningen, University Medical Center Groningen, Groningen, Netherlands

<sup>5)</sup>Department of Public Health, Erasmus MC University Medical Center, Rotterdam, Netherlands

<sup>6)</sup>Predictive Analytics and Comparative Effectiveness Center, Tufts Medical Center, Boston, United States

## Introduction

Integrated care is effective in reducing all-cause mortality in patients with atrial fibrillation (AF) in primary care. Although this overall effect is undisputed, some individual patients may benefit more than others. The aim of this post-hoc analysis of the cluster-randomized ALL-IN trial, performed in primary care, is to explore heterogeneity of the effect of integrated AF care.

## Methods

Cox proportional hazard analysis with all CHADS-VASc variables was used to predict the outcome all-cause mortality in the ALL-IN trial. The hazard ratio and absolute risk reduction were plotted as a function of the predicted mortality risk. The interaction between treatment and predicted risk was tested for significance.

## Results

Among 1,240 AF patients included in the ALL-IN trial (median 77 years (range 65-104), 49.4% female) the model for predicted mortality showed a c-statistic of 0.72 [95% CI 0.66-0.78] with good calibration. The hazard ratio for the intervention across all risk levels ranged from 0.28 to 0.81, yet without a significant interaction effect ( $p$  for interaction=0.93). However, the absolute risk reduction of integrated AF care was greatest in patients with the highest predicted risk.

## Conclusion

Independent of the risk of mortality related to comorbidities, all AF patients benefit from integrated care in the primary care setting. Importantly, on an absolute scale, the effect is greatest in patients with





a high-risk profile of comorbidities. These results stress the need for integrated AF care, including patients at high-risk of mortality and with multimorbidity.





### **Abstract topic**

10. Decision Support

**Abstract ID:** 438

### **Presentation form**

Lecture

## **Flexible ways of thinking- does it help to reduce stress in general practice?**

Monique Aubart-Schuller<sup>1,2)</sup>, Guy Vignon<sup>2)</sup>, Patrick Tabouring<sup>1,2)</sup>

<sup>1)</sup>University of Luxembourg, Frisange, Luxembourg

<sup>2)</sup>Cercle International Robert Kraus CIRK, Luxembourg, Luxembourg

### **Presenters**

Monique Aubart-Schuller

Patrick Tabouring

Guy Vignon

### **Introduction (10 minutes)**

As teachers in General Practice, we observe that despite the popular notion of work-life-balance medical students and young colleagues remain with a high level of stress. Managing complexity is necessary in our daily work and it requires flexibility. We think that suitable ways of thinking can help to develop this flexibility.

To explain the ways of thinking we rely on the concept of Pascal of the spirit of geometry and the spirit of finesse. The first, omnipresent in medicine is deductive, relies on proof, on science and remains the dominant way of thinking in education and research.

But does this prepare us to our daily work with patients being not only biological but also social, psychological, philosophical and so on? Here we should think about the spirit of finesse which is intuitive, creative and thus more adapted to our encounters as human beings with human beings.

### **Explanation of the working session and splitting into groups (5 minutes)**

#### **The participants of the workshop will discuss in small groups: (20 minutes)**

-about the different ways of thinking and of how we can introduce this in our teaching, the difficulties, obstacles but also the possible benefits should be discussed.

#### **Bringing the results of the small groups together and discussion (20 minutes)**

#### **Conclusions and perspectives (5 minutes)**







## Abstract topic

10. Decision Support

**Abstract ID:** 537

## Presentation form

Science Slam

## The development of a decision aid for adapted physical activity prescription in primary care

Dragos Paul Hagiu<sup>1)</sup>, Lucile Durand<sup>2)</sup>, Matteo Faliguerho<sup>2)</sup>, Colette Nordmann<sup>3)</sup>, Virginie Trumeau<sup>4)</sup>, Céline Besnier<sup>4)</sup>

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<sup>3)</sup>CDOS 91, Comité Départemental Olympique et Sportif, Essone, France

<sup>4)</sup>Maison sport-santé, Association Santé Bien Etre des Coquelicots, Savigny sur Orge, France

## Background

Physical activity has a key role in disease prevention and the non-drug management of most chronic diseases. Since 2017, general practitioners (GP) in France can prescribe adapted physical activity but many obstacles have been highlighted to explain its low deployment: lack of time and training, ambiguity around the prescription, and existing tools that are time-consuming.

## Questions

The aim of this study is the development of an adapted physical activity prescription aid (APA), easy to use and free of charge in order to improve exercise and APA prescription.

## Methods

The development of the prescription aid followed a 4-step approach - a diagnostic phase (by carrying out a review of the literature on the barriers and motivations of GPs); the creation of prescription algorithms (by carrying out several reviews of the literature and validation by a consensus of experts); the creation of a prototype and finally an evaluation phase.

## Outcomes

The tool is available in French on [sportsanteclic.com](https://sportsanteclic.com). The development currently concerns the following pathologies: high blood pressure, diabetes, depressive disorder, peripheral artery disease, chronic heart failure, and obesity.

## Discussion

The algorithms allow the generation of a prescription, taking into account the contraindications linked to the pathologies as well as the frequency and type of sports activity desired by the patient. A QR code is present on the prescription to facilitate the usability of the tool in the field and its evaluation.

## Take Home Message for Practice

We offer an online decision aid to facilitate APA and exercise prescriptions by GPs.





### **Abstract topic**

10. Decision Support

**Abstract ID:** 558

### **Presentation form**

1 Slide 5 minutes

## **Determinants of contraceptive decision making in migrant women**

Daria Gheorghe<sup>1)</sup>, Claire Dumas<sup>2)</sup>

<sup>1)</sup>Saint-Exupéry Network, Strasbourg, France

<sup>2)</sup>Department of General Practice, University of Strasbourg, Strasbourg, France

Situated between the private and the public domain, contraception is a frequent topic of discussion. The contraceptive experience of migrant women is the product of different factors and it is molded by various interactions and experiences.

So as to better identify this multitude of factors, we have decided upon a revue of literature. A total number of 238 articles has been initially identified with a number of 23 articles that have been selected for the revue after multiple content analysis, using scores adapted to each type of study.&nbsp;

The decision to choose a contraception is at the center of a trajectory that is unique for each woman, a trajectory that sees itself modified by multiple actors and factors. It is these I wish to discuss whilst highlighting the importance of each one in the contraceptive decision, from healthcare professionals to the partner, from religion to the socio-economical status.

Today there are more women than men migrating and their use of contraception is relatively high. We can see how high the chances are that General Practitioners in Europe may be faced with initiating or renewing contraception for their immigrant patients.&nbsp;

So as to offer the best care, healthcare professionals should thus bear in mind during consultation hat there are a multitude of factors that can influence migrant women when choosing a contraception all whilst looking at each woman as an individual and not only as a member of a group.







### **Abstract topic**

10. Decision Support

**Abstract ID:** 620

### **Presentation form**

1 Slide 5 minutes

## **Clinical-epidemiological characteristics and prescription profile of strong opioids in the north health area of Córdoba (ASNC-Spain)**

Marta Auxiliadora Marqués Mayor<sup>1)</sup>, Maria Josefa Martínez Ruiz<sup>1)</sup>, Raquel Alcalde Agredano<sup>1)</sup>, Vicente Cabello Morales<sup>1)</sup>, Francisco Angel Márquez Serrano<sup>1)</sup>, Magdalena Sofía Villalón Mir<sup>1)</sup>

<sup>1)</sup>SAS Andalucía España, Córdoba, Spain

### **Backgrounds**

The increase in the consumption of strong opioids worldwide due to chronic non-oncological pain is a public health problem due to its high prevalence.

### **Objectives**

Know the clinical conditions, epidemiological conditions and characteristics of prescription at the population who has consumed strong opioids during 2018.

### **Method**

Observational, descriptive and retrospective study of strong opioids consumption.

Inclusion criteria: 956 patients with strong opioids prescription.

Sample: 274 subjects selected by systematic sampling.

### **Results**

Average age: 74 years old. The 74.5% are women. The 18.6% are not polymedicated. Almost 50% had presented "chronic complex" criteria: 64.4% pluripathological. Osteomuscular pathology (56.32%) is the most frequent. The 34.7% had presented adverse effects. The 74% of the prescriptions were for chronic non-oncological pain. The 59.5% had psychiatric comorbidity.

The most used strong opioids was tapentadol (46%). The initial average dose equivalent to morphine was 47 mg and, at the end of the year, the dose was 73.5 mg. The average time was 181 days for those who stayed less than 5 years. The 12% of the sample consumes strong opioids for more than 5 years

### **Discussion**

The profile of the patient who consumes strong opioids in the ASNC is a 74-year-old woman, polymedicated, with chronic non-oncological pain due to pathology of the locomotor system, treated with tapentadol at a high dose equivalent to morphine for less than a year

### **Practical message to take home**

We have detected risk situations susceptible to intervention in the population that consumes strong opioids for chronic non-oncological pain.





### Abstract topic

10. Decision Support

**Abstract ID:** 680

### Presentation form

1 Slide 5 minutes

## Prescription of GLP-1 receptor agonists – the reality of a portuguese Healthcare Center (and its limitations)

Gonçalo Magalhães<sup>1)</sup>, José Diez Carvalho<sup>1)</sup>, Jorge Campos<sup>1)</sup>, Sílvia Gomes<sup>1)</sup>, Rita Nércio<sup>1)</sup>, Diana Correia<sup>1)</sup>, Tânia Boto<sup>1)</sup>, Joana Albuquerque<sup>1)</sup>, Carolina Piloto Lemos<sup>1)</sup>

<sup>1)</sup>USF Infante D. Henrique, ACeS Dão Lafões, Viseu, Portugal

### Introduction

Obesity is related with many comorbidities, such as Diabetes, increasing the risk of mortality. GLP1 receptor agonists (GLP1RA) have changed the paradigm of the treatment of diabetics, particularly those that are overweight. This class is approved by international agencies for treatment of obesity and/or Diabetes.

### Background

GLP1RA remain an expensive medication; however, these drugs are subsidized if prescribed by a doctor. Despite its clinical indications, GLP1RA are only subsidized if prescribed to a diabetic with a body mass index (BMI) equal to or above 35kg/m.

### Methods

Retrospective, observational study. Population: users with a GLP1RA prescription in 2021. Data: sex, age, comorbidities, BMI, GLP1RA prescribed and location of prescription.

### Results and conclusion

Of the 74 patients that had a prescription of GLP1RA, 46 were female. The most prescribed was semaglutide and 65.06% of the prescriptions were exclusive to the Healthcare Center. 35 patients were diabetic and 15 had impaired fasting glucose. 50 were obese and 14 overweight. This resulted in 90.54% of the patients having, at least, one condition related to glucose intolerance or overweight. It is important to note that only 17.57% were diabetic and had a BMI above 35kg/m.

### Aim

This investigation aimed at an improvement in the prescription of GLP1RA; however, given the results and the existence of unequivocal benefits in treating some diabetics that are not obese, as well as obese patients without glucose intolerance, it is crucial to rethink the health policies adopted in order to serve the population the best.





### **Abstract topic**

10. Decision Support

**Abstract ID:** 693

### **Presentation form**

WONCA Network Workshop

## **Women in Leadership. WONCA Working Party on Women & Family Medicine**

Victoria Tkachenko<sup>1)</sup>, Donata Kurpas<sup>2)</sup>, Nil Tekin<sup>3)</sup>, Raquel Gomez Bravo<sup>4)</sup>, Elena Klusova Noguina<sup>5)</sup>

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<sup>4)</sup>University of Luxembourg, Luxembourg, Luxembourg

<sup>5)</sup>Emergency Medicine, Policlinica de Rosario/SAMU061, Ibiza, Spain

### **Background**

A new study in leadership of 423 companies across the US and Canada finds women are better than men in their capability, resilience and effectiveness. Women are more effective at providing emotional support to employees (19% of men compared with 31% of women) and checking in on the wellbeing of employees (54% compared with 61%). In addition, they are better at helping employees navigate work-life challenges and taking action to prevent or manage employee burnout. Women also spend more time contributing to diversity, equity and inclusion efforts. However, women are less qualified for leadership than their male counterparts. It becomes rather challenging for woman to reach position of leadership and then struggle for acceptance as a leader.

The WONCA Working Party of Women in Family Medicine (WWPWFM) takes leadership role in advocating for concerns raised by women doctors and women's health in family medicine/general practice. The vision of WWPWFM is to promote role of women family doctors, to enhance their contributions and leadership in family medicine, to reach their full potential.

### **Target Group**

young female doctors

### **Didactic Method**

The short presentations will be followed by discussion panel guided by moderators.

### **Objectives**

To explore context of women leadership, to share experience and ideas

### **Estimated number of participants**

50

Brief presentation of the workshop leaders. European members of WWPWFM (V.Tkachenko - is a leader)





### **Abstract topic**

10. Decision Support

**Abstract ID:** 741

### **Presentation form**

1 Slide 5 minutes

## Using a child's antibiotic history as a data-enabled brief intervention to optimise antibiotic prescribing in children with acute respiratory tract infections in general practice

Oliver Van Hecke<sup>1)</sup>

<sup>1)</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

### **Background**

One in four GP appointments are for children. Many of these appointments are for “respiratory tract infections” (RTIs). At least 1 in 3 children are prescribed an unnecessary course of antibiotics for these illnesses. Recent research from over 250,000 UK children highlighted those children who had taken two or more antibiotic courses for RTIs in the last year had around a 30% greater chance of not responding to treatment for future RTIs compared to children who had not taken no antibiotics.

### **Question**

What is the feasibility of using a child's antibiotic history as a data-enabled brief intervention to optimise antibiotic prescribing ?

### **Methods**

This research has two phases. In phase 1, through a series of ‘think aloud’ workshops and interviews, we worked together with parents and clinicians on how best to design the computer screen prompt and personalised consultation print-out and whether this would be acceptable for parents and clinicians.

In phase 2, GPs/nurses have the opportunity to explore and use a prototype computer-based prompt and consultation print-out, developed from Phase 1 and integrated into the GP computer software and share their feedback through a series of ‘think aloud’ interviews.

### **Outcomes**

We have co-developed two components of an electronically embedded intervention (computer-screen prompt, print-out) with parents of young children, clinicians and information design specialists. Phase 2 is currently in progress.

### **Discussion**

Delivering such interventions, integrated into practice workflow, could be scaled up to promote effective antimicrobial stewardship and reduce unnecessary antibiotic use in primary care.





## Abstract topic

10. Decision Support

**Abstract ID:** 938

## Presentation form

1 Slide 5 minutes

## GPs' and parents' experiences of an antibiotic stewardship intervention in acutely ill children in primary care (ARON trial): A process evaluation through interviews

Erinn D'hulster<sup>1)</sup>, Marina Di Gregorio<sup>2)</sup>, Tine De Burghgraeve<sup>1)</sup>, Jeroen Luyten<sup>1)</sup>, Samuel Coenen<sup>3)</sup>, Sibyl (shared last author) Anthierens<sup>3)</sup>, Jan (shared last author) Y. Verbakel<sup>1,4)</sup>

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<sup>3)</sup>Department of Family Medicine and Population Health, University of Antwerp, Antwerp, Belgium

<sup>4)</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

## Background

A randomized controlled trial (ARON trial) is evaluating whether a diagnostic algorithm including clinically guided point-of-care C-reactive protein (CRP) testing and safety-netting advice supported by a parent information booklet, can safely reduce antibiotic prescriptions in acutely ill children in Belgian primary care.

## Questions

We aim to understand the views of participating general practitioners (GPs) and parents of children on the use of the intervention assessed in the ARON trial, and any further behavioral impact.

## Methods

An embedded process evaluation including semi-structured interviews with purposively sampled GPs and parents of acutely ill children aged 6 months to 12 years presenting to primary care. Data are being analyzed using thematic and framework analysis.

## Preliminary outcomes

Thirty-two interviews were conducted (16 GPs, 16 parents). Both groups perceive CRP testing as a valuable tool to guide antibiotic prescribing decisions. GPs find it particularly useful in cases of diagnostic uncertainty and when addressing concerns from parents who advocate for antibiotics, as the CRP result can provide objective confirmation of their clinical assessment. However, both parents and GPs still consider physical examination as the most decisive factor in antibiotic treatment decisions. Some GPs reported uncertainty in interpreting CRP results above the cut-off value of 5mg/L used in the trial.

The accompanying booklet was also received favorably. Parents found it helpful, and some GPs found the booklet a useful support in formulating safety-netting advice.

## Take-home Message

Both GPs and parents view the diagnostic algorithm as a helpful complementary tool during consultations for acutely ill children.





### **Abstract topic**

10. Decision Support

**Abstract ID:** 96

### **Presentation form**

1 Slide 5 minutes

## **How do contraceptive methods influence female sexual function? – A literature review**

Ana Teresa Frois<sup>1)</sup>

<sup>1)</sup>USF Horizonte, Unidade Local de Saúde de Matosinhos, Matosinhos, Portugal

### **Background**

Reproductive health implies the ability to have a satisfying and safe sexual life. Contraceptives can affect libido, and method choice should consider possible effects on female sexual function.

### **Questions**

This review aimed at identifying the existing evidence regarding the role of different contraceptive methods on female sexual function, thus allowing for better counseling by health practitioners.

### **Methods**

Research of articles from the previous ten years performed in august 2022, using MeSH terms “(Contraceptive Agents) AND ((Libido) OR (Sexual Dysfunction) OR (Sexual Arousal) OR (Orgasm))”. Research retrieved 62 articles, and direct manual research provided 63 additional articles. After reading, 80 articles were discarded and 45 were included. This review included 13 reviews and 32 clinical trials.

### **Outcomes**

The levonorgestrel intrauterine system, vaginal ring, and transdermal patch showed mainly positive or neutral effects. The subcutaneous implant and combined oral contraceptives led to mixed results. The progestogen-only oral contraceptive and the DMPA intramuscular injection were associated with mainly negative sexual effects. The copper uterine device had no impact on female sexual function. Sterilization had mixed psychological effects.

### **Discussion**

Adequate counseling, replacement of the contraceptive method, and, in specific cases, pharmacologic treatment may improve contraceptive-associated female sexual dysfunction. More large-scale studies are needed to allow for specific recommendations regarding each contraceptive method and the production of clinical guidelines for these situations.

### **Take Home Message for Practice**

Contraceptive methods may have a positive, neutral, or negative impact on female sexual function, which should be considered by family doctors when counseling women regarding method choice.







# 11. Population Management and Cooperation With Public Health

## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 113

## Presentation form

Lecture

## Future of Primary Health Care in Austria

Florian Stigler<sup>1)</sup>, Sarah Burgmann<sup>1)</sup>, David Wachabauer<sup>1)</sup>

<sup>1)</sup>Gesundheit Österreich GmbH, Vienna, Austria

The research project „Future of Primary Health Care in Austria” identified the most important challenges and opportunities for improving primary health care (PHC) in Austria.

### Aims

It therefore identified, firstly, the strengths, weaknesses, opportunities, and threats (SWOT analysis) of PHC in Austria, secondly, the policies which should be implemented to strengthen PHC in Austria and, thirdly, the relevance and feasibility of these policies.

### Methods

Firstly, a survey was performed with 15 healthcare experts of the Austrian National Public Health Institute (GÖG) to identify the strengths, weaknesses, opportunities, and threats of PHC in Austria as well as measures and policies to improve it. Secondly, a focus group workshop was performed which invited the same experts in order to discuss and assess the relevance and feasibility of the results.

### Results

The SWOT analysis resulted in nine strengths, 22 weaknesses, 15 opportunities and 19 threats concerning PHC in Austria. The focus group assessment resulted in three policies which were considered as very important and very feasible to be implemented successfully. 23 policies were rated as very important and at least feasible. 6 further policies were seen as important and as very feasible or feasible.

### Conclusion

Many challenges and opportunities were identified which could endanger but also strengthen PHC in Austria. A few policies were identified as both highly useful and as feasible for implementation, many others would need more effort for implementation.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 179

## Presentation form

Lecture

## Evaluation of a simplified tool in pharmacovigilance for general practitioners: 5 years of insight

Xavier Humbert<sup>1)</sup>

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### Background

Spontaneous reporting of adverse drug reactions (ADRs) remains the cornerstone of pharmacovigilance but a under reporting exists. The objectives of this study was to assess the use of a pharmacovigilance simplified reporting tool (PSRT) by general practitioners (GPs) on the number of ADRs reported compared to a 5-years control period (June 1 2010, and May 31, 2015) and to describe the quality of ADRs reports.

### Questions, Discussion Point

The PSRT was proposed in June 1<sup>st</sup>, 2015 by the regional Caen pharmacovigilance center (Normandy, France), in collaboration with the Normandy Regional Union of liberal physicians to the 1,290 GPs of the Western Normandy Region. The number and the quality of ADRs reported monthly by GPs were prospectively collected from June 1<sup>st</sup>, 2015 to May 31<sup>st</sup>, 2020 (Period-2) and compared to a control period (June 1<sup>st</sup>, 2010 to May 31<sup>st</sup>, 2015 – Period-1).

### Content

During all periods, 920 reports were made by 307 GPs (198 reports in the Period-1 and 722 reports in the Period-2) with 477 reports (51.8%) using the PSRT. During the Period-2, monthly number of reports was multiplied by 3.5 (0.0001) and number of GPs reporting by 1.4 compared to Period-1 (p=0.01). The quality of ADRs reported remained unchanged over the period under study (34.3% versus 32.3%, p=0.71) and with the PSRT (31.9% versus 33.6%, p=0.51).

### Take Home Message for Practice

Our PSRT showed its effectiveness. It must now go further and be integrated in GP softwares to facilitate ADR reporting nationwide.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 185

## Presentation form

Science Slam

## Atrial fibrillation, stroke and cognitive status incidence: a multicentre, retrospective Primary Care Cohort Study.

Alba Hernandez-Pinilla<sup>1)</sup>, Josep-Lluis Clua-Espuny<sup>2)</sup>, Eva-Maria Satue-Gracia<sup>3)</sup>, Pedro Molto-Balado<sup>4)</sup>, Silvia Reverte-Villarroya<sup>5)</sup>, Jorgina Lucas-Noll<sup>6)</sup>, Francisco-Manuel Martin-Lujan<sup>3)</sup>, on behalf PREFATE Project Investigators<sup>2,3)</sup>

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<sup>5)</sup>Biomedicine Programme, Universitat Rovira i Virgili, TORTOSA, Spain

<sup>6)</sup>Primary Care, Health Department. CatSalut, TORTOSA, Spain

## Background

Due to demographic aging, it is estimated that the prevalence of Atrial fibrillation (AF) will increase up to 3.5% (2050), and the AF-related strokes will triple (2060).

## Aim

To evaluate the incidence of AF, ischemic stroke and prevalence of cognitive decline among people at high risk for AF. Multicentre, observational, retrospective community-based study. Setting: Primary Care in Catalonia, with a higher ageing index (159.5) compared to Spain (118.4).

## Participants

55,459 people  $\geq 65$  years.

Main measurements

Overall incidence density/1000 person-years [95%IC] of AF and stroke, prevalence of cognitive decline, and Kaplan-Meier were calculated.

## Results

40,297 people (46.48% women), average  $77.65 \pm 8.46$  year-old, without previous known AF or stroke, were stratified by AF-risk at 5 years. Stroke incidence was 2.1/1000/year (1.9-2.3) significantly associated with HTA and AF. Overall AF prevalence was 10.2% of which 2.2% [1.3-3.1] was unknown. AF incidence was 8.9/1000/year [8.6-9.2] with CHA average score 4.6 [3.5-6.4]. Unknown AF was diagnosed in 14.2% of people at high risk and among 24% of those with a new stroke. AF diagnosis was associated with 5-fold higher risk of stroke [OR 4.97 (4.59-5.38)] and showed significant linear





correlation with Rankin (p 0.001) and Pfeiffer scores (p 0.001); and 3-fold higher risk of cognitive impairment [OR 2.57 (2.3-2.9)]; and higher mortality.

### **Conclusions**

Innovations are important for early detection of AF and high-risk individuals in whom to intervene on modifiable risk factors of stroke and cognitive status.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 255

## Presentation form

1 Slide 5 minutes

## A review of 100 siRNA therapy prescriptions to lower LDL-C levels in pursuit of NHS objectives to reduce ASCVD risk

Carl Deaney<sup>1)</sup>, Meredith Donaldson<sup>1)</sup>, Agne Meskauskiene<sup>1)</sup>, Danielle Reesby<sup>1)</sup>

<sup>1)</sup>General Practice, Marsh Medical Practice, North Somercotes, United Kingdom

## Background

In 2020 the NHS partnered with industry to tackle CVD in the first NHS population health agreement. The aim was to prevent 150,000 strokes, heart attacks & dementia cases over the next 10 years. The goal was to introduce a new siRNA LDL-C lowering therapy (Inclisiran) that could be delivered via primary care as part of a comprehensive approach to lipid management. This is important as effective LDL-C reduction remains a challenge. We provide an illustrated review of our first 100 prescriptions.

## Question

As LDL-C reduction remains a challenge in primary care, is it possible to deliver an innovative therapy at scale in to enhance lipid management in secondary prevention ASCVD patients?

## Approach

Our MDT was upskilled using readily available materials

Automated searches identify patients

Patients also identified on a day-to-day base during clinic

Treatment is commenced after obtaining consent - injections are administered by a variety of health care professionals with appropriate directives in place where required

Automated systems are employed to ensure follow-up - initially this is at 3 months, then 6 monthly

## Take Home Messages

Enhanced management may reduce ASCVD complications and our experience is that patients' LDL-C levels decrease in-keeping with trial data

Our experience suggests treatment is well tolerated

Using readily available materials it is straight forward to up-skill clinicians

Support from prescribers allows appropriately trained non-prescribers to administer this medication

This therapy provides an additional/alternative treatment modality to LDL-C management

This treatment option is of low burden and readily administered in primary care using existing systems





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 332

## Presentation form

Lecture

## The relationship between health literacy level and rational drug use in adults applying to primary care: a cross-sectional study

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<sup>1)</sup>Department of Family Medicine, Hacettepe University School of Medicine, Altındağ/Ankara, Turkey

### Background

The knowledge of the general health literacy level of the society is of critical importance for physicians to communicate effectively with patients that they can understand. Besides that, irrational drug usage is an important public health problem both in the world and in our country. In this study, it was aimed to determine the current health literacy and rational drug usage level of adults and to evaluate the relationship between them.

### Methods

The present research was a descriptive and cross-sectional study. The population of the study consists of voluntary adult individuals between the ages of 18-65 who applied to the Family Medicine Unit in Turkey. It was calculated to reach a minimum of 352 participants. The data was collected through a questionnaire form consisting of questions about sociocultural characteristics, the Rational Use of Drugs Scale (RUDS) and Health Literacy Scale-European Union-Q16 (HLS-EU-Q16) in Turkish form. Data analysis was performed using the SPSS version 25.0. For now, 101 participants were included, the study is continuing.

### Outcomes

According to preliminary data of this study, mean HLS-EU-Q16 score was  $33.66 \pm 8.97$  (min=0; max=50) and mean RUDS score was  $81.47 \pm 14.66$  (min=30; max=105). Participants with higher HLS-EUQ-16 scores had more relatives with chronic disease ( $p=0.034$ ). Decreased child number ( $p=0.004$ ) and increased number of health personnel in family ( $p=0.042$ ) had relationship with increased RUDS scores. HLS-EUQ-16 scores had positive correlation with RUDS scores ( $p=0.001$ ;  $t=0.626$ ).

### Conclusion

In accordance with literature health literacy had important relationship with rational drug usage.







### Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 341

### Presentation form

1 Slide 5 minutes

## Prevalence of the childhood atopic triad: atopic dermatitis, asthma and allergic rhinitis, a Rijnmond Primary Care database study

Wing Kuan Chung<sup>1)</sup>, Evelien van Meel<sup>1)</sup>, Arthur Bohnen<sup>1)</sup>, Evelien de Schepper<sup>1)</sup>, Patrick Bindels<sup>1)</sup>

<sup>1)</sup>General Practice, Erasmus MC, Rotterdam, Netherlands

### Background

Over the past 30 years the prevalence of atopic disorders (atopic dermatitis, asthma and allergic rhinitis) has been increasing worldwide, especially in developed Western countries. Most of the research on atopic disorders has been carried out in the open population, however these findings cannot be extrapolated to the population within general practice.

### Questions

What is the prevalence of childhood atopic dermatitis, asthma or allergic rhinitis in the General Practice population?

### Methods

A retrospective population-based cohort study was performed within the Rijnmond Primary Care Database

### Outcomes

Between 2013-2021 22123 children (0-18 years) were available for analysis. The prevalence rate for atopic dermatitis was 8.4%; for asthma 4.2%; and for allergic rhinitis 5.3%. The lifetime prevalence of the atopic triad, meaning that a child had all three atopic disorder ever in their life, was 0.4%. Median age of disease-onset and peak prevalence for atopic dermatitis was at 3 years for both outcomes; for asthma at 9 and 17 years; and for allergic rhinitis at 10 and 17 years.

### Discussion

Atopic disorders are prevalent among the General Practice population of Rijnmond. Atopic dermatitis had its peak prevalence at the youngest age, and is followed by asthma and allergic rhinitis. The percentage of children with the atopic triad in this study was higher than the calculated probability based on the prevalence rates of the separate atopic disorders.

### Take Home Message for Practice

When an atopic child consults the GP, one should be aware these children often have other co-existing atopic disorders.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 363

## Presentation form

Lecture

## Transforming a family physician-led home visit program to teach social determinants of health in undergraduate education: a longitudinal curricular and experiential program

Khairat Al Habbal<sup>1)</sup>

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### Background

Social determinants of health (SDH) impact health more than biological factors. Yet, research shows a lack of training on SDH in both undergraduate and postgraduate medical education, with studies confirming that social needs of patients are not routinely identified or addressed by healthcare professionals in clinical practice. Family physicians can be involved in education at both graduate and undergraduate levels. Teaching SDH as early as the undergraduate medical years increases the chances of graduating physicians who can address the patients' needs better.

### Question

How do you design and implement a SDH curriculum in undergraduate medical education using a home visit program led by family doctors?

### Methods

The Institute of Medicine's Behavioral and Social Science Knowledge Domains were used as a framework to guide the design of the SDH program. The program was created by enhancing the didactic component with interactive workshops, adding reflective practice training and ensuring that the family physicians' home visit program becomes a longitudinal experiential program that integrates medical home visits with social activities in collaboration with community partners.

### Outcomes

Student surveys, reflective essay analysis, and reflection on the experiential program facilitated by faculty all showed an increased awareness of SDH and increased readiness to address them.

### Discussion

Home visit programs led by family doctors can be transformed into powerful tools to educate about SDH. Pairing them with some interactive workshops, reflective practice and partnerships with the community enhances the outcomes.

### Take home message for practice

Building on family medicine home visit programs can increase students' awareness of SDH.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 393

## Presentation form

WONCA Network Workshop

## Are you interesting in implementing or developing social prescribing in your practice?

Miriam Dolan<sup>1,2)</sup>, Jean Pierre Jacquet<sup>2)</sup>, Kateřina Javorská<sup>2)</sup>, Natasa Mrduljaš – Đujić<sup>3)</sup>, Wolfram Herrmann<sup>4)</sup>, Joyce Kenkre<sup>5)</sup>, Donata Kupas<sup>6)</sup>, Juan Manuel Mendive<sup>7)</sup>, Ferdinando Petrazzuoli<sup>2)</sup>, Jane Randell-Smith<sup>2)</sup>

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<sup>5)</sup>University of South Wales, Cardiff, United Kingdom

<sup>6)</sup>Wroclaw Medical University, Wrocław, Poland

<sup>7)</sup>Family Physician. La Mina Primary Health Care Academic Centre. Catalan Institute of Health. University of Barcelona, Barcelona, Spain

## Background

The WONCA Europe Special Interest Group on Social Prescribing and Community orientation has collected data through workshops and an online survey on what is known about the concept of Social Prescribing, the interest and enablers/barriers within primary care organisations in different European countries. This has highlighted the importance of an in-depth understanding of the concept, an acknowledgment of how social determinants including loneliness can impact on health and how community activities can help address these.

Primary care teams are a pillar within their community; they know the people they care for, the local issues and the local community initiatives. But how can a primary care team be empowered to be actively involved in Social Prescribing using existing networks and community initiatives?

## Target group

Participants with or without experience with social prescribing, but with a shared interest will explore the concept, exchange ideas and investigate the enablers and barriers to developing and implementing social prescribing within their own primary care teams.

## Didactic method

Workshop- active participation

## Objectives

Learn about community-orientated and social prescribing initiatives in various European countries and healthcare systems





Create a toolkit that will facilitate identifying and addressing the needs of primary care teams to develop the concept within their own practices.

**Estimated number of participants**

maximum of 40

**Brief presentation of the workshop leader**

Miriam Dolan is a General Practitioner in Northern Ireland, a social farmer, and a member of EURIPA and WONCA Europe SIG on Social prescribing and Community orientation.





### Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 410

### Presentation form

1 Slide 5 minutes

## The role of Health Authorities in the management of serious mental illness: a Portuguese primary care unit approach

Matilde Ourique<sup>1)</sup>, Márcia Ferreira<sup>2)</sup>, Filipa Cristóvão<sup>1)</sup>, Diana Martins Correia<sup>1)</sup>

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<sup>2)</sup>Medical Department, USF Gama, Torres Vedras, Portugal

### Introduction

In Portugal, involuntary placement of individuals with serious mental disorder is regulated by the Mental Health Law published in 1998 and may be prosecuted by Health Authorities in primary care services.

Recently, our local primary care services detected an increase of health professionals and community requests of urgent mental health evaluation of people with behavioural changes, and in danger of self-injury and harms third parties.

### Methods

Description of procedures, sociodemographic characteristics of 337 patients' files (210 men, 127 women, mean age 49.07±17.77 years) and analysis of monthly average of health professionals and community requests (n=415), Health Authorities orders to urgent observation by a psychiatrist (n=381) and consequent hospitalizations in psychiatry units (n= 221), in pre-pandemic (P1), 1st (P2) and 2nd phases (P3) of the COVID-19 Pandemic, between January 2013 and September 2022.

### Results

Men and individuals aged 35 to 64 years had more requests, driving orders and hospitalizations. The average monthly of requests increased in both sexes, in individuals aged 35-39, 50-64 and ≥65 years old; with and without previous history of mental illness; retired/unemployed, with less or more than secondary education, particularly in P3, comparing with P1 (p 0.05). The average monthly of orders and hospitalizations followed the same tendency of requests.

### Conclusions

Our unit had an increase of requests, orders, and hospitalizations during COVID-19 Pandemic. Primary health care plays a key role in providing and monitoring mental health care, turning the bio-psycho-socio-cultural patterns of its users an important matter.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 413

## Presentation form

Workshop

## What do GPs need to know about migrant health? A 'pan-European' forum of GPs views, experiences, and training ideas

Aaron Poppleton<sup>1)</sup>, Joanna Dobbin<sup>2)</sup>, Kerry Greenan<sup>3)</sup>, Fred Thomas<sup>2)</sup>, Ozden Gokdemir<sup>4)</sup>, Fabian Dupont<sup>5)</sup>, Miriam Rey Seoane<sup>6)</sup>, Stuart Holmes<sup>7)</sup>, Rebecca Farrington<sup>8)</sup>, Felicity Knights<sup>9)</sup>

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<sup>4)</sup>Faculty of Medicine, Izmir University of Economics, Izmir, Turkey

<sup>5)</sup>Department of Family Medicine, Saarland University, Homburg, Germany

<sup>6)</sup>CUAP MANSO, ICS BARCELONA, Barcelona, Spain

<sup>7)</sup>European Young Family Doctors Movement, Manchester, United Kingdom

<sup>8)</sup>School of Medicine, University of Manchester, Manchester, United Kingdom

<sup>9)</sup>St. George, University of London, London, United Kingdom

## Background

Migration creates a number of challenges for access and delivery of safe and equitable healthcare. Family Medicine (FM/GP) can be the first point of healthcare contact for migrants, a role which includes advocacy and social navigation. FM/GP training often pays limited attention to migrant health. This workshop will allow GPs to share their views and experiences of migrant health from across Europe, identifying which training areas (competencies) are most relevant to GP/FM through a 'learning needs analysis'

## Target Group

GP/FM practitioners within Europe.

## Didactic Method

An initial spotlight-presentation will present migrant health audiovisual case vignettes and current medical education 'best practice'. Attendees will be encouraged to share migrant health experiences in GP/FM from across Europe digitally. Small group brainstorming will provide a space for live-verbal-discussion to explore answers, prioritise topics and consider learning needs and strategies. Coming together as a wider group we will share feedback and map ideas onto Bloom's-taxonomy and learning-outcome-categories to identify the top 3-4 themes.

Workshop results will be structured and published as a call to action on improving GP/FM training in migrant health across Europe. Outcomes will provide a voice on GP/FM training competency and resource development.







**Objectives**

Consideration of needs of migrants and drivers of migrant health problems. Clarify GP/FM learning needs in migrant health

**Capacity**

50 participants

**Workshop leader**

The workshop is chaired by the European Young Family Doctors Movement (EYFDM) special interest groups for Migrant Health and Medical Education.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 417

## Presentation form

1 Slide 5 minutes

## Identifying Ambulatory Care Sensitive Conditions: a systematic review of studies defining sets of diseases with avoidable hospitalizations in European countries

Daniel Martinho Dias<sup>1,2)</sup>, Bernardo Sousa-Pinto<sup>1)</sup>, Mariana Pais<sup>1)</sup>, Ana Garrido Oliveira<sup>2)</sup>, Dulce Pinto<sup>3)</sup>, Costa Pereira Altamiro<sup>1)</sup>, Tiago Taveira-Gomes<sup>1)</sup>, João Almeida-Fonseca<sup>1)</sup>, Soares António<sup>1)</sup>

<sup>1)</sup>MEDCIDS - Department of Community Medicine, Information and Health Decision Sciences, Faculty of Medicine, University of Porto, Porto, Portugal

<sup>2)</sup>Health Unit Ao Encontro da Saúde, ACES Grande Porto I - Santo Tirso/Trofa, Trofa, Portugal

<sup>3)</sup>Unidade Local de Saúde do Alto Minho, E.P.E., Unidade Local de Saúde do Alto Minho, E.P.E., Viana do Castelo, Portugal

## Background

Ambulatory care sensitive conditions (ACSCs) are health conditions that can be adequately managed in the outpatient setting, if treatment and interventions are timely delivered, with the potential to avoid the need for hospitalization and emergency department visits.&nbsp;

## Questions

To identify and describe the methods of ACSC lists developed for European populations.

## Methods

We searched for PubMed, Web of Science and Scopus for studies aiming to develop a list of ACSCs or avoidable hospitalizations for the general population or vulnerable groups in European Union. We identified and assessed the methodological procedures underlying the list development; a risk-of-bias tool was applied for assessing the quality of Delphi assessments. Conditions identified as ACSCs were aggregated using code systems.&nbsp;Systematic review protocol was in PROSPERO (CRD42022349270).

## Outcomes

Eleven studies were included. Five countries have lists developed for unselected populations, with a total of 243 unique ACSCs defined (874 codes). For the pediatric age 28 conditions (70 codes) were identified,&nbsp;and 37 diagnosis (58 codes) for nursing home populations. Most commonly identified ACSCs were infection-related, chronic cardiovascular and respiratory diseases. &nbsp;Delphi methods were employed in 8 studies with an average (SD) of 2.8 (0.5) rounds, and 36 (5.8) panelists, with a moderate risk of bias. Use of nationwide real-world databases was limited to five studies.

## Discussion

Most primary studies included lists that are diagnosis-based, aim at national, unselected populations, and include Delphi approaches for ACSCs definitions. Future inclusion of real-world primary care data could enhance ACSCs lists usefulness.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 507

## Presentation form

1 Slide 5 minutes

## What are the facilitators and the barriers to manage patients with illicit substance use disorder in family practice?

Imane Hafid<sup>1)</sup>, Lou Richelle<sup>1)</sup>

<sup>1)</sup>Département de médecine générale, Université Libre de Bruxelles, Bruxelles, Belgium

### Purpose

What are the facilitators and the barriers to manage patients with illicit substance use disorder (SUD) in family practice?

### Background

General practitioners (GPs) are essential in the management of patients with illicit SUD by their biopsychosocial approach, their coordinator role and their long term follow up. But not all are willing to provide care to people with illicit SUD which limit their access to primary care especially for the most vulnerable: migrants, women and people who inject drugs.

### Methods

Semi-structured interviews were conducted with 33 French-speaking GPs of Belgium between 2019 and 2021 about their attitudes regarding illicit SUD people. Grounded theory was used to analyze interviews through 4 perspectives: stigma, professional career, philosophy of care and care-challenges.

### Results

4 types of GPs were identified: “rejection GPs”, “no-choice GPs”, “inclusive GPs” and “involved GPs”. “Rejection GPs” endorsed negative and stigmatizing attitudes. “No-choice GPs” were providing limited care and were characterized by little knowledge in the field. “Inclusive GPs” were driven by health equity. “Involved GPs” were very concerned about these patients and this public health issue. “Inclusive” and “involved GPs” were also sensitive to specific health needs faced by this population.

### Discussion

Improving medical education through working on soft skills and illicit SUD training (via the biopsychosocial model of addiction) could make a great change.

### Take home messages

Stigma, lack of knowledge, interprofessional collaboration and accessibility to mental health services were the main barriers mentioned by GPs and need to be considered to address this public health issue.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 544

## Presentation form

Lecture

## Community Health and Wellbeing Worker (CHWW) Model: a radical, place based, holistic model to promote health and revolutionise primary care

Martha Martin<sup>1)</sup>, Cornelia Junghans<sup>1)</sup>, Matthew Harris<sup>1)</sup>

<sup>1)</sup>Department of Primary Care and Public Health, Imperial College London, London, United Kingdom

We present the findings from a CHWW pilot of 534 households in a highly deprived area of London. The model is based on the Brazilian Family Health Strategy and the first of its kind in the UK. Lay members of the community, integrated with the local authority and GP practices, are trained and paid to proactively visit households.

Initial evaluation (corresponding to the first 6 months of operations) has shown that visited households (n 159) were 47% more likely to receive immunisations they were eligible for, compared with households that had not received a visit (n 375). They were also 82% more likely to receive cancer screening and NHS health checks, while having a 7.3% lower average number of GP consultations compared to the previous year.

The target group for this session is any practitioner/manager interested in adopting a new approach which integrates primary care with public health and offers a radical alternative to interconnect a fragmented system and enable personalised care.

The session would include an audio-visual presentation describing the project and evaluation results in further detail. We would open to the audience for discussion about how this can change our work in GP.

The objectives would be to present and discuss applying this model, gain new perspectives and feedback on potential improvements/unappreciated benefits/challenges/issues with scaling in other contexts.

The take home message for practice is implementing this model can have real world benefits to health promotion, improved chronic disease management and reducing health inequalities.





### **Abstract topic**

11. Population Management and Cooperation With Public Health

**Abstract ID:** 578

### **Presentation form**

1 Slide 5 minutes

## **Chronotype and metabolic syndrome in midlife**

Taru Lappalainen<sup>1)</sup>, Juha Auvinen<sup>1)</sup>, Heidi Jurvelin<sup>1)</sup>, Mikko Tulppo<sup>2,1)</sup>

<sup>1)</sup>Oulu University, Oulu, Finland

<sup>2)</sup>Research unit of biomedicine and internal medicine, Oulu University, Oulu, Finland

### **Background**

Evening chronotype is known to be associated with various chronic diseases and cardiovascular risk factors. Metabolic syndrome is a group of conditions that together raise your risk of coronary heart disease, diabetes, stroke, and other health problems. The association between chronotype and metabolic syndrome has not been studied at population level.

### **Questions / Discussion Point**

The aim of this study was to evaluate the association between chronotype and metabolic syndrome at the general population cohort.

### **Content**

The study population consists of Northern Finland Birth Cohort 1966 participants (n=3946, 56% female) at the age of 46 years. Chronotype was determined with shortened Morningness–Eveningness Questionnaires and expressed as morning (n=1632), intermediate (n=2109) and evening types (n=205). Metabolic syndrome was determined according to the definition of International Diabetes Federation. One-way ANOVA and Chi-squared test were used to compare the chronotype groups.

The prevalence of metabolic syndrome was statistically significantly higher in the evening group: 24%, 25% and 35% for morning, intermediate and evening groups, respectively (p=0,005). Waist circumference, triglycerides and fasting plasma glucose also differ between chronotype groups. Blood pressure and HDL cholesterol did not differ between groups.

### **Take Home Message for Practice**

In a large general population, evening chronotype was associated with higher prevalence of metabolic syndrome compared to morning and intermediate chronotypes.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 579

## Presentation form

WONCA Network Workshop

## Post-COVID-19 integration of public health and primary care in primary health care: experiences in different European countries

Mehmet Akman<sup>1)</sup>, Felicity Goodyear-Smith<sup>2)</sup>, Jose M Valderas<sup>3)</sup>, Peter Decat<sup>4)</sup>, Peter Torzsa<sup>5)</sup>, Jean Yves Le Reste<sup>6)</sup>, Mehmet Urgan<sup>7)</sup>

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<sup>4)</sup>Public Health and Primary Care, Ghent University, Ghent, Belgium

<sup>5)</sup>Family Medicine, Semmelweis University, Budapest, Hungary

<sup>6)</sup>General Practice, Université de Bretagne Occidentale, Brest, France

<sup>7)</sup>Family Medicine, Ankara University School of Medicine, Ankara, Turkey

## Background

Primary health care places primary care and public health at the centre of health system. Following 2018 Astana declaration, the World Health Organization encourages the pursuit of 'models of care that promote high-quality, people-centred primary care and essential public health functions as the core of integrated health services'. The COVID-19 pandemic highlighted a lack of a well-integrated primary healthcare approach in many countries, with varying arrangements for testing, contact tracing, surveillance and vaccine delivery across primary care and public health services. This workshop provides presentations from countries where public health - primary care is well- to poorly integrated and explores the research gaps in this area from the perspective of newly published primary care research agenda by EGPRN. It aims developing and evaluating further generic models or strategies and to encourage comparative research in populations with different cultural, social, or geographic contexts and healthcare systems.

## Target group

Anyone interested in integration of primary care and public health will be welcome

## Didactic method

10-minute presentations followed by small-group discussion and whole-group reporting.

## Objectives

Present examples of high to poor integration of primary health care functions in countries let participants think about how they were integrated or not in covid 19 and how it did change with time. Explore how primary health care is integrated into participants' countries with different cultural, social, geographic contexts and healthcare systems and what are the research gaps in this area. Explore possibility of a manuscript for publication based on workshop findings.







**Estimated number of participants**

30

**Brief presentation of the workshop leaders**

Prof.Mehmet Akman,Prof.Felicity Goodyear-Smith,WWPR

Prof.Mehmet Ungan,Prof.Peter Torzsa,EGPRN





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 593

## Presentation form

Lecture

## Population health management in primary health care

José Cerezo<sup>1)</sup>

<sup>1)</sup>WHO European Centre for Primary Health Care, Almaty, Kazhakstan, Barcelona, Spain

### Background

Population Health Management is a people centered, data-driven and proactive approach to managing the health and well-being of a defined population, taking into account the differences within that population and their social determinants of health. PHM entails data driven assessment of the health status of a population, followed by a prediction of health outcomes and anticipating the resources needed to proactively address these. This involves several processes that allow classifying the population into subgroups with similar characteristics for which targeted and tailored interventions can be delivered.

PHM can contribute to PHC strengthening efforts and help realizing PHC's central attributes including person-centeredness; accessibility; comprehensiveness; coordination and community orientation. It can do so by supporting PHC providers to:

Move from a "one size fits all" approach to targeted and tailored approaches that account for the needs of different groups with similar needs.

Move from passive and reactive to proactive care ensuring that patients with different risks are identified and have their care anticipated.

Move from a narrow focus on clinical needs to a holistic approach which focuses also on the social determinants of health.

Move from fragmented and poorly coordinated care to better coordination and integration with other care levels and partnership with other community actors.

### Objectives

To showcase the opportunities that PHM offers to PHC strengthening by presenting a policy paper by the WHO European Centre for PHC.

### Didactic method

Three ten minute presentations (including country examples) each of them followed by ten mins. of QA.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 601

## Presentation form

Lecture

## Multimorbidity and health related quality of life in midlife – longitudinal findings from northern Finland birth cohort 1966

Oili Junttila<sup>1,2)</sup>, Juha Auvinen<sup>1,3)</sup>, Markku Timonen<sup>1,4)</sup>, Pasi Eskola<sup>1,3)</sup>, Sirkka Keinänen-Kiukaanniemi<sup>1)</sup>, Paula Pesonen<sup>5)</sup>

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<sup>5)</sup>Northern Finland Birth Cohorts, Infrastructure for Population Studies, Faculty of Medicine, University of Oulu, Oulu, Finland

## Background

Multimorbidity is a major public health concern. According to previous studies, multimorbidity is shown to be associated with Health-related Quality of Life (HRQoL). However, existing data is mainly based on cross-sectional studies. Consequently, longitudinal data has been called for. There exist several definitions of multimorbidity in previous population studies. Most of studies are based on self-reported symptoms or diseases, or included only few diagnoses.

## Question

The Aim of this study was to evaluate the longitudinal change in the association between the number of doctor-diagnosed chronic diseases and HRQoL at population level.

## Methods

At 31 and 46 years, participants (n=3573) of the Northern Finland Birth Cohort 1966 answered 15-Dimensional HRQoL questionnaire (15D). Mean 15D-Scores (varies between 0-1) were counted according to the number of chronic diseases (43 different) defined using both self-reported doctor-diagnosed and register-based chronic diseases.

## Outcomes

In both genders, the mean difference of 15D-Scores increased linearly in line with the increasing number of new diseases diagnosed in 15 years follow-up from the age of 31 to 46 years (p<0,05). Furthermore, the more diseases the patient had at the age of 31, the more mean 15D-Scores decreased when had more new diseases at the age of 46.

## Discussion

HRQoL decreased during 15-year follow-up for everyone. The emerging number of new diseases in 15 years follow-up associated with a decrease in the quality of life in this longitudinal setting.

## Take Home Message for Practice

It is important to focus on those with chronic diseases before midlife.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 616

## Presentation form

1 Slide 5 minutes

## Thyroid dysfunction and cardiovascular disease– are they related?

Tatiana Bento<sup>1)</sup>, Mariana Santos Miranda<sup>1)</sup>, Raquel Landeiro<sup>1)</sup>

<sup>1)</sup>USF Vale do Sorraia, Coruche, Portugal

Thyroid and cardiovascular diseases (CVD) are prevalent in general population. Some studies mention an association between thyroid dysfunction and CVD. Taking into account that CVD increases risk of events and mortality, it is important to act on modifiable risk factors.

The aim of this work is to verify if thyroid disease is associated with CVD.

Evidence-based review of systematic reviews (SR), meta-analyses (MA) and randomized clinical trials, in Portuguese and English, published till 10 years ago, at PubMed, using MeSH terms “cardiovascular diseases” and “thyroid diseases”. The Strength of Recommendation Taxonomy (SORT) scale from the American Family Physician was used to assess the level of evidence and grading of recommendations.

Results - 99 articles were found, 73 were excluded after reading the title and 12 after reading the abstract, 14 were analysed (8 MA, 6 RS). According to Smedegaard et al, subclinical hyperthyroidism can cause atrial fibrillation (AF) and heart failure (HF), and Ding and Gong et al mention association with metabolic syndrome (increased risk of obesity, hypertension, levels of triglycerides, total and low-density lipoprotein cholesterol, and low level of high-density lipoprotein). Floriani et al reported that subclinical hypothyroidism with TSH  $\geq 10$  mIU/L and subclinical hyperthyroidism with TSH  $< 0,1$  mIU/L should be treated. Papadopoulou et al also demonstrated that thyroid dysfunction increases CV risk.

Most studies show an association between thyroid pathology and CVD (AF, arrhythmias, HF), increased CV risk and mortality. Some studies refer the importance of testing and treating thyroid dysfunction, including subclinical. This association remains controversial, more studies should be done.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 617

## Presentation form

Science Slam

## Multimorbidity and depression in midlife – findings from northern Finland birth cohort 1966

Markku Timonen<sup>1,2</sup>, Oili Junttila<sup>2,1</sup>, Paula Pesonen<sup>3</sup>, Sirkka Keinänen-Kiukaanniemi<sup>1</sup>, Pasi Eskola<sup>2,1</sup>, Juha Auvinen<sup>1,2</sup>

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<sup>3</sup>Northern Finland Birth Cohorts, Infrastructure for Population Studies, Faculty of Medicine, University of Oulu, Oulu, Finland

## Background

Multimorbidity is a major public health concern. In previous studies, multimorbidity seems to be associated with increased levels of depression/depressive symptoms. However, the corresponding epidemiological studies are scarce including certain shortcomings.

## Discussion point

The aim of the present study was to evaluate the association between depressive symptoms and multimorbidity at the population level by defining multimorbidity in a more profound manner than in the corresponding earlier studies.

## Content

Study population consists of Northern Finland Birth Cohort 1966 (n=5962). Number of chronic diseases was defined using both self-reported doctor-diagnosed and register-based chronic diseases (hospital discharge and medication registers). Altogether, 42 most common chronic diseases were included. At the age of 46 years, the presence of depressive symptoms was defined using the cut-off point  $\geq 14$  in the Beck Depression Inventory-II (BDI-II), and by cut-off point  $\geq 2,00$  in the depression subscale (including 15 questions) of the Hopkins Symptom Checklist-25 (HSCL-25).

In the whole study population, the proportion of those having depressive symptoms according to BDI-II was 5.9% in healthy, and 7.5%, 14.2%, 15.3%, and 25.2% in subjects with one, two, three, and  $\geq 4$  chronic diseases, respectively. The corresponding proportions were 4.2%, 4.6%, 9.4%, 12.1% and 17.9% according to HSCL-25. After omitting all psychiatric diagnoses from the definition of chronic diseases, the corresponding figures for BDI-II were 5.3%, 6.4%, 8.2%, 12.3%, 14.7%.

## Take home message

Presence of depressive symptoms increased in line with the increasing number of chronic diseases.





### **Abstract topic**

11. Population Management and Cooperation With Public Health

**Abstract ID:** 63

### **Presentation form**

1 Slide 5 minutes

## **Anxiety literacy in adolescents: an intervention project**

Catarina Gomes Madeira<sup>1</sup>, , Marta Monteiro Ferreira<sup>1</sup>,<sup>1)</sup>

<sup>1)</sup>USF Benfica Jardim, Lisbon, Portugal

### **Background**

Worries are a common part of childhood development being a natural adaptive response for coping and survival. An anxiety disorder, on the other hand, occurs when these feelings are excessive, causing impairment in day-to-day functioning. Anxiety disorders are the most common psychiatric disorders with onset in childhood, with prevalence in Portugal estimated to be 25 percent in the youth. Low level of recognition of mental health problems is associated with a reluctance and delay in professional help seeking.

### **Discussion Point**

The aim of this project was to evaluate the impact of a workshop about anxiety literacy in terms of recognition and help seeking behaviors in adolescents. A validated questionnaire for the Portuguese adolescence population, named MentaHLIS-Anxiety, was applied to a group of nine adolescents from a public secondary school, before and after the training session.

### **Content**

Before the intervention all participants were able to identify anxiety as the disorder presented and considered that a psychiatrist and a psychologist were helpful in the scenario given. However, only 78% considered the family doctor helpful or very helpful, which increased to 100% after the intervention. The session also raised awareness that the fear of stigma, judgment and consequences were major barriers to accessing professional help.

### **Take Home Message for Practice**

This intervention promoted the knowledge of mental health among adolescents, exploring the main barriers in seeking professional help and contributing to the recognition of the role of the family doctor as a first aid strategy for mental health problems.







## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 631

## Presentation form

Case Reports By Young Doctors

## Tuberculosis in primary care

Esther Tortola<sup>1)</sup>, Claudia Vendrell<sup>1)</sup>, Mara Sempere<sup>1)</sup>, Estefania Perez<sup>1)</sup>, Paulina Bueno<sup>1)</sup>, Josep Vicent Climent<sup>1)</sup>

<sup>1)</sup>Primary Care Centre in the Department of La Ribera - Valencia (Spain), Primary Care, Valencia, Spain

Public Health informs the patient that he is a close contact of a case with active tuberculosis (3-year-old child)

## Medical history

A 36-year-old male patient with a history of smoking, alcoholism and cocaine use. Grade II

Patient's cohabitants: patient's ex-partner, patient and 10-month-old sibling.

Clinical judgement, differential diagnosis and problem identification:

Close relatives of children under 15 years of age who are positive for diagnostic tests and who have been tested in the context of a diagnostic test for another cause.

Contacts with the index case

In the family environment and daily contacts of more than 6 hours.

Patient was living in the same household with patient 0 at the time of diagnosis.

The patient did not present any symptoms of tuberculosis.

He had no TB PC, no disease and no Mantoux test.

IGRAs are only performed in people who have received BCH vaccination or in people with immunosuppression or in children 5 years old with a PT- result.

Chest X-ray

## Treatment:

For our patient, since we have not been able to complete his study, we do not know whether or not he needs treatment.

If yes: 2 months of isoniazid (H), rifampicin (R), pyrazinamide (Z), and ethambutol (E).

## Conclusions

Review of the protocol for the study of patients in contact with Tuberculosis in Primary Care.

Management of a difficult patient that makes exact follow-up and evolution impossible, cases that we see on a daily basis.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 709

## Presentation form

1 Slide 5 minutes

## Challenges of primary care health units in the health assistance to ukraine refugees

Ana Coelho<sup>1)</sup>, Soraia Pinheiro<sup>2)</sup>, Jaquelina Santos<sup>1)</sup>, Olga Rego<sup>2)</sup>, Paulo Azevedo<sup>1)</sup>, Joana Ferreira<sup>2)</sup>

<sup>1)</sup>UCSP Águeda V, ACES Baixo Vouga, Aguada de Cima, Portugal

<sup>2)</sup>USF Vale do Cértima, ACES Baixo Vouga, Oliveira do Bairro, Portugal

### Background

Following the Ukraine invasion, millions of Ukrainians left their country. Refugees need not only psychological care but clinical attention as well. Primary Health Care (PHC) units were important agents in providing health care to refugees.

### Questions

Which were the main difficulties experienced by primary health care professionals in the organization and health care to Ukrainian refugees in two health units?

### Methods

The study took place in December 2022 at the tow PHC units in study. All medical health professionals, nurses and clinical secretaries of both units who were directly involved in providing care to Ukrainian refugees were included.

The Data were obtained through semi-structured individual interviews with each professional.

### Outcomes

The main difficulties reported were language barriers, lack of scheduled time to provide assistance, cultural concepts, differences in national vaccination plans, psychological aspects, medium-term care planning.

### Discussion

The main difficulty reported from both teams was the lack of time to care for the refugees and continue to care for the local population as no extra time was assigned by health administration services. The second most reported challenge was the language barrier. Differences between vaccination plans of both countries was often problematic, such as the differences in the follow-up and treatment of chronic pathologies.

### Take Home Message for Practice

Several issues related with organization and planning of Ukraine refugees' health care must be reviewed. The lack of specific schedule and the language barrier represent the main challenges felt by PHC units.





## **Abstract topic**

11. Population Management and Cooperation With Public Health

**Abstract ID:** 740

## **Presentation form**

1 Slide 5 minutes

## **Introducing global primary care**

Rishi Caleyachetty<sup>1)</sup>, Charlotte Morris<sup>1)</sup>, Safia Akhtar<sup>1)</sup>, Tim Oliver<sup>1, 1)</sup>

<sup>1)</sup>RCGP Junior International Committee, London, United Kingdom

## **Names of moderators and speakers**

**Moderator:** Dr Joanna Dobbin

### **Speakers**

Dr Rishi Caleyachetty

Dr Charlotte Morris

Dr Safia Akhtar

Dr Tim Oliver

### **Titles of Individual contributions**

What is global primary care?

Global primary exchanges: a qualitative survey of recent exchange participants

The future of global primary care training

Global primary care successes, challenges and lessons learned.

Global primary care research priorities

Migrant health in the United Kingdom

### **Objectives**

1. Demonstrate the value of a global primary care training, research, service and advocacy
2. Identify ways in which medical school and family medicine training programmes can foster a generation of globally minded family medicine doctors.
3. Understand the major global primary care challenges
4. Develop action steps to promote engagement in a global primary care training, research, service and advocacy

### **Discussion**

Global primary care challenges such as multimorbidity, migrant health, suboptimal health systems and healthcare delivery, and care of vulnerable individuals and communities, transcend geographical boundaries. The RCGP Junior International Committee introduce the term global primary care as an area of study, research, service and advocacy that places a priority on first-contact, accessible, continuous, comprehensive and coordinated person-focused care for all people worldwide. Global primary care aims to optimise overall health and health equity in the community.

### **Take Home Message for Practice**

We live in a time in which there are increasingly complex primary care challenges throughout the world. Global primary care requires a strategic approach that emphasises value for patients and their communities.





### **Abstract topic**

11. Population Management and Cooperation With Public Health

**Abstract ID:** 757

### **Presentation form**

1 Slide 5 minutes

## **The effect of covid-19 pandemic on childhood vaccine knowledge status, attitude and behaviour in parents**

Aydan Ergün Güzel<sup>1)</sup>, Elif Ateş<sup>1)</sup>, Zeynep Gökçe Gayretli Aydın<sup>2)</sup>, Merve Kişioğlu<sup>2)</sup>

<sup>1)</sup>Department of Family Medicine, Karadeniz Technical University Farabi Hospital, Trabzon, Turkey

<sup>2)</sup>Department of Pediatrics, Karadeniz Technical University Farabi Hospital, Trabzon, Turkey

### **Background**

The aims of this study were to investigate changes in childhood vaccine knowledge status and attitude with COVID-19 pandemic and the effect of parents' sociodemographic characteristics on childhood vaccine attitudes.

### **Questions**

Is there a difference between childhood vaccine attitude and behaviour before and after pandemic?

### **Methods**

A total of 162 parents who have 0-5 years old children were included in this descriptive study between 15 April and 15 June 2021. The questionnaire form, prepared by the researchers and consisted of 36 questions, was answered by face-to-face interview method.

### **Outcomes**

While 67(41.4%) of participants' mentioned that their confidence in vaccines and health practices increased after pandemic, 57(35.2%) of them mentioned a decrease, 38(23.5%) participants remained undecided. After pandemic; 105(64.8%) participants stated; childhood vaccines' confidence have remained the same, 5(3.1%) participants have stated; changed negatively. There was no statistically significant difference in the need to research and learn about childhood vaccines before and after pandemic( $p=0.200$ ).

### **Discussion**

According to the studies conducted before the pandemic, in our study, it was seen that the trust in vaccination and health practices decreased. In another study conducted at the same time as our study, similar results were found with ours. Understanding factors behind routine childhood vaccine attitude and behaviour is crucial to maintaining pediatric vaccination rates and promoting vaccine confidence after the pandemic.

### **Take home message**

To raise awareness about vaccination is very important, especially after this pandemic.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 769

## Presentation form

1 Slide 5 minutes

## Diabetes self-management and having a migration background: A comparison between type 2 diabetes patients from Belgian and Moroccan descent living in Belgium

Naomi Wyns<sup>1)</sup>, Cleo Crunelle<sup>2)</sup>, Stefaan Six<sup>3)</sup>, Aan Kharagjitsing<sup>4)</sup>

<sup>1)</sup>Vrije Universiteit Brussel, Brussel, Belgium

<sup>2)</sup>Psychiatry, UZ Brussel, Brussels, Belgium

<sup>3)</sup>Mental Health and Wellbeing Research Group, Vrije Universiteit Brussel, Brussels, Belgium

<sup>4)</sup>Diabetes Endocrinology, UZ Brussel, Brussels, Belgium

## Aim

To gain insight into diabetes self-management (DSM) behaviors and self-efficacy among type 2 diabetes (T2D) patients of Moroccan descent living in a Western European country. Secondly, to assess the impact of migration factors on glycemic control.

## Methods

Cross-sectional data were collected from 199 T2D patients from Moroccan and Belgian origin through self-reported questionnaires and the electronic records of the patients. Diabetes self-management and self-efficacy were assessed using the Summary of Diabetes Self Care Activities (SDSCA) measure and the Diabetes Management Self-Efficacy Scale (DMSES) respectively. Multivariate linear regression analysis was performed to identify predictors of diabetes regulation (HbA1c).

## Results

Belgian T2D patients had significantly lower HbA1c values ( $7.2 \pm 1.5\%$ ) compared to Moroccan patients ( $7.9 \pm 2.1\%$ ) but similar levels of self-management adherence. Counterintuitively, self-efficacy was significantly higher among Moroccan patients &nbsp;and, together with older age, predictive of better T2D regulation. Moroccan ethnicity, female gender, shorter time of residence, and smoking were predictors for poorer T2D regulation.

## Conclusion

Migration related factors, namely time of residence and Moroccan ethnicity, &nbsp;were predictors of poor glycemic control, but this was not associated through self-efficacy. Future studies should better define the cause(s) and specific needs of those with a migration background, aiming to narrow the gap of the existent &nbsp;disparity between T2D patient groups.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 772

## Presentation form

Science Slam

## Impact of an e-learning program on the work with remote interpretation after moving quickly on it during the COVID-19 pandemic

Suzanne Gagnon<sup>1)</sup>, Yvan Leanza<sup>1)</sup>, Noélia Burdeus-Domingo<sup>1)</sup>, François René de Cotret<sup>1)</sup>

<sup>1)</sup>Family Medicine and Emergency Medicine, Université Laval, Québec, Canada

## Context

Remote interpretation was unavoidable for medical and social services to migrants and refugees. All these measures may increase the access to health services for this vulnerable population. Remote interpretation refers to technologies as e-consultations, consultations over the phone, telemedicine.

## Objectives

The objectives of the research project are:

1. To develop two e-learning programs: one for the professionals working with interpreters and the second one for the interpreters
- 2-To measure the impact on the knowledge of the participants and their perception of their self-efficacy

## Method

Quantitative research with 3 online questionnaires (pre training T0, immediately post training T1 and 3 months after the training T2. For the professionals the n were 79,42 and 37 at T0, T1 and T2. For the interpreters they were 21,16 and 6. The deadline to fill up the questionnaires is not over yet. There will be another synchronous activity for the last ones and the results will be posted on the Web site of the Laboratoire Psychologie Cultures (université Laval).

T tests were done to check the impact on the knowledge and the perception of self-efficacy too.

## Results

There was an improving on the knowledge between T0 and T1 (3.16-3.40). This improving decrease between T1 and T2 (3.40-3.28).

For self-efficacy the improving was constant between T0, T1 and T2 (3.53, 4.17 and 4.26).

## Conclusion

The e-learning program has a significant and stable impact for at least one month. It also increases their perception of self-efficacy for at least three months.







### Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID: 8**

### Presentation form

1 Slide 5 minutes

## The Bodily Distress Syndrome: a systematic review and meta-analysis of prevalence

Éric Poitrine<sup>1)</sup>

<sup>1)</sup>Maison de Santé Pluriprofessionnelle Michael Balint, Le Mée-sur-Seine, France

Introduction. Bodily Distress Syndrome (BDS) is a set of functional symptoms introduced in the latest revision of the International Classification of Primary Care (ICPC-3). It succeeds in capturing functional disorders such as irritable bowel syndrome or fibromyalgia. A significant part of the population seems to respond to this diagnosis and our objective is to quantify its prevalence.&nbsp; Methods. We conducted a systematic review of the literature published in French and English, by searching the PubMed, PsycINFO, Embase and Web of Science databases. Any quantitative studies reporting the prevalence of BDS were included. Articles dealing with subjects under the age of 18 were excluded. The risk of bias was analyzed using NOS and STROBE scales. The prevalences and their 95% confidence intervals were estimated by random-effect modeling. Results. Of the 6 studies included in the review, 38407 patients from Denmark and Germany were screened for BDS. The overall estimated prevalence of BDS was 14.94% [95% CI 13.60-16.38%, I2 = 88%], that of mono or oligo-organ BDS was 13.3% [95% CI 12-15%, I2 = 94%] and that of multi-organ BDS was 1% [95% CI 0-2%, I2 = 97%]. The prevalence increased with the proportion of women and age and decreased with the country and year of publication. Heterogeneity between studies disappeared with country stratification. The review did not show significant publication bias. Conclusion. The prevalence of BDS is high in primary care. Therefore, we must continue to carry out studies in order to consolidate these results, particularly in other countries.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 800

## Presentation form

1 Slide 5 minutes

## Guiding male and transgender sex workers: an interdisciplinary approach for handling taboos, hidden populations and hidden access-to-healthcare mechanisms

Fabian Colle<sup>1)</sup>

<sup>1)</sup>Alias, Schaerbeek, Belgium

### Background

Male (MSM) and transgender sex workers in Brussels form a hidden population characterized by intersectional fragilities: they demonstrate an enormous impact from socio-economic determinants of health (e.g. migration with impact on sexual health), which combined with the existing multiple taboos (sex work, migration, sexual orientation and gender identity, sometimes mental health problems or drug use) lead to a substantial lack of access to health care resulting in high HIV and STI prevalences.

### Questions/methods

Through an intensive multidisciplinary approach we continuously try to answer the question how we can reach often invisible subpopulations. Hereby we elaborate the cooperation in a community based organisation of on the one hand a medical permanency with test and treat facilities and on the other hand the activities necessary to reach these populations, for example outreach work for sex workers, presence on applications used by sex workers, tackling administrative barriers and rapid test device activities.

### Outcomes

We elaborate how a multidisciplinary approach is required for connecting hidden populations with accumulation of taboos with the current health care system. This thesis is endorsed by the extremely high prevalence number of HIV and STIs in these populations. We demonstrate how this is not because of population characteristics but rather different forms of social violence and lack of access to health care.

### Discussion / Take Home Message for Practice

Discussing the intersectional problems of this specific population gives a multitude of tools for rendering general medical practice available for those most in need.





### **Abstract topic**

11. Population Management and Cooperation With Public Health

**Abstract ID:** 808

### **Presentation form**

1 Slide 5 minutes

## **Impact of immigration on primary health care at a health unit in Castelo Branco, Portugal**

Luana Lima<sup>1)</sup>, Nelma Sampaio<sup>1)</sup>, Andreia Barata<sup>1)</sup>

<sup>1)</sup>UCSP São Tiago Saúde, Castelo Branco, Portugal

### **Background**

The São Tiago Saúde Health Unit provides primary health care, located in the countryside of Portugal, in the district and city of Castelo Branco. According to data from the 2021 Census, this region has 52,291 individuals, with a tendency to a reduction in the population in the past years. However, there has been a migratory movement with the increase in the foreign population, currently 2,122 in the city of Castelo Branco. Nowadays, a total of 23,069 users are enrolled at UCSP São Tiago Saúde, of which 4,035 (17.49%) are users without a family doctor, gradually increasing.

### **Discussion Point**

The overload of primary health care with an impact on the health of foreigners and the rest of the population.

### **Content**

The increase in users without a family doctor has been overloading primary health care, which makes an adequate preventive attitude more difficult. Also brings a burden to emergency services with problems that could be solved through a routine appointment. Most of these users are foreigners from countries with poor access to health care and who have suffered traumatic events that have an impact on their current health.

### **Take Home Message for Practice**

It is urgent to increase human resources in primary health care to be able to respond to users without a family doctor, which will help reduce the overload in emergency services and implement effective preventive medicine. A holistic approach to foreign users who have particular needs to better solve their health problems, especially with multidisciplinary collaborative care.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 820

## Presentation form

Lecture

## Activity levels of high school students with blood pressure values and obesity

Gökçe İşcan<sup>1)</sup>, Mustafa Nuri Özkan<sup>1)</sup>, Funda Yildirim Baş<sup>1)</sup>

<sup>1)</sup>Family Medicine, SULEYMAN DEMİREL UNIVERSITY, ISPARTA, Turkey

During adolescence and adulthood, physical activity and dietary habits are acquired. This study aimed to determine the relationship between physical activity, eating behavior, obesity, and hypertension diseases, the prevalence of which has increased in adolescents over the past decade.

This cross-sectional study had 354 participants aged 13 to 17 years old. Observed questionnaire completion and measurements of height, weight, waist circumference, and blood pressure were used to collect data. As data collection instruments, the researcher employed the "International Physical Activity Questionnaire", "Eating Behavior Scale", and "socio-demographic information form" he or she had developed. 53.1 percent of the participants were female, while 46.9 percent were male. The average age was  $15.67 \pm 1.08$  years old. 29.1% of the participants were inactive. 9.9% of participants were overweight, and 8.2% were obese. &nbsp;18.6% of participants have hypertension, and 6.5% of them were in stage 1, while 2.3% were in stage 2. While there was a correlation between physical activity level and eating total behavior score ( $p=0.002$ ), there was no correlation between body mass index (BMI) ( $p=0.232$ ), systolic blood pressure ( $p=0.431$ ), and diastolic blood pressure ( $p=0.155$ ). There was a correlation between BMI and systolic ( $p=0.001$ ) and diastolic ( $p=0.004$ ) blood pressure. In the linear regression analysis, systolic blood pressure per unit increased; length increased by 0.313%; weight increased by 0.202%; BMI increased by 1.377%; waist circumference increased by 0.247%; eating total behavior score increased by 0.023; and BMI increased diastolic blood pressure by 0.633%.





### **Abstract topic**

11. Population Management and Cooperation With Public Health

**Abstract ID:** 835

### **Presentation form**

1 Slide 5 minutes

## **Health costs of patients before and after a bariatric surgery**

Limor Adler<sup>1)</sup>, Matan Bar-Yishai<sup>2)</sup>, Ilan Yehoshua<sup>2)</sup>

<sup>1)</sup>Family Medicine, Tel Aviv University, Tel Aviv, Israel

<sup>2)</sup>Health Division, Maccabi Healthcare Services, Tel Aviv, Israel

### **Background**

Bariatric surgeries are becoming more prevalent as a treatment option for obesity.

Research questions

The aim of this study was to evaluate the costs of patients who underwent a bariatric surgery and to compare costs before and after surgery.

### **Method**

In this retrospective cohort study we evaluated patients who underwent bariatric surgery in the years 2015-2019 and assessed their costs 3 years before and 3 years after the surgery. We first analyzed the costs in a univariate analysis and later used a multivariate analysis to assess which factors correlates with a decrease in the costs after the surgery.

### **Results**

During the years 2015-2019 10,500 patients underwent a bariatric surgery in Maccabi Healthcare Services, the second largest healthcare maintenance organization in Israel. The most common operation in all age groups was sleeve gastrectomy. The median differences in total health costs were 234, 120 and 256 euro in different age groups (18-39, 40-64, 65+, respectively). A reduction in costs after the surgery is associated with different variables in each age group. In the youngest, and middle age group, age and male sex are associated with a reduction in costs after the surgery. Diabetes mellitus is associated with a reduction in costs after the surgery in the middle and oldest age groups.

### **Conclusions**

Health related costs increase after a bariatric surgery in all age groups. However, there are several factors associated with a decrease in costs, including age, male sex and diabetes mellitus.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 848

## Presentation form

1 Slide 5 minutes

## Determinants of lipid lowering medication prescribing in a multi-ethnic adult population diagnosed with familial hypercholesterolaemia (FH) in South London

Aya Ayoub<sup>1)</sup>, Veline L'esperance<sup>1)</sup>, Stevo Durbaba<sup>1)</sup>, Mariam Molokhia<sup>1)</sup>

<sup>1)</sup>Population Health Sciences, King's College London, London, United Kingdom

### Background

FH (prevalence 1 in 250) is an inherited condition which significantly increases risk of premature cardiovascular disease. Early diagnosis can potentially normalise cardiovascular risk with lipid-lowering medicines. Currently, only 7% of patients with FH are identified in the UK. Improving FH identification, and understanding disparities in ascertainment and management, is a current NHS priority.

### Aim

To assess determinants of lipid-lowering medication prescribing in an ethnically diverse South-London adult population with a diagnostic FH code.

### Methods

Retrospective cross-sectional analysis of Lambeth DataNet primary care database, containing anonymised adult patient data from 41 practices (399,036 patients) in South London. Lipid-lowering non-prescribing, assessed across ten ethnic groups, demographic and lifestyle factors, socio-economic indicators, co-morbidities, and practice factors (access to care and practice size) were adjusted for in the models. Stata 17 was used to run sequential models of logistic regression adjusted for practice effects using multi-level modelling.

### Results

164/805 (20%) of FH coded individuals received no lipid-lowering medication. The fully adjusted model for no lipid-lowering prescriptions in adults diagnosed with FH showed the following associations: age (years) OR 0.93 (p 0.001, 95% CI 0.91-0.95), male gender OR 0.47 (p=0.002, 95% CI 0.29-0.76), hypertension OR 0.30 (p=0.01), 95% CI 0.12-0.72) and frequency of GP attendance OR 0.48 (p=0.03) 95%CI 0.25-0.86.

### Conclusion

The study suggests important determinants of lipid lowering prescribing in an ethnically diverse adult population included older age, male gender, hypertension and frequency of GP attendance. Ethnicity showed no significant associations with lipid-lowering prescribing after adjusting for other determinants including deprivation measures.







## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 856

## Presentation form

1 Slide 5 minutes

## Use of primary health care services and mortality in older patients with type 2 diabetes.

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<sup>1)</sup>Department of general practice and primary health care, University of Helsinki, Helsinki, Finland

### Introduction

Type 2 diabetes (T2D) is a major cause of morbidity with an increasing health burden. Our aim was to examine primary health care service utilization and mortality in older patients with T2D with or without comorbidities.

### Materials and methods

All patients aged 60 years or more with a type 2 diabetes (N=11020) from the Vantaa city, Finland, were included in the cohort study. Data on patients were obtained from the electronic health care record system. Service utilization was defined as a number of all appointments with a live interaction between a patient and a general practitioner or a nurse. Mortality was assessed using standardized mortality ratio. The follow-up period was 2011-2018.

Patients with T2D and comorbidities had more appointments compared to patients with T2D and no comorbidities (age and sex adjusted incidence rate ratio 1.44 [95% CI 1.39 to 1.49]). In patients with T2D and comorbidities and patients with T2D and no comorbidities, the number of appointments to general practitioners or nurses had a reverse association with mortality. Between patients with T2D and comorbidities and patients with T2D and no comorbidities the age, sex and comorbidity adjusted hazard ratio for death was 1.46 (95% CI 1.32 to 1.62).

### Conclusions

In older patients with T2D, the presence of comorbidities resulted in an increased use of primary health care services. The increased number of appointments associated with decreased mortality in patients with T2D with or without comorbidities. The presence of comorbidities associated with an increased mortality in patients with T2D.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 872

## Presentation form

1 Slide 5 minutes

## A new, self-applied, metabolic syndrome prediction model, based on the American National Health and Nutrition Examination Survey (NHANES)

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## Background

Metabolic syndrome (MetS) is a growing global public health issue associated with to an increase morbidly.

## Questions

To establish a simple self-applied prediction model to identify individuals with MetS.

## Methods

Cross-sectional study based on the American National-Survey-of-Health-and-Nutrition database. Participants aged 20-80 with no major morbidities (diabetes, hypertension, dyslipidemia, heart failure, coronary heart disease, angina, myocardial infarction, and stroke) or pregnancy were included. Data from 2009-2016 were used to build the model and 2017-2018 to validate it. MetS was defined by the AHA/NHLBI guidelines. Variables associated with MetS in univariate analysis were included in the multivariable logistic regression model (backward method was applied). The area under the receiver operating characteristic curve was used to assess the discrimination ability and maximal Youden's index to identify the optimal cut-off point.

## Outcomes

The study included 4,245 individuals (mean age 39y, 51.8% females) in the training group and 911 individuals (mean age 39y, 50.1% females) in the validation group. Older age, male gender, non-African-American race, non-academic education, and higher BMI were significantly associated with increased risk of MetS. The model showed good discrimination ability (AUC=0.809), with sensitivity of 82.2%, specificity 65.1%, positive likelihood ratio 2.355, negative likelihood ratio 0.273, PPV 59.4% and NPV 85.5%.

## Discussion

Simple application may serve for primary and secondary prevention, and thus enable risk reduction in development of cardiovascular morbidity and health expenditure.

## Take Home Message for Practice

A new, self-applied model may serve as a primary, easy-to-use screening tool to identify MetS in an apparently MetS-free population.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 912

## Presentation form

Lecture

## The OECD International Survey of People Living with Chronic Conditions (PaRIS survey): field trial in 17 countries.

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<sup>7)</sup> Fundacion Avedis Donabedian, Barcelona, Spain

<sup>8)</sup> Organisation for Economic Co-operation and Development (OECD), Paris, France

## Background

The Organization for Economic Cooperation and Development (OECD) aims to support countries in improving care through the PaRIS Survey for People Living with Chronic Conditions by collecting information on how people experience the quality and performance of primary and ambulatory care services .

## Question

To pilot the implementation and instruments in a survey Field Trial.

## Methods

In 2022, 17 countries participated in the Field Trial across Europe, Australia, Canada and Saudi Arabia. National project managers (NPMs) worked with the PaRIS-SUR Consortium, OECD and national stakeholder groups in the multilevel pilot design and implementation. Practices were identified at random (stratified) in each country and patients aged  $\geq 45$  years seen in each practices were also randomly selected. Data were collected through patient and practice questionnaires (presented at previous WONCA conferences). Structured feedback was gathered on country experiences with the Field Trial.

## Outcomes

Out of 11,999 patients providing consent, 10,894 completed the patient questionnaire (91%). Only five questions (out of 118) had 10% missing answers. Furthermore, 570 practices provided consent, and 540 (95%) completed the practice questionnaire. Psychometric performance of measurements were largely confirmed, with minor adjustments needed. Countries provided rich feedback on their experiences and proposed several improvements.





### **Discussion and Take Home Message for Practice**

The field trial yielded valuable lessons for the Main Survey in 2023, including the need to intensify national efforts for engagement and recruitment, consider challenges of the nested design, further harmonise sampling and data collection, revise instruments and further develop country specific implementation plans together with stakeholders.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 914

## Presentation form

1 Slide 5 minutes

## The prevalence of persistent insomnia in general population

Maija Bolszak<sup>1, 2, ,</sup> Markku Timonen<sup>2, 1, ,</sup> Emilia Väisänen<sup>2, 1)</sup>

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### Background

Insomnia is a prevalent condition in general population and a common complaint in primary health care. For example, in Finland, two cross-sectional studies among general adult population suggested the prevalence of chronic insomnia symptoms and occasional insomnia-related symptoms being between 9.2–9.6% and 42.5–44.8%, respectively. Further, the prevalence of insomnia has been increased worldwide. However, less is known about the persistence of insomnia symptoms in general population.

### Questions

What is the prevalence of persistent insomnia in general population according to longitudinal follow-up studies in international literature?

### Methods

With a help of specialized health science librarian, a systematic search of literature databases (PubMed, Scopus, Web of Science, Medic) was conducted up to March, 17th, 2022.

### Outcomes

Altogether, after deleting duplicates, 5493 articles were identified for further screening. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) will be used while reporting the results. The PRISMA Flow Diagram and the main results of the information extracted from the included articles will be presented in Wonca Europe 2023 Congress.

### Discussion

Assembled data on the prevalence of persistent insomnia in general population level will be gained.

### Take Home Message for Practice

Getting a better understanding of the risk factors and natural course of persistent insomnia helps to prevent negative health outcomes in clinical practice.





### **Abstract topic**

11. Population Management and Cooperation With Public Health

**Abstract ID:** 929

### **Presentation form**

1 Slide 5 minutes

## **Association between obesity and multimorbidity: a systematic review**

Jussa-Pekka Väliälä<sup>1,2)</sup>, Antero Leinonen<sup>1,2)</sup>, Sirkka Keinänen-Kiukaanniemi<sup>1,2)</sup>, Juha Auvinen<sup>1)</sup>

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<sup>2)</sup>Research Unit of Population Health, Wellbeing Services County of North Ostrobothnia, Oulu, Finland

### **Background**

Multimorbidity is most often defined as two or more chronic conditions in a given individual. Both multimorbidity and obesity are rising challenges for individuals themselves and to health care systems around the world.

### **Questions**

Aim of this study was to evaluate the association between obesity and multimorbidity by systematic review of existing literature.

### **Methods**

Systematic review was performed according to PRISMA guidelines in MedLine, Scopus and CINAHL in 14 th April 2021. Only studies made with unselected general adult populations, considering overall multimorbidity and written in English were included in final review.

### **Outcomes**

Total of 28 articles met the eligibility criteria, with more than 2,2 million people from 34 different countries in all continents except Australia and Oceania. Studies showed a consistent association between obesity and multimorbidity. The studies used different statistical methods to evaluate the association between multimorbidity and obesity, i.e., plain proportions, risk-ratios, odds-ratios, beta-coefficient, adjusted prevalence ratios and mean number of diseases.

### **Discussion**

This systematic review with many high-level studies shows a consistent and strong association between obesity and multimorbidity among adult population. The association in this study stems mainly from cross-sectional settings and more research, especially in longitudinal settings, is needed to study the causality between the obesity and multimorbidity and the underlying mechanisms.

### **Take Home Message for Practice**

The result of this systematic review highlights the importance of population-wide weight control for both the policymakers and professionals in the health care services for prevention of multimorbidity.







### **Abstract topic**

11. Population Management and Cooperation With Public Health

**Abstract ID:** 946

### **Presentation form**

1 Slide 5 minutes

## **Continuity of care in multiprofessional primary health care in the city of Oulu, Northern Finland**

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<sup>2)</sup>Wellbeing county of northern ostrobothnia, Oulu, Finland

### **Background**

Multiprofessional collaboration is highly developed in Finnish primary health care. In multiprofessional teams there are at least nurses, physicians, special maternity and pediatric nurses, secretaries, and often also physiotherapists, social workers, and special psychiatric nurses. Unfortunately, while focusing on the development of multiprofessionality, continuity of care has been deteriorating in Finnish health centers for several years. Consequently, we have developed a model to improve continuity while maintaining multiprofessionality.

### **Questions**

To find out how health care professionals perceived current situation concerning continuity of care and multiprofessional collaboration before new model was implemented.

### **Methods**

We are carrying out a web-based survey (Webropol Survey Reporting) for health care professionals of Kontinkangas health care center located in the middle of Oulu (taking care of approximately 80,000 inhabitants primary health care). Also, continuity of care is being monitored using Continuity of Care Index (COCI).

### **Outcomes**

Final results will be reported in Wonca Europe conference 2023. Initial results show that in the Likert-scale from one to five (one as extremely poor and five as extremely well) physicians and nurses rated 2.2 and 2.7, respectively, while inquiring how continuity of care was actualized. Corresponding figures for the realization of multiprofessional collaboration were 3.2 and 3.9. When asked if the patients were directed to the right professionals, physicians rated 2.4 and nurses 3.0.

Discussion Perceptions about the continuity of care seems to differ between different professionals.

### **Take Home Message for Practice**

It is important to provide healthcare professionals up-to-date information concerning continuity of care





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 948

## Presentation form

1 Slide 5 minutes

## What are the general public's views about COVID-19 vaccination? Results from a survey in eight European countries: the PuV-CoVa study

Marija Zafirovska<sup>1,2)</sup>, Aleksandar Zafirovski<sup>1,2,3)</sup>, Kristien Coteur<sup>4)</sup>, Jelena Danilenko<sup>5,6)</sup>, Heidrun Lingner<sup>7)</sup>, Christine Brütting<sup>8)</sup>, Nicola Buono<sup>9)</sup>, Vanja Lazić<sup>10)</sup>, Liljana Ramasaco<sup>11)</sup>, Michael Harris<sup>12)</sup>

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<sup>10)</sup>Društvo nastavnika opće-obiteljske medicine DNOOM, Zagreb, Croatia

<sup>11)</sup>University of Elbasan, Elbasan, Albania

<sup>12)</sup>University of Bath, School for Health, Bath, United Kingdom

## Background

Some people are unwilling to be given COVID-19 vaccines, even though they are effective in preventing serious illness and death. Evidence is needed on the public's views on the advantages and disadvantages of COVID-19 vaccination, which factors influence their decision-making, and what kind of information they would like to have.

## Questions

What are the views of Europeans without a healthcare qualification on COVID-19 vaccination, and what factors influence these views?

## Methods

An online survey in eight European countries.

## Outcomes

Out of 1008 participants, 80% had received a COVID-19 vaccine and 44.1% agreed that "COVID-19 vaccines are safe". Younger participants, and those who felt well-informed about the different COVID-19 vaccines available in their countries, were more likely to agree that the vaccination is effective and necessary. Many participants were motivated to be vaccinated by a desire to help and to feel protected,





while others felt that they could develop "natural immunity" or that they did not belong to an at-risk population. Other factors included concerns about the vaccine's rapid development, lack of information on long-term effects, and lack of unbiased advice.

### **Discussion**

The public's views on COVID-19 vaccination vary greatly. Although most participants were vaccinated, there was disagreement among them regarding the advantages of vaccination in terms of both health and social factors.

### **Take Home Message for Practice**

Additional education about COVID-19 vaccination, information from experts outside the pharmaceutical industry, and improved communication with hard-to-reach populations could all help increase vaccination uptake.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 975

## Presentation form

Lecture

## The CRIVALVIR Project: Primary care contribution to HIV and viral hepatitis elimination through opportunistic screening in Valencia, Spain

Enrique Ortega Gonzalez<sup>1)</sup>, María Dolores Ocete<sup>1)</sup>, Concepción Gimeno<sup>1)</sup>, Maria Martinez Roma<sup>1)</sup>, Antonio Fornos Garrigós<sup>1)</sup>, Amparo Esteban Reboll<sup>1)</sup>, Moisés Diago Madrid<sup>1)</sup>, Alba Carrodeguas<sup>2)</sup>, Diogo Medina<sup>2)</sup>, Miguel Garcia Deltoro<sup>1)</sup>

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<sup>2)</sup>FOCUS Program, Gilead Sciences, Madrid, Spain

## Background

Advancing screening and linkage to care practices is necessary to effectively control the HIV and viral hepatitis epidemics in Spain toward WHO and UNAIDS elimination goals for 2030.

## Questions

We aimed to ascertain whether general population screening of primary care patients could effectively complement existing targeted screening policies.

## Methods

We implemented opportunistic HIV, HBV, and HCV screening in 26 primary care centers from February 2019 to March 2022 (38 months), using existing infrastructure and staff, aided by electronic health record system modifications to identify screening eligibility and request serologies automatically. Patients aged 18-80 were eligible upon verbal consent IF they had no recorded tests in the previous year AND required blood work. Follow-up was provided regardless of test results. Case managers contacted positive patients to ensure linkage to care.

## Outcomes

We tested 59,907 patients, 31,955 of whom were screened per protocol, finding 0.17% HIV seroprevalence, 0.44% HBV seroprevalence, 1.64% HCV antibody&nbsp;seroprevalence, and 0.35% HCV RNA prevalence. We linked 95% of patients to care post-diagnosis.

## Discussion

Our project led to a 3-fold increase in the number of overall patients screened for blood-borne viruses compared to the previous equivalent period, and to an improvement in early HIV diagnosis, with late presentation rates falling from 51.5% to 33.3%.&nbsp;Changes in public perception and testing stigma were also apparent, with high patient and provider adherence to screening. We are now undertaking a cost-effectiveness analysis.

## Take Home Message for Practice

Opportunistic blood-borne virus screening approaches in primary care are feasible and effective.





## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 979

## Presentation form

Science Slam

## Family doctors reinforce HCV elimination efforts through screening and linkage to care

Vítor Magno Pereira<sup>1)</sup>, Elisa Xavier<sup>1,2)</sup>, Luís Jasmins<sup>1)</sup>, Ana Paula Reis<sup>2)</sup>, Nancy Faria<sup>2)</sup>, Madalena Pestana<sup>1)</sup>, Bruno Freitas<sup>2)</sup>, Nuno Canhoto<sup>2)</sup>, Alba Carrodeguas<sup>3)</sup>, Diogo Medina<sup>3)</sup>

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<sup>3)</sup>Gilead Sciences, Lisboa, Portugal

## Introduction

SESARAM manages 47 primary care centers, 3 hospitals, and 1 emergency department (ED) that serve 254,000 residents in the Portuguese Autonomous Region of Madeira. All facilities share the same laboratory.

## Description

SESARAM launched a multistakeholder effort of public, social, and private sector players to adopt systematic, opportunistic HCV screening in patients aged 18-70 who required blood work for any purpose. Screening was integrated across hospital wards from January 2020, in the ED from July 2020, and in primary care from December 2020 via electronic health record algorithms and oral opt-out consent.

We used reflex testing for the first time in Portugal, wherein positive HCV antibody tests trigger HCVcore antigen confirmation on the same specimen without physician or patient initiation.

## Lessons Learned

We screened 32418 patients in the 36months from January2020 to December 2022, upscaling HCV testing to an average of 900 monthly tests. We found 0.47% antibody prevalence and 0.16% viremia.&nbsp;; We successfully linked 94% of patients to care, with failures related to social barriers in complying with healthcare in intravenous drug user patients.

An analysis of the quarterly moving averages of antibody and RNA prevalence in the population reveals a decreasing trend over time, crossing zero between 2024 and 2026, ahead of WHO's elimination goal for 2030.

## Recommendations

When grounded on implementation science and information technology, multistakeholder approaches to screening the general population are feasible and effective at improving HCV diagnosis gaps and achieving elimination. Emergency departments seem to be the most effective place to conduct large-scale population screening.





### **Abstract topic**

11. Population Management and Cooperation With Public Health

**Abstract ID:** 988

### **Presentation form**

1 Slide 5 minutes

## **How has the Covid crisis changed the distribution of functions in nursing homes? An exploratory study of the changeant role of GP facing the challenge of ageing**

Céline Mahieu<sup>1)</sup>

<sup>1)</sup>Centre de recherche Approches sociales de la santé - Unité de recherche en soins primaires, Université libre de Bruxelles, Brussels, Belgium

In Belgium, historically, nursing home residents keep their family doctor for their personal care while the coordinating doctor of these nursing homes adopts a more preventive and administrative function. How has the Covid crisis, by limiting the access of families and family doctors to nursing homes, changed this distribution of roles? An exploratory study was conducted in the form of 13 in-depth qualitative interviews with Brussels general practitioners (family doctors or coordinating doctors, sometimes both in different institutions). It shows that the crisis has served as an accelerator for an extension of the coordinating doctor's missions while at the same time it reveals the differences in the conception of family doctors as to their role in an institutional context such as a nursing home: from the most passive role (the family doctor acting only in a subsidiary manner) to the most active roles (the family doctor acting as a collaborator, as a coordinator, sometimes as a monitor of the care provided in the nursing home and as a guarantor of the link with the family). In addition to the relationship of general practitioners to institutional contexts, this presentation highlights current questions about the contribution of the general practitioner (whether acting as a family doctor or coordinating doctor) to the care of seniors and more generally to the changeant role of GP facing the challenge of ageing.







## Abstract topic

11. Population Management and Cooperation With Public Health

**Abstract ID:** 991

## Presentation form

1 Slide 5 minutes

## Persisting symptoms 10 years after *Cryptosporidium hominis* infection

Marije Boks<sup>1)</sup>, Mikael Lilja<sup>1)</sup>, Micael Widerström<sup>1)</sup>, Pontus Karling<sup>1)</sup>, Anna Lindam<sup>1)</sup>, Malin Sjöström<sup>1)</sup>

<sup>1)</sup>Public health and clinical medicine, Umeå University, Umeå, Sweden

### Background

In 2010, a waterborne outbreak of the parasite *Cryptosporidium hominis* affected 27,000 (45%) inhabitants of Östersund, Sweden. Previous research showed that post-infectious symptoms from abdomen and joints are common up to 5 years after the initial infection. No data is available on whether parasitic infections can cause more long-term sequelae.

### Questions

Does cryptosporidiosis cause sequelae 10 years after the initial infection?

**Methods**  
Prospective cohort study. Shortly after the outbreak, a randomly selected cohort (n=2024) received a questionnaire on symptoms of cryptosporidiosis. Those reporting new episodes of diarrhoea with onset during the outbreak were defined as cases. In 2021, a follow-up questionnaire was sent to respondents of the outbreak questionnaire (n=1287). Logistic regressions were used to examine associations between case status and symptoms reported. The results were presented as odds ratios with 95% confidence intervals.

### Outcomes

538 adults (74.0%) responded in 2021. After exclusion of individuals with pre-existing bowel diseases, 203 cases and 290 non-cases were included. Preliminary data showed that case status was associated with reporting symptoms 10 years later, with odds ratios  $\approx 3$  for abdominal symptoms and  $\approx 2$  for joint-related symptoms. Details will be presented during the congress.

### Discussion

Outbreak case status was associated with higher odds for reporting sequelae after 10 years. This is in concordance with previous studies on other gastrointestinal pathogens and shows that some individuals experience persisting symptoms over a very long time.

### Take Home Message for Practice

Acute infection with *Cryptosporidium* can cause persisting symptoms for up to a decade.





## 12. Prevention

### Abstract topic

12. Prevention

**Abstract ID:** 183

### Presentation form

Lecture

### Factors influencing vaccination behavior in the MPOX outbreak 2022 in Germany

Wolfram Herrmann<sup>1)</sup>, Julianna Grune<sup>1)</sup>, Jendrik Dedow<sup>1)</sup>, Philip Oeser<sup>1)</sup>

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#### Background

Beginning in May 2022, an increase in travel-unrelated MPOX infections was registered worldwide. Research on the intentions to receive an MPOX vaccine is limited. In this study, we aimed to identify predictors for the intent to get vaccinated and for successfully receiving a vaccine.

#### Methods

We conducted an anonymous online survey on MPOX infection in Germany in August 2022 on risk factors, vaccination and treatment status. Referring to the 5C model on vaccination readiness, we examined to which extent the dimensions confidence, complacency, constraints, calculation and collective responsibility influenced MPOX vaccination behavior in participants who intended to receive, who actively tried to receive a vaccine and participants who had received a vaccine. Regression analysis was conducted in R Statistical Software.

#### Outcomes

3,338 participants took part in the survey. Feelings of responsibility and constraints were associated with an increased intention to receive the vaccine and complacency with a decrease. Calculation of risks and benefits increased having actively tried to receive a vaccination. Perceived fewer constraints were associated with having received a vaccination successfully as well as being treated in an HIV clinic. While indication for vaccination was a strong predictor in all groups, level of education had no influence.

#### Discussion

Accessibility of vaccines seemed to play an important role in all groups. As an online survey, the study had limitations regarding accessibility and self-reporting of data.

#### Take Home Message

It is important to ensure easy access to vaccinations against MPOX in primary care in order to decrease constraints.





## Abstract topic

12. Prevention

**Abstract ID:** 244

## Presentation form

WONCA Network Workshop

## Key topics in lifestyle medicine in 2023: strategies to identify aggravating and supporting behaviors and provide tools to support patients to improve their health

Kate Woolley<sup>1)</sup>, Ozden Gokdemir<sup>2)</sup>, Snežana Knežević<sup>3)</sup>, Łukasz Reczek<sup>4)</sup>, Réka Vernes<sup>5)</sup>

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<sup>5)</sup>Primary healthcare, Szent Kristóf Szakrendelő Outpatient Clinic, Budapest, Hungary

## Background

Lifestyle medicine is an emerging specialty that is gaining recognition globally. Lifestyle Medicine is a medical specialty within conventional Western Medicine that uses evidence-based lifestyle interventions, including physical activity, healthy nutrition, stress management, avoidance of risky substances, healthy sleep, and positive social connections to prevent, treat, and reverse chronic diseases. The biggest challenge is to translate the knowledge from lifestyle intervention studies into primary care clinical practice. This workshop aims to provide participants with strategies to identify aggravating and supporting behaviors with a focus on obesity, physical activity, and mental health and provide tools to support patients to improve their health behavior.

## Target Group

The workshop is aimed at family physicians, general practitioners, and doctors in training.

## Didactic Method

The interactive workshop involves short lectures, group discussions, and practicing health behavior change tools allowing participants to share experiences and ask questions for upgrading their knowledge and skills.

## Objectives

Improve knowledge and recognition of lifestyle risks by primary healthcare professionals to improve overall health.

Enhance recognition of the most important factors influencing lifestyle.

Assist participants in providing lifestyle-related health behavior change support.

Facilitate sharing of experiences and difficulties.

Practice analyzing case scenarios.

## Estimated number of participants

20-25





**Brief presentation of the workshop leader**

Dr. Kate Woolley is a Family Doctor in the UK, with a special interest in LM. She is the Clinical Director of the BSLM Learning Academy. She is an experienced medical educator with a portfolio of research in the field of lifestyle medicine.





## **Abstract topic**

12. Prevention

**Abstract ID:** 282

## **Presentation form**

1 Slide 5 minutes

## **HPV vaccine prescription: A quality improvement project**

Inês Genésio<sup>1)</sup>, Manuel Veloso<sup>1)</sup>, Sandra Costa<sup>1)</sup>, Lígia Torres Lima<sup>1)</sup>

<sup>1)</sup>Family Health Unit, Unidade de Saúde Familiar São Bento, Porto, Portugal

### **Background**

The oncogenic human papillomavirus (HPV) is the main etiological agent for the development of cervical cancer.

### **Questions**

The study aims to reinforce the importance of HPV vaccination as the most relevant strategy for cervical cancer prevention and to promote vaccination at the key ages recommended in the Portuguese National Vaccination Plan.

### **Methods**

A continuous quality improvement project was applied to physicians and nurses of a family health unit, during 9 months. The quality parameters used were: (1) - "HPV vaccination in females between 10 and 26 years and 364 days" and (2) - "HPV vaccination in males between 10 and 26 years and 364 days". The quality standard to be achieved was the proportion of at least 90% vaccination coverage. The intervention consisted on training sessions.

### **Outcomes**

The pre-intervention evaluation (March 2022) obtained the following data: (1) - 1st dose 91.56%; 2nd dose 90,76%; 3rd dose 19.14% and (2) - 1st dose 10.12%; 2nd dose 5.76% and 3rd dose 0.3%. The final data (December 2022): (1) - 1st dose 96,11%; 2nd dose 16,27%; 3rd dose 37,54% and (2) - 1st dose 22,68%; 2nd dose 5.76% and 3rd dose 0.67%.

### **Discussion**

There has been an improvement in the HPV vaccination rate and in females the proportion of at least 90% recommended by the World Health Organization has already been achieved.

### **Take Home Message for Practice**

HPV vaccines are extremely effective. The optimal opportunity for vaccination is before the onset of sexual activity.





## Abstract topic

12. Prevention

**Abstract ID:** 294

## Presentation form

Lecture

## Skincare 101 for family doctors: tips, tricks and basics to tackle it.

Miriam Rey Seoane<sup>1)</sup>, Ana Cristina Franco Spínola<sup>2)</sup>, Rocío Bello Hirschfeld<sup>3)</sup>, Raisia Álvarez Paniagua<sup>4)</sup>, Rocío García-Gutiérrez Gómez<sup>5)</sup>, María Mercedes Martínez Mendieta<sup>6)</sup>, Reyan Zein<sup>7)</sup>, Ozden Gokdemir<sup>8)</sup>, Rajiv Sethi<sup>9)</sup>, Stephanie Van Dyck<sup>10)</sup>

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<sup>6)</sup>CS Vinaceite, Servico Aragonés de Salud, Alcañiz, Teruel, Spain

<sup>7)</sup>JAMÖ, JAMÖ, Vienna, Austria

<sup>8)</sup>Family Medicine, IUE/ Faculty of Medicine, Izmir, Turkey

<sup>9)</sup>Global, NHS, Manchester, United Kingdom

<sup>10)</sup>Luxembourg

## BACKGROUND

Skincare, prevention and promoting self-care for our patients is in our base skills as family doctors. But nowadays, as skincare trends, products, ingredients and routines emerged, we are left behind, and almost forgot the basics. We aim to tackle it with some interactive and fun workshop.

## TARGET GROUP

Family doctors, residents, students, everyone could join.

## DIDACTIC METHOD

Thinking on it and practicing , testing, learning and creating their own skincare routines.

## OBJECTIVES 75 minutes

We aim to create a space for learning and testing, to have fun and enjoy mixing, matching and trying the basics of skincare. In the first 10-15 minutes presenters and participants will participate in an ice-breaker presentation (roll the ball), as well as point out one topic of their interest. Later on, some information will be released in "e-flash cards" method (max 15 min) for them to have a mindset on the







topic [skin types, skin tones, routine (type of products, indications), sunscreen, ingredients, natural care, problems: atopic, acne, seborrheic]. The group will be divided into 5-6 sub-groups. These subgroups will be given some case-play (cards with products and ingredients, some tester samples for understanding basic formulas, and a case-scenario for them to practice (related to the information given at the beginning) (20-30 min). In the last 15 minutes, we will create a moment to present and comment on their cases, as well as point out some "bring home messages" and answer questions and doubts.

### **75/100 participants**

We are FM doctors with a passion for skincare





### Abstract topic

12. Prevention

**Abstract ID:** 312

### Presentation form

1 Slide 5 minutes

## “From Blue to Gray sky”: Awareness for stress and anxiety during pregnancy and early parenthood

Silke Stalpaert<sup>1)</sup>

<sup>1)</sup>VZW Kinderwens, oostende, Belgium

Pregnancy and early parenthood are intense, life-changing periods. There are physical changes, with symptoms such as nausea, weight gain, musculoskeletal pains, exhaustion and emotional instability. There's the construction of a parental identity: a changing partner relationship, responsibility for another human being, fear of complications during pregnancy and labor,... And additional stressors can be a low income, an unhealthy work-life balance or lack of social support. Overall, 10–20% of pregnant women and women in the early postpartum period suffer from mental health problems such as depression and anxiety

Stress in the perinatal period has been associated with preterm birth, postpartum depression, anxiety and fetal distress. Also the period from preconception to the child's second birthday (“the first thousand days”) is crucial for a child's further physical, mental and social development. Therefore it's important to see pregnancy and postpartum as opportune periods for health promotion interventions to improve health outcomes for both parents and children.

Therefore VZW Kinderwens started the program “Van roze naar broze wolk” (“From blue to gray sky”). (Future) parents are educated through webinars and seminars on the importance of mental health and its short-term and long-term effects on the mother and the baby. Public health services are addressed to raise awareness of the emotional wellbeing of pregnant women and women in the early postpartum period. Routine depression and anxiety screening should be considered systematically in primary care settings to ensure optimal perinatal and infant mental health and cooperation is needed to create supportive environments.





## Abstract topic

12. Prevention

**Abstract ID:** 328

## Presentation form

Science Slam

## Health intervention delivered in general practice to increase physical activity and reduce sedentary behaviour of patients with prediabetes and type 2 diabetes (ENERGISED)

Norbert Kral<sup>1)</sup>, Marketa Pfeiferova<sup>1)</sup>, Andrea Jaklova<sup>2)</sup>, Tomas Vetrovsky<sup>3)</sup>, Tess Harris<sup>4)</sup>, Bohumil Seifert<sup>1)</sup>

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<sup>3)</sup>Faculty of Physical Education and Sport, Charles University, Prague, Czech Republic, Faculty of Physical Education and Sport, Charles University, Prague, Czech Republic, Prague, Czech Republic

<sup>4)</sup>Population Health Research Institute, St George's University of London, UK, Population Health Research Institute, St George's University of London, UK, Prague, Czech Republic

## Background

The growing number of patients with type 2 diabetes and prediabetes is a major worldwide public health concern. Functioning as both a treatment and countermeasure, physical activity is a cornerstone of diabetes management and may prevent or delay its onset in patients with prediabetes.

## Questions and Methods

This 12-month two-arm randomised controlled trial will test the effectiveness of an mHealth intervention delivered in general practice to increase physical activity and reduce sedentary behaviour of patients with prediabetes and type 2 diabetes. The trial consists of two phases, each lasting for six months: the lead-in phase, when the mHealth intervention is supported with human phone counselling, and the maintenance phase, when the mHealth intervention is fully automated, without any human support. As part of the intervention, patients will receive a Fitbit activity tracker to self-monitor their daily steps.

## Outcomes

We plan to recruit 340 patients. The primary outcome, average ambulatory activity (steps/day) measured by a hip-worn accelerometer Actigraph, will be assessed at the end of the maintenance phase at 12 months. Other outcomes include fasting plasma glucose, glycated haemoglobin, lipid profile, functional strength and health-related quality of life.

## Discussion

Based on recent evidence and harnessing the latest technology advances, we have developed an mHealth intervention to be introduced to the patients by their general practitioners. If shown to be





effective, we will seek to implement the intervention as part of the standard primary care in the Czech Republic for (pre)diabetes patients and potentially other patient populations.





### **Abstract topic**

12. Prevention

**Abstract ID:** 346

### **Presentation form**

Case Reports By Young Doctors

## **Osteoporosis – silent epidemic of elderly**

Silvia Masaryková<sup>1)</sup>

<sup>1)</sup>Family medicine- MedAmb s.r.o., The Slovak Society of General Practice, Bratislava -Petržalka, Slovakia

### **Background**

Osteoporosis is a systemic skeletal disorder characterized by low bone mass. It is dangerous because it does not hurt and its consequence is the increased number of osteoporotic bone fractures. The increasing incidence is responding the age - about 15% of Caucasians in their 50s and 70% of those over 80 are affected.

### **Case report**

In July 2022 a 73 years old women was treated at the emergency due to the thoracic pain. Acute coronary syndrome and pulmonary embolism were excluded. The pain was described as belt –like pain, also the herpes zoster infection was taken in mind. On X- ray she had 30% reduced height of Th8. On MRI the new compression fractures of Th8 and Th9 were diagnosed. She had no history of trauma.

In her past she was treated for osteoporosis but she interrupted the treatment. She had a compression fracture of Th4 in 2013.

September 2022 she has undergone the stabilisation surgery with kyphoplasty - minimal invasive procedure for the stabilisation of osteoporotic vertebral fractures.

### **Conclusion/Take Home Message for Practice**

The aim is to show that general practitioners are important in consistent education of patients to prevent the occurrence of osteoporosis – regularly bone density test in risky population and treatment of osteopenia or referring the patient with diagnosed osteoporosis to specialists.





## Abstract topic

12. Prevention

**Abstract ID:** 418

## Presentation form

Case Reports By Young Doctors

## When prevention almost kills: a complication of colonoscopy

Rita Costa<sup>1)</sup>, Luís Afonso<sup>1)</sup>, Ana Gonçalves<sup>2)</sup>, Beatriz Maia<sup>1)</sup>, Pedro Oliveira<sup>1)</sup>

<sup>1)</sup> General and Family Medicine, USF da Estrela, Covilhã, Portugal

<sup>2)</sup> General and Family Medicine, UCSP Tortosendo, Covilhã, Portugal

## Framework

Colorectal cancer (CRC) screening tests aims to detect early CRC and high-risk precursor lesions, leading to a reduction in the incidence and mortality of this cancer.

In accordance with international recommendations, colonoscopy or the faecal immunochemical test (FIT) are the first-line tracking methods. Colonoscopy is the gold-standard for the CRC screening tests.

In comparison, it is an operator-dependent, invasive test associated with the risk of complications.

## Clinical Case Description

62-year-old, male, history of dyslipidemia, peripheral vascular disease, overweight and active smoking. Medicated with clopidogrel, cilostazol and rosuvastatin. In CRC screening, the patient showed a positive result, so it becomes mandatory to prescribe a colonoscopy, which at the request of the user, would be under sedation. The day after, the user went to the emergency department complaining of pain and generalized abdominal distension. He performed an abdomen x-ray, which revealed air-fluid levels in probable relation to the colonoscopy. On physical examination, the patient was hemodynamically unstable, associated with persistent pain and apparent defense on abdominal palpation. Associated with the imaging alteration, CT was performed to rule out complications. The examination revealed the presence of a large perisplenic hematoma, which led to admission to the ICU.

## Discussion

Spleen laceration is a rare complication of colonoscopy, which when associated with deep sedation prevents the patient's feedback regarding pain/discomfort resulting from exaggerated traction of the ligament.

CRC screening can prevent the disease, but it isn't innocuous screening, which can result in serious complications, however rare.







### **Abstract topic**

12. Prevention

**Abstract ID:** 465

### **Presentation form**

1 Slide 5 minutes

## **Train The Trainer Workshop for family physicians on ideal work postures & simple tips for safer use of computers, laptops & handheld devices**

Kishore Madhwani<sup>1)</sup>

<sup>1)</sup>Clinical Research and Occupational Health, Centre of Excellence Research in Occupational Medicine, Wellness, Office Ergonomics & Primary Health Care Services, Mumbai, India

### **Background**

Adults' and children during pandemic suffered from musculoskeletal disorders (MSDs) because computer usage at home had become the new norm. MSDs affect 1.7 billion globally are increasing, as everyone including students are experiencing injuries necessitating physiotherapy, pain surgical intervention in few.

### **Target Group**

Family physicians, patient care givers, paramedics, medical students, any one using computers and handheld devices

### **Didactic Method**

The solution lies in conducting TTT workshops with power point presentation & a mock workstation providing a skill building platform to learn & adopt safe work postures for general practitioners.

### **Objective**

The general practitioners can share the learnings of this workshop with their patients including school children thereby promoting ergonomic usage of computers as a way of life and propagating ergonomics. Workshop participants will be awarded a certificate a mouse pad summarizing important tips (with QR codes of safe working posture videos on Youtube) to confidently explain ideal safe work postures to all

### **Estimated number of participants**

10 to 60

### **Brief presentation of the workshop leader**

Dr. Kishore Madhwani is a Ph D in Office Ergonomics, operating from 'Centre of Excellence and Research in Occupational Medicine Primary Health Care Services', South Mumbai. He is a Direct Wonca Member, trained at Harvard School of Public Health, USA. He is President of Association of Family Physicians of India (AFPI; Maharashtra) its official representative to WONCA World Council. He has 37 research publications has presented 85

### **Conclusion**

occupational physicians attending these workshops found them useful to create awareness and build skills on correct postures.





## Abstract topic

12. Prevention

**Abstract ID:** 472

## Presentation form

WONCA Network Workshop

## The main importance of COVID remains CVD risk, cardio-renal disease and heart failure prevention: an EPCCS Expert Symposium

Richard Hobbs<sup>1)</sup>, Kamlesh Khunti<sup>2)</sup>, Ahmet Fua<sup>3)</sup>

<sup>1)</sup>Oxford Primary Care, University of Oxford, Oxford, United Kingdom

<sup>2)</sup>Academic Diabetes Centre, University of Leicester, Leicester, United Kingdom

<sup>3)</sup>Department of Primary Care, University of Durham, Durham, United Kingdom

## Background

The cause of most excess deaths in most countries during the COVID pandemic were from cardiovascular disease (CVD) events in susceptible patients. Excess mortality rates continue post pandemic and are mainly from CVD causes, probably due to the deleterious effects of COVID on vascular risks but also major reductions in CVD prevention for a variety of reasons. CVD risk factors and disease states were also important predictors of worse COVID outcomes generally, including need for hospital admission and life support, especially in the elderly and those with impaired renal function and heart failure.

## Symposium sessions

Important lessons from the impact of CVD on COVID during and since the pandemic 20 mins

Professor Richard Hobbs

The under-recognised importance of chronic renal disease and emerging evidence 20 mins

Professor Kamlesh Khunti

Why we need to treat heart failure more effectively 20 mins

Professor Ahmet Fua

Panel and audience discussion 30 mins

## Conclusions

If the main lesson learnt from the COVID pandemic is about infection control we have missed the most important message that health systems are failing to invest sufficiently in disease prevention and especially CVD prevention.





## Abstract topic

12. Prevention

**Abstract ID:** 493

## Presentation form

Lecture

## Leveraging technology for vaccination - A scoping review of digital health use in primary care

Oğulcan Çöme<sup>1)</sup> , Dragos-Paul HAGIU<sup>2)</sup>

<sup>1)</sup>Dokuz Eylul University, Izmir, Turkey

<sup>2)</sup> Faculté de médecine Jacques Lisfranc de Saint Etienne, Saint-etienne, France

### Background

Digital health technologies, such as electronic health records, telemedicine, and mobile health apps, have the potential to significantly improve the efficiency of vaccination campaigns. Nonetheless their overall impact and utilization rate in primary care is yet poorly evaluated.

### Questions

In order to identify and describe the impact of different digital health interventions we conducted a scoping review.

### Methods

The scoping review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A comprehensive search of electronic databases, including MEDLINE and COCHRANE, was conducted using keywords and Medical Subject Headings terms covering primary care professionals, prevention and digital health to identify relevant studies published between 01/01/2013 and 01/01/2023.

### Outcomes

The main themes found focused on the role of reminders and tailored messaging , clinical decision support tools, patient decisions aids, electronic health records and mobile phone applications.

Reminders had the highest evidence for improved rates of vaccination. Decision aids were also a viable tool through clinical reminders, shared decision making or clinical support.

### Discussion

Overall, the results of this scoping review suggest that digital health technologies have the potential to significantly improve the efficiency of vaccination campaigns. Future research should focus on evaluating the long-term impact of these technologies on vaccination rates and patient outcomes.

### Take Home Message for Practice

Digital health interventions are a viable tool for vaccination in primary care. The use of patient centered reminders, mHealth, EHR prompts and decision aids should be encouraged in daily practice.





## **Abstract topic**

12. Prevention

**Abstract ID:** 495

## **Presentation form**

Lecture

## Vaccine acceptance and new vaccines for acute respiratory viruses

George Kassianos<sup>1)</sup>

<sup>1)</sup>European Scientific Working group on Influenza and other acute respiratory viruses (ESWI), Brussels, Belgium

Vaccine acceptance and new vaccines for acute respiratory viruses

Session Chair: Dr. George Kassianos, General Practitioner, United Kingdom

### **Background**

Immunisation is a key component of primary health care and an indisputable human right. Vaccines are critical to the prevention and control of infectious disease outbreaks, underpinning global health security. Yet, many challenges remain in the field of immunisation, such as, logistics, vaccine hesitancy, resources, political and social neglect.

In this session we will look into good practices on battling vaccine hesitancy or rather promoting vaccine acceptance, as well as addressing the organisational challenges of co-administering multiple vaccines.

### **Target Group**

General Practitioners

### **Didactic Method**

Short lectures introducing the latest research, followed by a discussion moderated by the session chair. At this stage we cannot confirm speakers.

### **Objectives**

Rhetoric of vaccine hesitancy vs vaccine acceptance

GP's approach (communication) when addressing vaccine hesitancy

Combining flu and COVID-19 vaccinations in one shot

Importance of COVID booster shots

New vaccines and target risk groups (e.g., healthy children, pregnant women, older adults, people living with diabetes)

### **Take Home Message for Practice**

There is a key role for General Practitioners in addressing vaccine hesitancy and the further prospect of new vaccines for acute respiratory viruses requires new and targeted patient communications.





## Abstract topic

12. Prevention

**Abstract ID:** 496

## Presentation form

1 Slide 5 minutes

## Insulin resistance before and after gestational diabetes - findings from Northern Finland birth cohort 1966

Anna-Maaria Auvinen<sup>1)</sup>, Henry Boman<sup>2)</sup>, Jari Jokelainen<sup>3)</sup>, Jaana Laitinen<sup>4)</sup>, Sirkka Keinänen-Kiukaanniemi<sup>2)</sup>, Terhi Piltonen<sup>5,6)</sup>, Laure Morin-Papunen<sup>5,6)</sup>, Juha Auvinen<sup>2)</sup>, Juha Tapanainen<sup>5,6,7,8)</sup>

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<sup>4)</sup>Finnish institute of occupational health, Oulu, Finland

<sup>5)</sup>Medical Research Center, Oulu University hospital, Oulu, Finland

<sup>6)</sup>Department of Obstetrics and Gynecology, Oulu University hospital, Oulu, Finland

<sup>7)</sup>Research unit of clinical medicine, University of Oulu, Oulu, Finland

<sup>8)</sup>Department of obstetrics and gynecology, University of Helsinki and Helsinki university hospital, Helsinki, Finland

## Background

Obesity is commonly seen as most important reason for gestational diabetes (GDM). However, there isn't many studies evaluating pre-pregnancy insulin resistance taking account the BMI.

## Questions / Discussion Point

Are there differences in insulin resistance before pregnancy between GDM and non-GDM women?

## Content

The study population is part of Northern Finland Birth Cohort 1966. The cases (n=82) and controls (n=191) gave birth between the ages of 31 and 46. They were matched by BMI and parity at 31-years. Body weight and height, waist circumference (WC, cm), fasting plasma glucose (FPG, mmol/l) and fasting serum insulin (FSI, mmol/l) were measured at 31 and 46 years and homeostatic model assessment for insulin resistance (HOMA-IR) was calculated. Also, differences in nutrition and physical activity between the groups were assessed.

At the age of 31 the mean BMI and WC were same in the cases and controls. However, FPG (cases 5.00, controls 4.80, 0.001), FSI (cases 7.30, controls 6.80, p=0.038) and HOMA-IR (cases 0.949, controls 0.868, p=0.017) were all higher in cases than in controls. After 15 years at the age of 46 BMI (cases 26.9, controls 24.4, p=0.001), WC (cases 90.2, controls 83.0, p=0.002), FPG (cases 5.50, controls 5.20, 0.001), FSI (cases 8.70, controls 6.10, 0.001) and HOMA-IR (cases 1.16, controls 0.804, 0.001) were all higher in cases than in controls. There were no differences in nutrition and physical activity between the groups.





### **Take Home Message for Practice**

GDM women have more insulin resistance than non-GDM women already before pregnancy.







## **Abstract topic**

12. Prevention

**Abstract ID:** 523

## **Presentation form**

1 Slide 5 minutes

## **The Growth of Lifestyle medicine in Europe**

Angharad Woolley<sup>1, ,</sup> Tobias Schmidt Hansen<sup>2, ,</sup> Ozden Gokdemir<sup>3, <sup>1)</sup></sup>

<sup>1)</sup>British Society of Lifestyle Medicine, Nottingham, United Kingdom

<sup>2)</sup>European Lifestyle Medicine Council, Haddington, United Kingdom

<sup>3)</sup>Faculty of medicine, Izmir University of Economics, Izmir, Turkey

### **Background**

This presentation is a collaboration between the European Lifestyle Medicine Council (ELMC), The British Society of Lifestyle Medicine (BSLM), and WONCA Lifestyle medicine SIG. Lifestyle Medicine (LM) is evidence-based, clinical care that supports behaviour change through person-centered techniques to improve mental wellbeing, social connection, healthy eating, physical activity, sleep and minimisation of harmful substances. This is highly relevant in the context of family medicine and the current non-communicable disease pandemic.

### **Questions**

What is the current status of LM in Europe? How can we better meet the educational needs of family doctors in Europe?

### **Methods**

In 2023, the BSLM launched their LM qualification, the Core Accreditation (LMCA). This comprehensive course provides training in the knowledge, skills and attitudes relevant to LM. This has been delivered in the UK, with the hope of providing support to LM-interested healthcare professionals internationally in future.

### **Outcomes**

Key metrics from the growth of the ELMC and BSLM will be presented, and learnings from the first 6 months of LMCA.

### **Discussion**

This will focus on the possible future development of LM and LMCA, and better understanding learning needs of primary care healthcare professionals across the WONCA Europe footprint.

### **Take Home Message for Practice**

LM is crucial for tackling the current non-communicable disease pandemic

The ELMC is a coalition of like-minded, non-profit, European country-based LM societies. We have 7 full members and 9 Associate members across Europe.

There are growing number of educational opportunities available for primary care professionals to learn about lifestyle medicine.





### **Abstract topic**

12. Prevention

**Abstract ID:** 527

### **Presentation form**

1 Slide 5 minutes

## **Lifestyle Medicine, Learn, develop, deliver**

Angharad Woolley<sup>1)</sup>, Tobias Schmidt Hansen<sup>2)</sup>, Ozden Gokdemir<sup>3)</sup>

<sup>1)</sup>British Society of Lifestyle Medicine, Nottingham, United Kingdom

<sup>2)</sup>European Lifestyle Medicine Council, Haddington, United Kingdom

<sup>3)</sup>Department of Medicine, Izmir University of Economics, Izmir, Turkey

### **Background**

This workshop is a collaboration between the European Lifestyle Medicine Council (ELMC), The British Society of Lifestyle Medicine (BSLM), and the WONCA Lifestyle medicine SIG. Lifestyle Medicine (LM) is evidence-based, clinical care supporting person-centred behaviour change, to improve mental wellbeing, social connection, healthy eating, physical activity, sleep and minimisation of harmful substances. This is highly relevant in the context of family medicine, and the current non-communicable disease pandemic.

### **Target Group**

Family doctors, (qualified and trainee), and allied health professionals in primary care

### **Didactic Method**

Initial short, interactive presentation introducing the principles of LM, its 6 pillars and key techniques such as health coaching and motivational interviewing.

Facilitated small group discussions around:

Participant experience of LM, across the geographic area

Case discussions encouraging application of LM knowledge and practice of LM related skills.

Finally whole-group summary to share key learning from across the whole cohort.

### **Objectives**

Explain what LM is and its importance

Practice LM related skills such as health coaching and motivational interviewing

Describe the role of BSLM, ELMC and the WONCA LM SIG, and how they support family doctors with an interest in LM.

### **Estimated number of participants**

20-40 participants

### **Brief presentation of the workshop leader**

Dr Kate Woolley is a Family Doctor in the UK, with a special interest in LM. She is the Clinical Director of the BSLM Learning Academy. She is an experienced medical educator with her own portfolio of research in the field of lifestyle medicine.





## Abstract topic

12. Prevention

**Abstract ID:** 56

## Presentation form

1 Slide 5 minutes

## Australian general practitioner knowledge, attitudes and practices regarding long-acting reversible contraception: Results of a national survey

Danielle Mazza<sup>1,2)</sup>, Sharon James<sup>1,2)</sup>, Samantha Chakraborty<sup>1,2)</sup>, Black Kirsten<sup>3)</sup>, Angela Taft<sup>4)</sup>, Deborah Bateson<sup>5)</sup>, Wendy Norman<sup>6)</sup>

<sup>1)</sup>Department of General Practice, Monash University, Melbourne, Australia

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<sup>3)</sup>Specialty of Obstetrics, Gynaecology and Neonatology, Faculty of Medicine and Health, University of Sydney, Sydney, Australia

<sup>4)</sup>Judith Lumley Centre, School of Nursing and Midwifery, Latrobe University, Melbourne, Australia

<sup>5)</sup>Daffodil Centre, Faculty of Medicine and Health, University of Sydney, Sydney, Australia

<sup>6)</sup>Department of Family Practice, University of British Columbia, Vancouver, Canada

## Background

Uptake of long-acting reversible contraception (LARC), is low (11%) in Australia compared with other contraceptive methods and other countries. General practitioners (GPs) are the main providers of contraception in Australia.

## Questions

What are GP knowledge, attitudes and practices in LARC provision?

What are the gaps for GPs to provide LARC services?

## Methods

We undertook a national survey of Australian GPs from July to October 2021 to explore GP LARC knowledge, attitudes and practices. Data were analysed using counts and proportions.

## Outcomes

Of the 500 participants, 78% (n=388) identified as female and 54% (n=270) were from metropolitan areas. Most (97.6%;n=488) knew that LARCS were more effective than the contraceptive pill at preventing pregnancy and that intrauterine devices (IUDs) are suitable for nulliparous women (91.8%;n=459). Most GPs neither agreed or disagreed that the possible side effects of IUDs (78.6%; n=393) and implants (76.4%; n=382) outweighed the benefits of their use. The factors that influenced GPs recommendations regarding LARC included patient preference (94.4%;n=472), age (78.0%;n=390), and cost (72.8%;n=364). GPs generally initiated discussions about LARC either very often (45.3%;n=226) or always (40.3%;n=201). However, only 26.9% (n=134) insert and remove IUDs compared to 76.2% (n=380) for implants.

## Discussion

Despite good knowledge and positive attitudes towards LARC, relatively few GPs provide IUD insertions; impacted by training opportunities, support and financial remuneration.





### **Take Home Message**

Seeking skills-based training and peer mentoring opportunities may support increased IUD insertion in general practice and greater access to this important form of contraception.





## Abstract topic

12. Prevention

**Abstract ID:** 600

## Presentation form

1 Slide 5 minutes

## Prediction models for the risk of cardiovascular disease after pregnancy: a systematic review

Zhixun Yang<sup>1)</sup>, Hine van Os<sup>1)</sup>, Janet Kist<sup>1)</sup>, Rimke Vos<sup>1)</sup>, Hedwig Vos<sup>1)</sup>, Niels Chavannes<sup>1)</sup>, Annelieke Petrus<sup>1)</sup>

<sup>1)</sup>Leiden University Medical Center, Leiden, Netherlands

### Background

Pregnancy-related factors are associated with an increased risk of cardiovascular disease (CVD) and may help to early identify women with an increased risk of CVD.

### Questions

To provide an overview of prediction models for CVD that include pregnancy-related predictors, and to assess the impact of these predictors on predictive performance.

### Methods

PubMed and Embase were searched until July 31, 2022. Articles reporting on the development or validation of a prediction model for CVD, including  $\geq$ one pregnancy-related predictor, were included.

### Outcomes

After screening 3096 references, five articles (each developing one prediction model) were included. Studies were performed in Europe and North America, with sample sizes between 11,110-95,537 women. Age of the included women differed: 18-45 years in one,  $\geq$ 40 years in two, 50 and 60 years in one, and unspecified in one article. Four final models included hypertensive disorders of pregnancy, other pregnancy-related predictors (e.g., low birth weight and preterm delivery) were also included. Three models showed good discrimination (C-index: 0.7-0.8); two showed moderate discrimination (C-index: 0.6-0.7). After including pregnancy-related predictors, a significant improvement was observed for C-index difference in 2 models (0.004, 95%CI 0.002-0.006; 0.0033, 95%CI 0.0022-0.0051), net reclassification index in 2 models (0.004, 95%CI 0.002-0.010; 0.038, 95%CI 0.003-0.074), and integrated discrimination index in 1 model (0.0013, 95%CI 0.0008-0.0017).

### Discussion

Five prediction models for CVD that included pregnancy-related predictors were identified. All models showed moderate to good predictive performance.

### Take Home Message for Practice

Adding pregnancy-related predictors resulted in small but statistically significant improvements.





## Abstract topic

12. Prevention

**Abstract ID:** 651

## Presentation form

Lecture

## "Move your body" a hands on workshop for prescribing physical fitness programs to patients

Christofer Patrick Reichel<sup>1)</sup>, Ronen Brand<sup>2)</sup>, Ana Maria Pedro de Pijoan<sup>3)</sup>

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<sup>2)</sup>Department of Family Medicine, Meuhedet HMO, Haifa, Israel

<sup>3)</sup>CAP Sagrada Familia, Barcelona, Spain

"Move your body!" a hands on workshop for prescribing physical fitness programs to patients

### Introduction

Our patients are in a need for an effective way, evidence based, cost effective and sustainable to promote their health and prevent disease and complications.

Physical activity is an essential part of achieving those goals. Hence, proper advising on physical fitness development and maintenance is a must have competency for every GP.

### General purpose

GPs should be able to effectively advise patients on physical fitness components and how to develop and maintain them.

### Specific aims

- GPs will have basic knowledge on physical fitness components, which sports would be suitable to develop which one and what health benefits they poses on an individual level.
- GPs will be able to suggest, build and communicate personalized programs to develop physical fitness components on a basic level.
- GPs will know who needs to be referred and where to in order to develop more specific or advanced physical fitness.

### Methods

- Know how: short info will be given on terminology and program building basics of the three main physical fitness components (strength, endurance, flexibility & coordination).
- Show how: GPs will work in guided groups to build and communicate fitness development and maintenance programs for different patients. Programs will include specific goals, methods, expected benefits and referral instructions if needed.

### Results

GPs will gain knowledge and hands on experience in building and prescribing personalised physical fitness programs for individual patients and motivate them to go for it!







## Abstract topic

12. Prevention

**Abstract ID:** 656

## Presentation form

Workshop

## Balint Group Workshop: The Human Side of Balint Groups

Ana Cristina Franco Spínola<sup>1)</sup>, Genco Görgü<sup>2)</sup>

<sup>1)</sup>CENTRO DE SAÚDE BOM JESUS, SESARAM, EPE, Funchal, Portugal

<sup>2)</sup>Bandirma 1st Family Medicine Center, Marmara District State Hospital, Bandirma/Balikesir, Turkey

### Background

As human beings, doctors have been exposed not only to the suffering that comes from the patients, but also the internal emotions that this suffering or another element (“difficult patients”) brings to the encounter between the physician and its patient. To recognize and understand those elements make the physician masters of its own intern self and helps primordially the relationship with his/her patient. One way to achieve this equilibrium and understanding is throughout Balint Groups.

### TARGET GROUP

Family medicine specialists and residents

### DIDACTICS

Most of the work will take place in small ongoing group with experienced group leaders. Participants in this group may be new or with experience in a Balint group working which give us new ideas and making very important exchange of knowledge.

The workshop program will also include introduction about Balint Society and large final discussion.

### Objectives

Our Workshop will offer an immersive Balint Group experience while reconnecting with the beginnings of the Balint Society through revisiting the venue of Intensive Workshop.

Participants can expect to learn new ways of thinking about and managing difficult encounters in clinical practice and build relationships with interested colleagues.

### ESTIMATED NUMBER OF PARTICIPANTS

We can accept up to 30 participants.

### WORKSHOP LEADER

Ana Cristina is a resident in Family Medicine participating in Balint Groups since 3 years.





### Abstract topic

12. Prevention

Abstract ID: 667

### Presentation form

1 Slide 5 minutes

## Multimorbidity and anxiety in midlife – findings from northern Finland birth cohort 1966

Juha Auvinen<sup>1,2)</sup>, Oili Junttila<sup>2,1)</sup>, Paula Pesonen<sup>3)</sup>, Sirkka Keinänen-Kiukaanniemi<sup>1)</sup>, Pasi Eskola<sup>1,2)</sup>, Markku Timonen<sup>1,2)</sup>

<sup>1)</sup>Research Unit of Population Health, University of Oulu, Oulu, Finland

<sup>2)</sup>Wellbeing Services County of North Ostrobothnia, Oulu, Finland

<sup>3)</sup>Northern Finland Birth Cohorts, Infrastructure for Population Studies, University of Oulu, Oulu, Finland

### Background

Anxiety has been suggested to be more prevalent in multimorbid patients. However, definition of multimorbidity in previous studies has mainly based on self-reported symptoms or diseases and some of the studies have included only few diagnoses.

### Questions

Does the number of diagnosed chronic diseases associate with anxiety symptoms at population level?

### Content

Study population consists of Northern Finland Birth Cohort 1966 participants who answered 7-item General Anxiety Disorder questionnaire (GAD-7, cut-off point of  $\geq 7$ , n=5513) and 25-item Hopkins Symptom Check list (HSCL-25, n=6635) at the age of 46 years. Number of chronic diseases was counted (42 most common) using both self-reported doctor-diagnosed and register-based chronic diseases (hospital discharge and medication registers).

The number of chronic diseases associated with the presence of anxiety symptoms measured by GAD-7 and HSCL-25 (0.001). According to GAD-7, the prevalence of anxiety symptoms was 6.6% in those without chronic diseases and 8.9%, 13.4%, 15.2% and 24.5% in those with one, two, three and four or more chronic diseases, respectively. According to HSCL-25, the prevalence of anxiety symptoms was 4.2% in those without chronic diseases and 7.8%, 12.4%, 14.3% and 22.7% in those with one, two, three and four or more chronic diseases, respectively.

### Take Home Message for Practice

Over one fifth of those with four or more chronic diseases reported anxiety symptoms. From the clinical point of view, anxiety often precedes depression and therefore more attention should be paid for the anxiety among multimorbid patients.





### **Abstract topic**

12. Prevention

**Abstract ID:** 675

### **Presentation form**

WONCA Network Workshop

## **The value of peer workers and community engagement in effective prevention strategies in primary care**

Laura Rodriguez Benito<sup>1)</sup>, Jasmine Pawa<sup>1)</sup>

<sup>1)</sup>EUROPREV, Wallington, United Kingdom

### **Background**

Supporting community engagement and acting on social determinants of health within primary care has become a priority to support preventative strategies and contribute to a sustainable healthcare system. This is in the midst of increased patient complexity, workload, rates of burnout, and exhaustion among the workforce. Developing peer worker programs and community-led health initiatives provide an opportunity to do this work in partnership – supporting both communities and healthcare providers to achieve better health & wellbeing outcomes.

### **Didactic methods**

A brief overview of the topic and approach will be presented. Examples will be worked through in small groups and presented back. Case studies, best practice, and evidence related to population health and community engagement in primary care will be shared.

### **Objectives**

Articulate examples of peer workers in health systems globally, including in high-income countries.

Discuss and build pragmatic approaches to working with peer workers to support prevention and health promotion interventions that considers the workload and complexity of general practice

To consider best practice and evidence related to population health management and community engagement strategies in primary care

Acknowledgement of opportunities available to provide multisystem partner interventions in the community as part of primary care services.

### **Target Participants (30), primary care**

Participants are expected to become familiar with the benefits/opportunities that this way of working provides and to feel better able to engage with peer workers. Identification of small steps they can take in their own practice regarding community engagement & prevention strategies will be aimed.





## Abstract topic

12. Prevention

**Abstract ID:** 780

## Presentation form

Lecture

## Characteristics of primary care practices associated with patient education during COVID-19: Results of the PRICOV-19 cross-sectional study in 38 countries

Delphine Kirkove<sup>1)</sup>, Benoit Pétré<sup>1)</sup>

<sup>1)</sup>Public Health, ULiège, Liège, Belgium

### Background

During the COVID-19 pandemic, prevention was at the heart of the management of the health crisis with an important component related to citizen health education and therapeutic education for both the covid infected patient and the patient at risk. Primary care practices (PCPs) played a crucial role in these educational activities.

### Questions / Objectives

This paper aims to explore which PCP configurations enabled responsiveness to the patient education component during the COVID-19 pandemic.

### Methods

A "Patient Education - PE" score was created based on responses to six self-reported questionnaire items, such as staff involvement in providing information to patients by telephone. These were compiled by PRICOV, a multi-country cross-sectional study in Europe and Israel. A linear mixed model (LMM) analysis was performed with continuous PE score and PCP characteristics with 3638 respondents.

### Results

The mean PE score was 2.55 (SD. 0.68) with a maximum of 4 and varies quite widely between countries. Among all PCP characteristics, the following factors significantly ( $p < 0.05$ ) increasing the PE score are main payment system (with a capitation payment system or another system compared to the fee for service), perception of the same or above average PCP with patients with chronic conditions and perception of adequate government support.

### Conclusion

The results highlight some levers that will overcome some barriers and enable the development of the educational approach appropriate to primary care; the model presented is still incomplete and requires further investigation to identify additional configuration elements favorable to educational activities.





## **Abstract topic**

12. Prevention

**Abstract ID:** 791

## **Presentation form**

1 Slide 5 minutes

## The effect of education mother's about how to protect their kids from the harmful effects of the sun: A randomised controlled trial

Yasemin Özkaya<sup>1)</sup>, Mehtap Kartal<sup>1)</sup>

<sup>1)</sup>Family medicine, Dokuz Eylul University, Balçova/Izmir, Turkey

### **Background**

Skin cancer caused by the harmful effects of the sun is an important public health problem. Intense, intermittent or prolonged UV exposure in childhood has been associated with skin cancer. The negative effects of UV can be prevented with the right methods of protection.

Research question: Can education about the harmful effects of the sun and protection improve mother's knowledge, attitude and behaviour?

### **Methods**

A randomised controlled trial was conducted with 208 mothers who had children aged 0-5. All participants were given a brochure including information about the harmful effects of the sun and protection. To the intervention group (n=105) an education was also given face-to-face. Data were collected from all the participants by a form including questions about the topic before and after education/brochures.

### **Results**

The knowledge, attitude and behaviour scores of the mothers in both groups were similar before randomization and increased after education/brochures and after six months the intervention group had statistically significant higher scores than the control group ( $p < 0.001$ ,  $p < 0.001$ ; respectively).

### **Conclusion(s)**

The protection of children can prevent skin cancer that may develop in adulthood. The education that the family physicians will give to their patients about protection may cause a change in behaviour.





## Abstract topic

12. Prevention

**Abstract ID:** 803

## Presentation form

1 Slide 5 minutes

## Early peer support as a prevention of maternal mental health conditions

Jana Krzyžánková<sup>1,2)</sup>, Antonín Šebela<sup>3)</sup>

<sup>1)</sup>General practitioner, DRPOS s.r.o., Zlín, Czech Republic

<sup>2)</sup>Úsměv mámy, Brandýs nad Labem, Czech Republic

<sup>3)</sup>General Psychiatric Outpatient Clinic, National Institute of Mental Health, Klecany, Czech Republic

## Background

In Czechia, up to 18% of women after childbirth suffer from symptoms that meet the criteria of a psychiatric illness: most commonly postpartum depression, anxiety, OCD, postpartum psychosis. The volunteer organization Úsměv mámy (Mother's smile) (UM) in cooperation with National Institute for Mental Health (NUDZ) in a pilot program tested the effect of screening in maternity wards.

## Questions

How will screening and early peer support affect the occurrence of postpartum mental disorders?

## Outcomes

Preliminary results show that women in the intervention group were twice as likely NOT to have clinically significant symptoms of depression at 6 weeks postpartum (OR= 2.25; 95% CI: 1.01 – 5.02; p = 0.048).

## Content

The purpose of the project is to raise awareness of psychological problems during pregnancy and after childbirth - 75% of women who have problems do not seek help because they are afraid of stigmatization and they do not even know who to turn to. Discontinuing psychiatric medication during pregnancy or after childbirth can lead to relapse. Research has shown that peer support reduces the risk of full development of psychiatric problems if detected early.

## Take Home Message for Practice

Postpartum psychological problems are experienced by almost every fifth woman and they gradually progress without intervention. GP can refer to volunteer support organization, recommend psychotherapy or refer to a psychiatrist. GP can use medication compatible with breastfeeding, e.g. sertraline for depression, lorazepam or alprazolam for anxiety, zopiclone for insomnia. Happy mum&nbsp;improve health and quality of life of whole family







### **Abstract topic**

12. Prevention

**Abstract ID:** 81

### **Presentation form**

Science Slam

## **Cancer screening and prevention in people with intellectual disabilities**

Maarten Cuypers<sup>1)</sup>, Amina Banda<sup>1)</sup>, Frantisek Dolak<sup>2)</sup>, Martin McMahon<sup>3)</sup>

<sup>1)</sup>Primary and Community Care, Radboud University Medical Center, Nijmegen, Netherlands

<sup>2)</sup>Institute of Nursing, Midwifery and Emergency Care, University of South Bohemia, České Budějovice, Czech Republic

<sup>3)</sup>School of Nursing & Midwifery, Trinity College Dublin, the University of Dublin, Dublin, Ireland

### **Background**

Primary care has an important role in cancer screening and prevention. However, there is poor understanding of cancer prevention among people with intellectual disabilities. European health systems fail to engage with and include people with intellectual disabilities, contributing to an unequal health status and premature deaths, partly due to preventable and late diagnosed cancers. The CUPID network (Cancer Understanding Prevention in people with Intellectual Disabilities) was established as pan-european initiative to address these challenges.

### **Target Group**

Anyone with interest in people with intellectual disabilities and/or cancer screening.

### **Didactic method**

Three brief introductory presentations will cover:

An introduction into the specific characteristics and challenges of people with intellectual disabilities in relation to cancer.

Results of a study into differences between people with and without intellectual disabilities in utilization of cancer screening in primary care.

An introduction to the European COST Action CUPID network.

The remaining part of the workshop will consist of small group brainstorms and interactive discussions.

### **Objectives**

Familiarize primary care professionals with the unique challenges of people with intellectual disabilities in relation to cancer. Share relevant study outcomes. Introduce the European CUPID network.

Share experience and generate ideas for research and/or training to improve equality and state-of-the-art.

### **Estimated number of participants**

10-40

### **Brief presentation of workshop leaders**

Dr. Cuypers is an epidemiologist and CUPID workgroup lead Ms. Banda MSc is a medical biologist and PhD student

Dr. Dolak is a nurse and health literacy researcher

Dr. McMahon is an Assistant Professor in Intellectual Disability Nursing





## Abstract topic

12. Prevention

**Abstract ID:** 826

## Presentation form

Lecture

## Personalized preventive healthcare with the ‘Gezondheidsgids’ (Health Guide): a Flemish tool pursuing the quintuple aim to benefit the entire system

Wil Rijnen<sup>1)</sup>, Frans Govaerts<sup>1)</sup>, Annelies Heyvaert<sup>1)</sup>, Nathalie Lambrechts<sup>2)</sup>, Elfi Goesaert<sup>2)</sup>

<sup>1)</sup>Domus Medica, Antwerpen, Belgium

<sup>2)</sup>VITO - Vlaamse Instelling voor Technologisch Onderzoek, Mol, Belgium

### Individual contributions

Better care: improve quality and experience of care

Better equity: address health disparities

Better health: improve health and wellbeing of the population

Better provider systems: increase wellbeing and engagement of the workforce

Better value: reduce per capita cost and improve outcomes

### Objectives

Domus Medica has developed a digital version of its in-house originated ‘Gezondheidsgids’; a questionnaire to detect potential health risks and to propose personalized preventive actions. This tool – based on (inter)national guidelines – is accessible by patients through an online application and by general practitioners directly through their EHR system.

The Gezondheidsgids empowers citizens to adopt a healthy lifestyle. Additionally, enrichment of medical records with lifestyle and context data can greatly enhance the quality and efficiency of preventive healthcare as well as care policies. Secondary use of personal data can support research and innovation, resulting in more qualitative, effective and personalized care and services.

Both recent realizations and future plans are presented, focusing on value for the entire healthcare system.

### Discussion

Different implementation methods?

How to get most out of personal data?

How to deal with legal and ethical challenges?

### Take Home Messages

To realize patient-empowerment and digital preventive care, general practitioners have to play a large role in support, especially in vulnerable patient groups. Health and digital literacy are crucial for professionals as well as patients. Meanwhile, benefits are numerous both at individual and population level; personal data offers new opportunities for patients and care professionals, as well as for research, industry and policy makers.





## Abstract topic

12. Prevention

**Abstract ID:** 833

## Presentation form

1 Slide 5 minutes

## Smoking cessation – better together: a retrospective cohort study

Limor Adler<sup>1</sup>, Shafik Abu-Arar<sup>2</sup>, Ilan Yehoshua<sup>2</sup>, Bar Cohen<sup>2</sup>, Sharon Alon Hermoni<sup>2</sup>, Miri Mizrahi Reuveni<sup>2</sup>, Arnon Shahaar<sup>2</sup>, Galia Zacay<sup>1</sup>

<sup>1</sup>Family Medicine, Tel Aviv University, Tel Aviv, Israel

<sup>2</sup>Health Division, Maccabi Healthcare Services, Tel Aviv, Israel

### Introduction

Smoking is the leading preventable cause of death and illness globally. It is thought that spouses influence one other's health habits including smoking. There is conflicting evidence regarding the association between quitting rates and the partner's smoking status. This study aims to evaluate this association.

### Methods

For this nationwide retrospective cohort study we randomly selected patients who filled a prescription for varenicline as part of their smoking cessation process and were partnered. The patients were asked to fill in a questionnaire. The independent variables were the partner's smoking status at the beginning and end of the smoking cessation process; the outcome was success in the quitting process, measured 26-52 weeks from its beginning.

### Results

226 patients had partners who smoked at the beginning of the quitting process, and 230 had non-smoking partners. 178 (39%) patients reported successful smoking cessation. There was a significant difference in success rates with partner's smoking status at the end of the process: 38.9% with a non-smoking partner, 75.8% with a partner who also stopped smoking and 31.0% for partner who continued smoking ( $p < 0.001$ ). Multivariate analysis showed that having a partner who stopped smoking during the quitting process was associated with higher odds of quitting compared with a non-smoking partner (OR=4.73, 95% confidence interval 1.86-12.05).

### Conclusion

This study showed that mutual quitting of both partners was associated with an increased odds for a successful quitting. Health providers should make efforts to engage both partners to the smoking cessation.





## Abstract topic

12. Prevention

**Abstract ID:** 839

## Presentation form

Case Reports By Young Doctors

## Anticipate to the fracture and don't forget about osteoporosis.

Rocio Bello Hirschfeld<sup>1)</sup>, Patricia Xiang Arenas de Juan<sup>1)</sup>, Francisco Trapiello Valbuena<sup>2)</sup>, María Szechenyi Conde<sup>1)</sup>

<sup>1)</sup>Llanes Primary Care Center, Health Service of the Principality of Asturias (SESPA), Llanes, Asturias, Spain

<sup>2)</sup>Francisco Grande Covian Hospital, Health Service of the Principality of Asturias (SESPA), Arriondas, Asturias, Spain

A 68-year-old woman with no allergies, smoking 4.5 pack year, dyslipidemic, physically active. Hyperthyroidism due to seropositive Graves' disease with hypothyroidism after radioiodine treatment. Colles fracture in 2021.

Physical examination weight: 55 kg Height: 155 cm (maximum in youth 159 cm).

Analyses were normal, FRAX index of 12 (high risk), so she was referred to Internal Medicine for a densitometry test which showed osteoporosis in the spine and femoral neck, so they decided to start treatment with teripatide.

Osteoporotic fracture is the final event in a situation of fragility produced by the disease and this is a health problem and a cause of significant morbidity and mortality.

Personal history such as age at menopause, smoking, reduction of height, use of steroids are important to suspect and prevent the disease.

Diagnosis requires blood analysis with phosphocalcium metabolism and 24-hour urine tests to rule out secondary osteoporosis. The thoracolumbar spine X-ray helps us to diagnose asymptomatic crush fractures, especially if the patient has lost height. Likewise, we have the FRAX score to estimate the risk of fractures, although with limitations for the spanish population.

This case teaches us that our role as primary care physicians should be active in thinking about the disease and considering it above all in those over 65 years of age and with a history of fracture.

Non-pharmacological measures such as physical activity, sun exposure, and an adequate diet are the mainstay of treatment and the best recommendation to prevent it.





## Abstract topic

12. Prevention

**Abstract ID:** 876

## Presentation form

1 Slide 5 minutes

## GP prevention messages in childhood obesity - Acting in a theater play ?

Aurore Girard<sup>1,2)</sup>, Sophie Thunus<sup>1)</sup>

<sup>1)</sup>CAMG / IRSS, UCLouvain, Brussels, Belgium

<sup>2)</sup>SSMG, SINT-LAMBRECHTS-WOLUWE, Belgium

### Background

Childhood obesity is a high prevalence problem all over the world. This problem induces important complications with a higher risk of chronic diseases. Despite all these facts, prevention messages of GP aren't constant or systematic to all children.

Questions

Why the prevention message is so different from what GP thinks they have to do and what they really do?

### Methods

We realized a qualitative study on 30 general practitioners semi-directed interviews. All the material was analyzed continuously in an inductive thematic analysis. The elaboration of the scheme was completed all the time by new interview materials and scientific literature was explored to complete this analysis.

### Outcomes

We identified different factors that are linked in the construction of these messages: time for consultation, time management in the relationship with patient, presuppositions about patient knowledge and willingness, ...

### Discussion

GPs work on a stage; they manage their consultations like on a theater scene. They need to construct a good moment and feel that it's the good way to speak about prevention. Even if they don't speak about prevention on a precise moment, they create the relation for later as a new act for their scenario. GPs have previous ideas on what their patients are ready for. They presuppose about patient's ideas and construct scenarios based on that presupposition.

### Take home messages

GPs construct their prevention message not only evidence based even if they know it. If we want to improve childhood obesity prevention, we need to take soft skills into account.





## Abstract topic

12. Prevention

**Abstract ID:** 88

## Presentation form

1 Slide 5 minutes

## Association between change in BMI z-score in children and consultations in general practice

Hevy Hassan<sup>1)</sup>, Bart Koes<sup>1)</sup>, Patrick Bindels<sup>1)</sup>, Marienke van Middelkoop<sup>1)</sup>

<sup>1)</sup>Department of general practice, Erasmus MC university medical center, Rotterdam, Netherlands

### Background

Early detection of children with weight gain in primary care is challenging. For general practitioners (GPs), the frequency and type of GP consultation might be easy markers to use in daily practice to detect children with weight gain.

### Questions

Is change in BMIz in children associated with the frequency and reason for GP consultation?

### Methods

A prospective longitudinal cohort study with a 2-year follow-up was used, including children aged 2-18 who were recruited in general practice in the Netherlands. Information on the frequency and type of GP consultations (1 year before baseline and during follow-up) were collected from electronic registries. Questionnaires were used to obtain information on demographics, and anthropometry of the participants. Logistic regression analyses were performed to test the association between children with change in BMIz (follow-up 24 months) and frequency and type of GP consultations.

### Outcomes

526 children were included (52.4% girls, 81.0% high SES) with a mean age of 8.2 years (SD3.8). The mean BMIz was 0.011 (0.058). Mean number of GP consultations during 12 months follow up was 4.26 (SD2.93). For&nbsp;consultations 1 year before baseline [OR 0.96 (0.90-1.02)] and &nbsp;for consultations during 2 year follow-up [OR0.97 (0.94-1.00)] no association was seen with a BMIz change 0.50. Moreover, no associations were seen between reason &nbsp;for consultations and change of BMIz.

### Discussion

The frequency and type of GP consultation do not seem to be a valid tool to use to identify children with a relevant change in the BMIz in general practice.







### **Abstract topic**

12. Prevention

**Abstract ID:** 887

### **Presentation form**

1 Slide 5 minutes

## **How do non-smokers not start smoking? Grounded Theory: Qualitative study protocol**

Cetin Akin<sup>1)</sup>, Neslisah Tan<sup>1)</sup>, Vildan Mevsim<sup>1)</sup>, Volga Kaymakci<sup>1)</sup>

<sup>1)</sup>FAMILY MEDICINE, DOKUZ EYLUL UNIVERSITY FACULTY OF MEDICINE, IZMIR, Turkey

### **Background**

Tobacco use has become an increasingly important public health problem in our country and in the world. Among the reasons for smoking are the socioeconomic, cultural and behavioral effects of the family, the influence of friends, the psychosocial structure of young people and cigarette advertisements. Although there are many studies in the literature about why individuals start smoking, no study has been found on why people who do not start smoking start smoking.

### **Questions**

The purpose of this theory development work is to understand why non-smokers do not start smoking.

### **Methods**

The research design is grounded theory. Volunteer individuals between the ages of 18-35 will be selected using the maximum diversity sampling method. Data will be collected through at least 3 focus group interviews consisting of 7-9 people. Interviews will be held in line with the semi-structured interview form to be prepared. During the focus group discussions, audio recordings will be taken and then these recordings will be deciphered. Thematic analysis will be used as statistical analysis. The deciphered texts will be coded by three researchers, the categories will be determined and the theory will be put forward.

### **Discussion**

In this study, the reasons for non-smokers not to start smoking will be revealed.

### **Result**

Understanding why non-smokers do not start smoking and why they stay away from smoking can contribute to effective smoking cessation interviews.

### **Take home messages for practice**

The reasons why I started smoking can be used in social studies on the fight against smoking.





## Abstract topic

12. Prevention

**Abstract ID:** 930

## Presentation form

Lecture

## Interest of a multilingual information brochure in the knowledge of the cervical cancer screening, evaluation after 2 months.

Alice Domerc<sup>1)</sup>

<sup>1)</sup>Department of general practice of Sorbonne University, Sorbonne University, Paris, France

### Background

Cervical cancer screening represents a National Organized Screening Program since 2020 in France. The participation is low (58,8% 2018-2020), particularly in disadvantaged populations. Our hypothesis is that screening is low due to a lack of knowledge of cervical cancer and its means of screening.

### Questions

What's the impact of a multilingual brochure on knowledge of means of preventing cervical cancer?

### Methods

This is a quantitative, interventional, primary care, comparative and multicenter study. The population concerns women eligible for cervical cancer screening consulting at 3 centers in the parisian area. There is a control group and an intervention group with brochure distribution. An assessment of knowledge about screening will be carried out at 2 months by telephone.

### Outcomes

201 patients were included. The 2 groups are comparable except for age. There is a significantly better knowledge of the HPV vaccine in the brochure group ( $p=0,0281$ ), persisting after adjusting for age. There is no significant difference in the knowledge of the smear, but a tendency to improve knowledge. We observe a social gradient in the contribution of correct answers and in the effect of the brochure according to the place of birth and the level of education.

### Discussion

The limitations are mainly selection and measurement biases, and a small population. The development of other media in improving health literacy may be of interest.

### Take home message for practice

Brochure may improve patient knowledge about cervical cancer screening, but there is a social gradient.





## **Abstract topic**

12. Prevention

**Abstract ID:** 956

## **Presentation form**

1 Slide 5 minutes

## **Team-building activities as a “quinary prevention” strategy in healthcare workers**

Ana Filipa Miranda<sup>1)</sup>, Raquel Moreira<sup>1)</sup>, Sérgio Sousa<sup>1)</sup>, Diana Rocha<sup>1)</sup>

<sup>1)</sup>USF Sete Caminhos, ACeS Grande Porto II - Gondomar, Gondomar, Portugal

### **Background**

Four levels of prevention have been classically described in literature; however, the creation of a fifth level - “quinary prevention” - was suggested with the aim of preventing harm to the patient by acting on the physician, such as implementing strategies to reduce burnout.

Burnout is a multifactorial psychological syndrome, characterized by its impact on three dimensions: emotional exhaustion, depersonalization and lack of professional realization. The World Health Organization estimates that it can affect 40% of physicians. Good functioning of the healthcare teams has been associated with an improvement in the patients' outcomes, an increase in the satisfaction of healthcare professionals and a reduction in burnout. Considering the multidisciplinary healthcare team format, interventions based on team-building activities can constitute an effective burnout prevention strategy.

### **Methods**

A bibliographic search was carried out in defined databases, such as PubMed, Medscape, Cochrane, UpToDate, with a selection of original and review articles published until December 2022, considering the MeSH terms: Inservice training; Burnout, Professional; Healthcare workers.

### **Discussion and conclusion**

The different types of interventions to prevent work-related stress can be divided into cognitive-behavioral, organizational and relaxation techniques. Although this research found a shortage of studies with team building activities in “non-acute” healthcare workers, team building activities strengthened interpersonal relationships and increased the “sense of belonging”. In conclusion, further studies and team-building interventions are needed in health professionals from different contexts to clearly define the health gains obtained by these activities and clarify their effective impact on the prevention of burnout.





## Abstract topic

12. Prevention

**Abstract ID:** 962

## Presentation form

Workshop

## Learning from the COVID-19 Vaccines: Practical approaches to addressing vaccine hesitancy in minority ethnic groups and migrants

Felicity Knights<sup>1)</sup>, Jessica Carter<sup>2)</sup>, Mohammad Razai<sup>1)</sup>, Alison Crawshaw<sup>2)</sup>, Anna Deal<sup>2)</sup>, Sally Hargreaves<sup>2)</sup>

<sup>1)</sup>Population Health Research Institute, St George's, University of London, London, United Kingdom

<sup>2)</sup>Institute of Infection and Immunity, St George's, University of London, London, United Kingdom

## Background

The COVID-19 pandemic has shone a spotlight on the challenge of marginalised groups and vaccine hesitancy, with significant health status implications. This interactive session draws together recent research and examples of innovation in overcoming vaccine hesitancy to present evidence of facilitators, barriers, and current best practice. It will provide opportunities for discussion, and sharing examples of international innovation, to provide practical solutions to improving routine and COVID-19 vaccine uptake in migrants and ethnic minorities in our local settings.  
Target Group: Primary care practitioners with interests in prevention, vaccines, ethnic minority or migrant groups.

## Methods

This highly interactive workshop will include:

3x 10-minute presentations summarising recent research on vaccine equity in migrant and minority groups across Europe (30mins)

Interactive Service Improvement Design Exercise (20mins)

Participants sharing personal experiences of vaccine hesitancy (10mins)

Small group discussion of examples of innovation & vote (15mins)

## Objectives

Attendees of this workshop will:

Understand barriers to uptake in migrants and minority ethnic groups identified in recent research

Explore the value of service improvement approaches such as journey-mapping as tools to improving vaccine uptake in these groups

Share and vote on examples of best practice and innovation

## Estimated number of participants

20-50

## Workshop Leaders

The three workshop leaders are academic clinicians from St George's University of London who have published a series of papers on vaccination in migrant and minority ethnic groups. They combine this expertise with clinical experience of supporting patient decision-making around vaccination and have facilitated similar workshops at WONCA and beyond.





## Abstract topic

12. Prevention

**Abstract ID:** 971

## Presentation form

Lecture

## Process Evaluation of a Novel Digital Tool to improve Multi-disease screening and catch-up vaccination for migrants in UK primary care

Felicity Knights<sup>1,2)</sup>, Jessica Carter<sup>2)</sup>, Lucy Goldsmith<sup>2,1)</sup>, Anna Deal<sup>2)</sup>, Alison Crawshaw<sup>2)</sup>, Sally Hargreaves<sup>2)</sup>

<sup>1)</sup>Population Health Research Institute, St George's University of London, London, United Kingdom

<sup>2)</sup>Institute of Infection and Immunity, St George's University of London, London, United Kingdom

## Background

Migrants to Europe face a disproportionate burden of infections including TB, HIV, hepatitis B/C and some parasitic infections, and may be under-immunised. Although UK guidance recommends targeted infectious disease screening and catch-up vaccinations, there are major shortfalls in provision, creating health inequity. Health Catch-Up is an innovative digital tool applying UK guidance to identify screening requirements of migrants based on age and country-of-origin.

(<https://emishealth.vids.io/videos/a49ad1bb1a18e4c72c/health-catch-up-with-requested-editsmp4>)

## Question

Can implementation of Health Catch-Up enable multi-disease screening and catch-up vaccination for migrants in primary care?

## Methods

We conducted a mixed-methods process evaluation based on the Medical Research Council framework for complex interventions. We collected quantitative data on participant demographics, patients screened, disease detection and catch-up vaccination rates. We conducted qualitative interviews with staff and patients to explore barriers and facilitators.

## Outcomes

Outcomes data were extracted for 99 participants, predominantly from Asia (31.3%), and Africa (26.1%). 61.6% of participants were recommended a screen; of these, 86.9% were screened for at least one health problem. New diagnoses included: One patient with Hepatitis C, 6 with high cholesterol, 4 pre-diabetics and one diabetic. Catch-up vaccination uptake was extremely poor (2.0%). Qualitative findings led to revision of the programme theory model.

## Discussion

Infectious disease screening and catch-up vaccination is not well-delivered across high-migrant receiving European countries. Innovative digital tools like Health Catch-Up show potential in increasing disease detection and facilitating improved health outcomes for migrants.

## Take Home Message

Ensure awareness of national guidance and implementation approaches for targeted disease screening and catch-up vaccination for migrants.









**Abstract topic**

12. Prevention

**Abstract ID:** 989

**Presentation form**

Science Slam

**LGBTQIA+ sensitive primary care in Flanders: preliminary results of a KAP-survey among general practitioners**

Ines Keygnaert<sup>1)</sup>, Anke Vandenberghe<sup>1)</sup>, Lotte De Schrijver<sup>1)</sup>, Elizaveta Fomenko<sup>1)</sup>

<sup>1)</sup>Public Health and Primary Care, Ghent University-ICRH, Ghent, Belgium

Commissioned by the Institute for the Equality of Women and Men, Domus Medica, Ugent-ICRH, Cavaria, and the Transgender Info Point at the Ghent University Hospital, conduct a capacity building project on LGBTQIA+ sensitive health care for general practitioners (GP's) in Flanders. The consortium developed a central webpage and a case-based training on LGBTQIA+ inclusive health care. Both general and specific health care aspects regarding LGBTQIA+ persons are addressed. During the training sessions, a small group of GP's discuss several topics based on real life cases.

How did the training impact the GP's knowledge, attitude and practices regarding LGBTQIA+ sensitive primary care? Immediately prior to and upon finishing the training and three months later, participating GP's completed an online questionnaire on their knowledge, attitude and practice regarding LGBTQIA+ sensitive practice.

During this presentation, preliminary findings regarding the impact of the training offered to GP's on their knowledge, attitudes and practices regarding LGBTQIA+ sensitive primary care will be presented.

The evaluation of the training will be discussed based on the study results and suggestions for future training initiatives on LGBTQIA+ sensitive care will be formulated based on the lessons learned during this project.

The aim of this project was to build competence in GPs to improve their knowledge, skills and attitudes towards LGBTQI+ patients and thus combat current gender-based health inequalities. Evaluation of such trainings is needed to make informed decisions about allocating sufficient resources to evidence-based, time- and cost-effective interventions targeting these goals





## Abstract topic

12. Prevention

**Abstract ID:** 990

## Presentation form

Lecture

## The role of working experience, knowledge and attitude concerning sexual and domestic violence in the screening habits and barriers of Belgian general practitioners.

Ines Keygnaert<sup>1)</sup>, Anke Vandenberghe<sup>1)</sup>, Elizaveta Fomenko<sup>1)</sup>

<sup>1)</sup>Public Health and Primary Care, Ghent University-ICRH, Ghent, Belgium

The first representative research investigating sexual violence in the Belgian population aged 16 to 69 years found a lifetime prevalence of 64% (1). During the COVID-19 pandemic at least 1 out of 3 Belgian residents experienced domestic violence. Nevertheless only 27% of them sought professional support, often in their general practitioner (GP) (2). With GPs being key healthcare providers in primary care, it is extremely important to involve them in the care for victims of sexual and domestic violence (SV/DV).

From November 2021 until May 2022 we mapped out which support is necessary in dealing with SV/DV in primary care. The online survey addressed socio-demographics, knowledge, attitude, strength of beliefs and practices regarding SV/DV. Descriptive statistics were computed for all variables. Significant differences in the distribution of the variables were computed using independent samples t-tests, Welch's t-test statistics, one-way ANOVAs, Mann-Whitney U tests or Kruskal-Wallis tests.

A total of 260 GPs fully completed the survey. The results show that GPs evaluate their SV/DV knowledge and skills as insufficient, withholding them to address it &nbsp;with their patients. This is reflected in their low experience with SV/DV and their limited presumption of a history of SV/DV within their patients. GPs having more work experience, higher knowledge and a better and stronger attitude towards SV/DV are more likely and more confident in addressing SV/DV.

Given our results, it is paramount to enhance competence in GPs enabling to care for patients exposed to SV/DV.





# 13. General Practise Best Interventions

## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 1002

## Presentation form

1 Slide 5 minutes

## Home adaptations for elderly's' independence

Joana Reis<sup>1)</sup>, Sara Ferreira<sup>1)</sup>, Joana Matos<sup>1)</sup>, Maria Gonçalves<sup>1)</sup>, Patrícia Freitas<sup>1)</sup>, Bárbara Silva<sup>1)</sup>

<sup>1)</sup>Ministry of Health, Setúbal, Portugal

## Background

Global life expectancy has increased in the last few decades, but attention must also be paid to improving quality of life as we age. For those elderly who prefer to keep living in their homes, maintaining their environment references and social relationships, often adaptations must be made to face functional and motor limitations. Many of the will need their Family Doctor to help them understand what kind of home adaptations can make their lives easier and safer.

## Target Group

Family Medicine Doctors, Residents and Nurses

## Didactic Method

Discussion with participants about the most common functional and motor limitations the elderly face in their daily lives, followed by showing home adaptations and that can help overcome those limitations and/or improve elderly safety in their homes.

## Objectives

To improve Family Doctors' and Nurses' capacity to help their elderly patients to improve their independence, well-being and safety.

## Estimated number of participants

20 to 30 participants

## Brief presentation of the workshop leader

My name is Joana Reis, I'm a Family Doctor and I have a postgraduate degree in Geriatrics. I have a special interest in managing behavioral changes in dementia patients using non-pharmacologic measures and preventing falls and optimizing the elderly's functional capacity and autonomy.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 14

## Presentation form

1 Slide 5 minutes

## LDL cholesterol values in diabetic patients with very high cardiovascular risk – the reality of a health unit in Portugal

Sofia Bodas de Carvalho<sup>1)</sup>, Marta Monteiro Ferreira<sup>1)</sup>, Catarina Gomes Madeira<sup>1)</sup>, Afonso Malainho<sup>1)</sup>,  
Maria Guilhermina Pereira<sup>1)</sup>

<sup>1)</sup>USF Benfica Jardim, Lisbon, Portugal

### Introduction

Portugal is one of the European countries with the highest prevalence of type 2 diabetes mellitus (T2DM), whose leading cause of morbidity and mortality is Cardiovascular (CV) disease. To slow the progression of the disease and reduce future complications, it is essential to control risk factors, including LDL-cholesterol (LDL-C). The European Society of Cardiology recommends T2DM patients at very high CV risk (CVR), an LDL-C goal of less than 55mg/dL and at least 50% reduction from baseline. The primary goal of this study was to investigate the percentage of high CVR T2DM patients with LDL-C values at target levels. Secondly, we intended to study if the non-achievement of LDL-C target values resulted in an intensification of lipid-lowering therapy.

### Methods

Retrospective, cross-sectional observational study. Clinical records between January 2020 and July 2021 were analyzed to ascertain the values of LDL-C in T2DM at high CVR and the therapeutic attitude of the assistant doctor. Inclusion criteria: codification with T2DM with very high CVR stratification, inferred using Sclinico<sup>®</sup> records. Exclusion criteria: no appointment during the study period, no recent C-LDL or inability to calculate CV risk.

### Results and conclusion

From a universe of 800 T2DM patients selected, 474 high CVR patients were included and 88% of these were outside the target for C-LDL. During the follow up period, there was no intensification of therapy in most of this group. As the family doctor plays a fundamental role in following T2DM patients, greater assertiveness is needed to achieve LDL-C target values.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 146

### **Presentation form**

Lecture

## **Practical tips for performing ear nose & throat procedures for commonly presenting complaints**

Sody Naimer<sup>1)</sup>

<sup>1)</sup>Family Medicine, Ben-Gurion University , Faculty of Health Sciences, Yad Binyamin, Israel

Hand but some physicians are simply unfamiliar with easier approaches, with tested and proven results. The objective of this workshop is to expose the participants with simplistic straightforward techniques for commonly presenting ENT complaints.

We shall utilize original models and actual materials in order to enable "hands on" experience actually performing the procedures with the necessary stresses and detailed dexterous instructions to assure success.

Procedures shall include:

- 1.nasal packing for epistaxis
- 2.aural lavage for impacted cerumen
3. nasal and external auditory canal foreign body removal by means of:
  - a. sharp hook retrieval (created by physician with routine materials in the clinic
  - b. insufflated balloon
  - c. safe adhesive glue agglutination
4. pharyngeal foreign body identification by means of layman endoscopy
5. pharyngeal deposited fishbone manual retrieval

It is expected that at least some if not all of the techniques will be new to the participants and during the exercises an open platform is set for each of the physicians to share their own experience and contribute to fellow clinicians





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 157

## Presentation form

Lecture

## Being found, being seen, being supported. People with mild intellectual disabilities (MID) in primary care.

Bianca Schalk<sup>1)</sup>, MSc. MD. Katrien Pouls-van der Steeg<sup>1)</sup>, PhD. Monique Koks-Leensen<sup>1)</sup>

<sup>1)</sup>Dept. of Primary and Community Care, Radboud University Medical Center, Nijmegen, Netherlands

How many people with mild intellectual disability do you have in your practice (MID; IQ 50-85 limited adaptive skills)? Probably more than you expect because it's known that the MID is often not recognized. In the Netherlands, 6,4% of the population have a MID and this large group receives insufficient healthcare, as concluded by the Dutch National Health Care Institute in 2022. That's worrying, isn't it? The good news is, that our recent research focused on how to improve healthcare for this vulnerable group. Improvements are possible and are in the fields of recognition of MID (Being found), knowledge about their health needs (Being seen), and the right care on the right place (Being supported).

In this workshop we would like to discuss your experiences and best practices regarding these three topics: Being found, being seen, being supported.

### Target Group

GPs, nurses, students

Didactic Method After a short introduction we discuss the three topics separately. Each topic will be introduced with the latest findings regarding this topic. Then we will discuss the topic interactively to explore participants' experiences and best practices. We finish with a summary and jointly determined take home messages.

### Objectives

To exchange experiences and learn from best practices, discuss challenges, identify opportunities for improvement, and create awareness for this vulnerable group in primary care.

### Estimated Number Of Participants

15

### Brief Presentation Of The Workshop Leaders

The presenters work for the academic collaborative 'Stronger on your own feet' & Radboudumc, Netherlands. Their mission is to improve the health(care) for people with ID by integration research, education and patient care.







## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 178

## Presentation form

Science Slam

## PREFATE project: Early Atrial Fibrillation diagnosis, silent stroke and cognitive impairment among people at high-risk for AF: prospective, community-based, multicenter study.

Alba Hernandez-Pinilla<sup>1)</sup>, Josep-Lluis Clua-Espuny<sup>2)</sup>, Eva-Maria Satue-Gracia<sup>3)</sup>, Pedro Molto-Balado<sup>4)</sup>, Silvia Reverte-Villarroya<sup>5)</sup>, Jorgina Lucas-Noll<sup>6)</sup>, Francisco-Manuel Martin-Lujan<sup>3)</sup>, on behalf PREFATE Project Investigators<sup>2,3)</sup>

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<sup>2)</sup>Primary Care, Institut Catala de la Salut. Instituto Universitario de Investigación en Atención Primaria (IDIAP Jordi Gol), TORTOSA, Spain

<sup>3)</sup>Primary Care, Instituto de Investigación en Atención Primaria IDIAP Jordi Gol. USR Camp Tarragona-Reus, Tarragona, Spain

<sup>4)</sup>Primary Care, Institut Catala de la Salut. SAP Terres de l'Ebre, TORTOSA, Spain

<sup>5)</sup>Biomedicine Programme, University Rovira i Virgili, Tarragona, Spain

<sup>6)</sup>Primary Care, Health Department. CatSalut, TORTOSA, Spain

## Background

The number of people with atrial fibrillation (AF) will increase by 150% in the next four decades and the incidence of dementia will increase up to 135.46 million in 2050. These diseases, alone or combined, will be one of the main health and economic burdens of the European population.

## Questions

populations where there is early intervention on risk groups are less likely to suffer vascular diseases, including stroke, have better cognitive function and lower rates of dementia. Up to 90% of strokes and 35% of dementias associated with AF would be preventable. Purpose: determine the impact of combined use of cardiac rhythm recording devices, biomarkers, echocardiogram and Magnetic Resonance Imaging on the early detection of AF, silent stroke and cognitive impairment among people ≥65 years at high AF-risk.

## Design

It is a prospective, multicenter and community-based study (2022-2024). Setting: Primary Care in Catalonia, Spain.

## Assessments

Biomarkers [NT-proBNP, troponin-T, FGF-23, Ang-2], cerebral magnetic resonance, cognitive tests and cardiac rhythm external monitoring (opportunistic and systematic) will be performed in all patients for 15 days with Fitbit and Fibrichck using EHRA criteria. Clinical and ECG follow-up will be carried out every six months and in the second year the monitoring will be repeated with the external devices.





**Primary outcomes**

incidence of AF, major adverse cardiovascular events, and cognitive impairment.

**Ethics**

in accordance with data protection and privacy rules and evaluated by the Ethics Review Board of IDIAP Jordi Gol; registration number: SLT/21/000027





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 190

### **Presentation form**

Case Reports By Young Doctors

## **“My head is going to explode!” - a presentation of Arnold Chiari malformation**

Mariana Trindade<sup>1)</sup>

<sup>1)</sup>USF Coimbra Norte, Coimbra, Portugal

### **Didactic-method**

oral-presentation

### **Presented problem**

A 38-year-old woman, a mother of two, with no known medical conditions, presents to her family doctor with an holocranial headache that had started 4 months ago – “seems like my head is going to explode”sic – with nighttime awakenings associated, but without nausea, vomiting or dizziness. She referred intensification of pain with valsava maneuvers (coughing, lowering the head) and partial relief with the use of paracetamol or ibuprofen.

### **Management**

There were no notable changes found after a neurologic evaluation. A head Computer Tomography (CT) was subsequently requested. It revealed a cerebellar tonsils herniation that extends below the magnum hole and compromises the subarachnoid space. Given the clinical context and findings in the CT, a Magnetic Resonance (MRI) should be done to provide better clarification and confirm the diagnosis of Chiari type I malformation.

### **Outcome**

The patient was referred from primary care to the neurosurgery hospital department to do the MRI and to be treated accordingly.

### **Discussion**

In this situation, we draw attention to the significant biopsychosocial negative impact that a very frequent symptom can have if it persists for a long period of time. Despite being uncommon, this diagnosis was made possible by noticing red flags. For this patient, having access to her family doctor and benefiting from the holistic and diligent approach was crucial until the ultimate diagnosis was made. In addition to their engagement in analyzing and connecting clinical data, primary care physicians play an essential role in early diagnosis and treatment.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 209

## Presentation form

1 Slide 5 minutes

## “A day in the life” – telemedicine in family medicine and its relationship with practicing physicians’ satisfaction

Michal Shani<sup>1)</sup>, Limor Adler<sup>1)</sup>, Galia Zacay<sup>1)</sup>, Ilan Green<sup>1)</sup>, Yochai Schonmann<sup>1)</sup>, Tony Heymann<sup>1)</sup>, Shlomo Vinker<sup>1)</sup>, Avivit Golan<sup>1)</sup>, Robert Hoffman<sup>1)</sup>, Ilan Yehoshua<sup>1)</sup>, Yosi Azuri<sup>1)</sup>

<sup>1)</sup>Family Medicine Department, Sakler School of Medicine, Tel Aviv University, Tel Aviv, Israel

## Background

Aims of this study were to quantify the workload of the different types of encounters and to assess the encounter type relation with family physicians’ satisfaction, and their perception of the quality of these encounters.

## Methods

PCPs answered a questionnaire regarding their attitudes towards the different types of encounters and then documented a day in their lives: at the end of each encounter the participants reported whether the encounter type was optimal for the patient’s complains, and rated the medical quality of the encounter and their feeling.

## Results

Sixty physicians documented 2,025 encounters: 784 (39%) face-to-face consultations, 730 (36%) online requests, 373 (18%) telephone consultations, 13 (1%) video consultations. The main issues of these encounters were: 554 (28%) acute conditions, 415 (21%) administrative issues, 339 (17%) prescription renewal, 321 (16%) chronic conditions. OR for positive feeling at the end of the encounter decreased for non-face-to-face encounters: 0.13 (CI 0.10-0.17) for online requests and 0.55 (CI 0.39-0.78) for telephone or video consultations. There was high correlation between the physicians’ feeling and their perceived medical quality. <br/>81% of the PCPs who responded to the questionnaire agreed with the sentence “online requests increase my burnout”, compared with 49%, 46%, 44% who agreed with similar statements regarding phone, video and face-to-face consultations respectively (0.001).

## Conclusions

Physicians’ feeling and perceived medical quality was lower for non-face-to-face encounters, while the proportion of these encounters was more than 50%. This may be non-optimal use of physician’s time and may also contribute to their feeling of burnout.





**Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 211

**Presentation form**

1 Slide 5 minutes

## Medical error impact and strategies for its prevention – a literature review

Maria Beatriz Morgado<sup>1)</sup>, Ayça Asma<sup>2)</sup>, Feyzanur Erdem<sup>3)</sup>

<sup>1)</sup>USF Cova da Piedade, Almada, Portugal

<sup>2)</sup>Family Medicine Department, Health Science University, Bozyaka Education and Research Hospital, İzmir, Turkey

<sup>3)</sup>Family Medicine Department, Health Science University Istanbul, Istanbul, Turkey

**Background**

Medical error corresponds to an omission or commission in planning or execution resulting in an unintended result. It is often multifactorial and may be influenced by the 5 M's: the man, the machine, the mission, medium and management.

**Questions**

What is the impact of medical error (for patients, physicians and health systems)? What are the most effective strategies for its prevention?

**Content**

We conducted a review, using 44 articles from Pubmed, BMJ Evidence based Medicine, TRIP Database and Cochrane library, published between 2017 and 2022. Medical errors may cause extended hospitalisation and physical disability. Patients in this situation frequently report anger and feel abandoned or betrayed by their doctors. On the other hand, the physician involved may experience anxiety, guilt, depression and even suicidal thoughts. Some symptoms are transitory, while others tend to persist. Maladaptive coping strategies lead to professional burnout and a more defensive medicine. In this context, educational interventions could be applied such as campaigns, clinical simulations, checklists and double-checking processes. Organisational interventions could also be taken, including medication reconciliation, interdisciplinary collaboration and longitudinal strategies for burnout management. Additionally, technological interventions include electronic prescription, digital medical records, bar-coded medication administration and medication safety alerts.

**Take Home Message**

Medical errors result in two victims: the patient and the health care professional. A multifaceted approach is necessary to prevent medical errors with simultaneous individual and organisational measures. Only by recognizing untoward events, learning from them, and working toward preventing them, patient safety can be improved.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 221

## Presentation form

1 Slide 5 minutes

## The quality of diabetes care among homebound patients in Taiwan

Jason Jiunshiou Lee<sup>1)</sup>, Kuan-Yu Fan<sup>1)</sup>, Wen-Ruey Yu<sup>1)</sup>, Chin-Yu HO<sup>1)</sup>, Chien-Yu Yeh<sup>2,1)</sup>

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<sup>2)</sup>Department of Family Medicine, Lo-Sheng Sanatorium and Hospital, Taoyuan City, Taiwan, Province of China

## Background

Diabetes Mellitus(DM) is one of the main physical problems resulting in older adults being homebound. The prevalence ratio of DM among homebound patients worldwide ranged from 17% to 40%. The Clinical Practice Guidelines for Type 2 Diabetes Care 2022 recommended periodically checking HbA1c every three months and lipid profile and sCr or urinal albumin every 3-6 months.&nbsp;Taiwan has reported that from 2004 to 2021, the proportions of process measures had increased significantly.

## Questions

No research focuses on the quality of care among homebound patients with DM in Taiwan. This study investigated the proportions of process measures among homebound patients with DM in Taiwan and the associated factors.

## Content

We retrospectively collected the data from the National Health Insurance Research Dataset in Taiwan. Homebound patients with DM who were older than 20 years old and participated in the IHHC program from March 2016 to December 2018 were all included in this study. Of the 12,212 home care diabetes patients, 10,299 (84.34%) received at least one of the three process measures within six months. Compared with diabetes patients in Taiwan, lower proportions (80%, 65%) of homebound patients with diabetes received HbA1c and LDL-c tests within a six-month follow-up period. Associated factors included older age, male, lower functional status, higher home care requirements, and smaller size of institutions.

## Take Home Message

The significant results for lower clinical guidance adherence highlight the need for further improvement and policy modification to improve the quality of diabetes care in home care settings.







## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 225

## Presentation form

Case Reports By Young Doctors

## Hypertensive emergencies in primary health care – a clinical report

Ana Paula Carvoeiro<sup>1)</sup>, Nádia Mendes Silva<sup>1)</sup>

<sup>1)</sup>USF Cidade do Lis, Leiria, Portugal

### Didactic method

Hypertensive encephalopathy refers to the presence of signs and/or symptoms of cerebral edema caused by severe or sudden increases in blood pressure. It is primarily a diagnosis of exclusion and responds dramatically to acute reduction in mean blood pressure.

### Presented problem

A 53-year-old female patient with a history of hypertension, that is regularly medicated with Perindopril 5 mg, comes to the primary health care consultation with confusion, headaches, numbness on the left side and chest pain. On physical examination, she has a high blood pressure (199/113),&nbsp;tachycardia,&nbsp;decreased strength on the left side and claudication.

### Management

The patient received an anti-hypertensive drug and was referred to the emergency department. Upon arrival, the blood pressure was 169/119 and the nervous system examination remained unchanged. She had normal troponin, brain CT scan with no acute alterations and a normal ECG. Further anti-hypertensive therapy was undertaken and as the nervous system examination normalized, she was diagnosed with hypertensive encephalopathy.&nbsp;

### Outcome

The patient was discharged on Perindopril + Amlodipine 8 mg + 10 mg. Follow-up in primary care: the BP was 146/107. The medication was adjusted and a study of secondary causes of hypertension was requested.

### Discussion/What we can learn from this

In this setting, ischemic stroke and intracerebral hemorrhage must be ruled out. Secondary causes of hypertension are more common in patients who have a hypertensive emergency. Note that a large proportion of patients without follow-up will return to the hospital with a repeat hypertensive emergency.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 227

## Presentation form

1 Slide 5 minutes

## Learning family medicine by being useful – practice intervention in vulnerable groups with no assigned family doctor

Mariana Casimiro<sup>1)</sup>, Andreia Pacheco<sup>2)</sup>, Inês Caetano<sup>1)</sup>, Joana Serra<sup>3)</sup>, Leonor Raposo<sup>2)</sup>, Maria Mendes<sup>2)</sup>, Mariana Braga<sup>4)</sup>, Mariana Miranda<sup>5)</sup>, Rodrigo Varandas<sup>6)</sup>, Sara Brandão<sup>7)</sup>

<sup>1)</sup>Family Health Unit Linha de Algés - Health Centers Group of Western Lisbon and Oeiras, Algés, Lisboa, Portugal

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<sup>7)</sup>Family Health Unit São Julião - Health Centers Group of Western Lisbon and Oeiras, Oeiras, Lisboa, Portugal

Primary health care system in Portugal accounts with over one million patients with no assigned family doctor (FD), many of them located in Lisbon. Being aware of this problem, a group of family medicine residents volunteered to one of the most needing units, providing care on maternal health (MH), child health (CH) and family planning (FP) appointments. This increased accessibility to this vulnerable groups and allowed to improve clinical practice and skills related to the medical internship.

A healthcare unit in Lisbon was chosen, appointments were scheduled according to the greatest need and performed under a senior supervision. During nine months of intervention, a total of 320 appointments were performed, namely 93 MH, 112 CH and 86 FP. Various procedures were executed, specifically 38 colpocytologies, insertion/removal of 17 subcutaneous contraceptive implants and 12 intrauterine devices. In addition, the residents aided in over 200 other clinical activities, such as prescription of regular medication and evaluation of complementary exams.

This project provided greater access to health care in vulnerable groups, thus assuring a better surveillance, early detection of red flags, proper contraception, and counselling. The residents developed specific problem-solving skills, aiming towards the core competencies of a family doctor, including person-centred care through contact with a population in dire need.





Considering the excellent outcomes, the project continues and is being expanded to similar units. Nevertheless, the lack of family doctor coverage in the national health system needs to be urgently addressed, and this project does not represent a permanent solution.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 232

### **Presentation form**

1 Slide 5 minutes

## **Introducing rapid sequencing four pillar heart failure treatment into rural primary care - a worked example**

Agne Meskauskiene<sup>1)</sup>, Carl Deaney<sup>1)</sup>, Alena Nicholson<sup>1)</sup>, David Morgan<sup>1,2)</sup>

<sup>1)</sup>General Practice, Marsh Medical Practice, North Somercotes, United Kingdom

<sup>2)</sup>Department of Cardiology, ULHT Lincoln, Lincoln, United Kingdom

### **Background**

Heart failure with reduced ejection fraction (HFrEF) is a global challenge leading significant morbidity and mortality, creating a significant burden on social and healthcare services. It is a progressive disease characterised by breathlessness, cough, exercise intolerance, sleep disturbance, oedema, and fatigue. HFrEF is responsive to a range of treatments. However, the traditional approach to starting these treatments maybe slow and dependent on secondary care specialists.

It is well documented that early initiation of four pillar treatment reduces morbidity and mortality, whilst overcoming therapeutic inertia and reducing delays in achieving treatment optimisation.

### **Question**

What actions can be taken to overcome the barriers to providing best practice four pillar treatment for patients with HFrEF in a rural primary care setting?

### **Content / Our approach**

Empower the primary care MDT to manage HFrEF patients through education

Work together with secondary care support regarding complex case management and move ARNI commencement into primary care

Use searches to identify patients and enhance their management

Review new HFrEF cases promptly and provide rapid four pillar treatment

Use multi-channel modalities to communicate with / educate patients

Use automated recall systems to ensure prompt follow-up and reduce clinical inertia

### **Take Home Messages**

A proactive approach by the MDT improves patients' management

Working together primary and secondary care can promptly optimize patient management

Automated searches enable rapid identification of patients at risk

Patients treated with optimal care have reduced symptoms

Using IT systems reduces burden and enhances the ability to provide best practice and communicate with patients





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 24

### **Presentation form**

Lecture

## **Sex workers and health care: an inclusive approach**

Catarina Gomes Madeira<sup>1)</sup>, Susana Vieira<sup>1)</sup>, Marta Monteiro Ferreira<sup>1)</sup>

<sup>1)</sup>USF Benfica Jardim, Lisbon, Portugal

### **Background**

Sex workers meet barriers in accessing health care and face discrimination that impact their health status, continuing to have disproportionately high burdens of sexually transmitted infections (STI). Knowing the special health needs of this community is essential, for giving them an inclusive primary health care.

### **Target group**

All health care professionals

### **Didactic method**

This workshop will start with a summary of the literature on the specific health needs and recommendations available regarding sex workers. In small groups, participants will be invited to share their individual experiences and reality of care in their country, as well as eventual issues related to the implementation of programs for this specific population. The session will be concluded with a discussion on the best ways to improve health care to sex workers.

### **Objectives**

The aim of this workshop is to debate the reality of the approach of sex workers in different European countries, to discuss the role of family doctors in the care of this community and to acknowledge the best evidence related to health care, including screening for STI and cervical cancer. By comparing different countries and sharing experiences, participants are expected to increase their knowledge in approaching sex workers.

### **Estimated number of participants**

20 to 40 people

### **Brief presentation of the workshop leader**

Catarina Madeira is a residency doctor of Family Medicine in Lisbon, Portugal and the medical responsible for a project of proximity to sex workers at a private institution of social solidarity, promoting physical and mental health to this community.





### Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 248

### Presentation form

Lecture

## Sexual Medicine in Primary Care

Márcia Ferreira<sup>1)</sup>, Sofia Vale<sup>2)</sup>, Rita Fernandes<sup>3)</sup>, Iwona Tomczak<sup>4)</sup>, Isabel Albuquerque<sup>5)</sup>, Frederica Passos<sup>6)</sup>

<sup>1)</sup>Medical Department, USF Gama, Torres Vedras, Portugal

<sup>2)</sup>Medical Department, USF d'As Terras de Lanhoso, Póvoa de Lanhoso, Portugal

<sup>3)</sup>Medical Department, USF Sesimbra, Sesimbra, Portugal

<sup>4)</sup>Medical Department, USF Alvalade, Lisbon, Portugal

<sup>5)</sup>Department of Psychology, Luz Hospital, Lisbon, Portugal

<sup>6)</sup>Psychiatric Department, Beatriz Angelo Hospital, Lisbon, Portugal

### Background

The concept of reproductive health, which translates into “a state of physical, mental and social well-being”, presupposes the possibility of people having a “satisfactory and safe sex life”. To that end, information and access to adequate health services should be made available.

Over the years, the recognition of sexual health as an integral element of people's overall health has gained increasing importance.

Currently, the complex and multifaceted nature of sexuality and the importance of sociocultural, biological and relational factors in sexual functioning are recognized.

Services must be able to facilitate communication regarding each person's sexuality, promote early detection and intervention in sexual problems, or uphold the optimization and potentialization of this. In fact, general practitioners need to be able to ensure the correct diagnosis, treatment and follow-up of patients' sexual health problems.

### Target Group

General Practitioners.

### Didactic Method

The program of this workshop will consist of the presentation of 5 clinical cases (15 minutes each) referring to various areas of sexuality, with questions addressed to each case individually, debate and discussion will be encouraged.

At the end, useful information will be provided to each participant to facilitate applicability in clinical practice.

### Objectives

Approach sexuality in: children behavior; female hypodesire/decreased libido; neoplastic disease; geriatric and chronic disease; LGBTQIAP+ community.

### Estimated number of participants

20 (Twenty)







**Brief presentation of the workshop leader**

Márcia Ferreira, doctor in the 3rd year of general and family medicine internship, with postgraduate training in human sexuality.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 249

### **Presentation form**

1 Slide 5 minutes

## **Approach to sexuality in Family Planning consultation in primary health care**

Márcia Ferreira<sup>1)</sup>, Daniela Francisco<sup>2)</sup>, Andreia Mendes<sup>1)</sup>, Alice Martins<sup>1)</sup>, Mariana Abrahams Vargas<sup>1)</sup>

<sup>1)</sup>Medical Department, USF Gama, Torres Vedras, Portugal

<sup>2)</sup>Medical Department, USF Sete Moinhos, Malveira, Portugal

### **Background**

In women of childbearing age, the prevalence of female sexual dysfunction reaches 41%.&nbsp;Unfortunately, patients do not initiate dialogue about this problem, with only 14% of family doctors reporting being asked about sexual dysfunction.

### **Discussion Point**

Identify obstacles to the approach of sexual life in Family Planning (FP) appointments, from the patients point of view, between 18 and 54 years of age.

### **Content**

We carried out the study between September 15th and November 15th 2022, delivering a questionnaire (surveys) in FP appointments.

31 questionnaires were obtained, with an average age of 34.1 years old. Of the patients surveyed, 96.8% reported having an active sex life, considering it very satisfactory in 22.6% and the majority (61.3%) answering no problems in sexual life. The majority of patients considers sexual life an important topic to be discussed in FP appointments, although 25.8% admit that they never asked these questions to their family doctors.&nbsp;

Even though most of the patients report feeling comfortable to approach sexual life in an appointment (58,1%), when we analyze their perspective regarding the reasons that can hinder this dialogue, the most mentioned (51.6%) was the embarrassment they feel when talking about this topic.

The majority of patients (67.7%) consider that it is indifferent who should start the conversation about sex life.

### **Take Home Message**

Sexual health is an important topic to be discussed in medical appointments and it's also up to the doctor to start the dialogue and ensure that the person feels comfortable talking about their sexuality.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 25

### **Presentation form**

1 Slide 5 minutes

## **Is metronidazole the best treatment in Clostridium Difficile?**

Estefania Perez Nicolas<sup>1</sup>, , Esther Tortola Ventura<sup>1</sup>, , Mara Sempere Manuel<sup>1</sup>, , Patricia De Labaig Ramos<sup>2</sup>, , Eva Perez Carvajal<sup>1</sup>, , Claudia Vendrell Anaya<sup>1</sup>, , Paulina Bueno Cuervo<sup>1</sup>,<sup>1)</sup>

<sup>1)</sup>Family Medicine, Sueca Health Center, Sueca/Valencia, Spain

<sup>2)</sup>Emergency room, Hospital Doctor Peset, Valencia, Spain

### **Background**

Throughout this clinical case it will be reviewed the treatment of Clostridium Difficile. 85-years old woman, multiple pathologies, including duodenal angiodysplasias being monitored by Digestive, hyperfrequent user and new to the clinic, who has consulted weekly due to worsening of her baseline diarrhoea and weight loss. She reported more than 4 watery depositions/day for years with multiple complementary tests carried out by the Digestive Department except calprotectin (which was negative) and Clostridium Difficile (which was positive). The patient is not currently on antibiotic treatment. Given that she had an appointment with the Digestive in a week's time, it was decided to discuss the case with them and they indicated that they would start antibiotic treatment. When the patient returned to us, she commented that she was still the same, and we saw that they had prescribed metronidazole.

### **Question**

Is metronidazole first-line treatment of clostridium difficile?

Content: For a first episode, if colitis is non-inflammatory, the first choice treatments are fidaxomicin and vancomycin. Metronidazole is an alternative that should be avoided in frail patients and over 65 years, and, like in this case, it is associated with high rates of treatment failure. If colitis is fulminant, treatments include rectal or enteral vancomycin or faecal transplantation.

For treatment of recurrences, bezlotoxumab, fidaxomicin or vancomycin may be added.

### **Message for practice**

Keeping up to date with protocols.

Taking patients at their word and investigating their symptoms.

Do not use metronidazole as first line. Be aware of its dose-dependent association with peripheral neuropathy.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 253

## Presentation form

1 Slide 5 minutes

## Vortioxetine in mild cognitive impairment: literature review

Sandra Ribeiro<sup>1</sup>, Ana Fróis<sup>2</sup>, Joana Mendes<sup>3</sup>, Joaquim Santos<sup>4,1)</sup>

<sup>1)</sup>USF Aníbal Cunha, ACes Porto Ocidental, Porto, Portugal

<sup>2)</sup>USF Horizonte, ULS Matosinhos, Matosinhos, Portugal

<sup>3)</sup>USF S. Félix - Perosinho, ACeS Espinho Gaia, Gaia, Portugal

<sup>4)</sup>USF Bom Porto, ACes Porto Ocidental, Porto, Portugal

## Background

Mild cognitive impairment is a stage between normal cognition and dementia. Pharmacologic treatments for this condition are scarce and their efficacy is still under assessment.

## Questions / Discussion Point

This review aims at gathering existing scientific evidence regarding the benefits of vortioxetine in mild cognitive impairment.

## Content

Research of metaanalyses, systematic reviews, clinical trials, observational studies and guidelines indexed in MEDLINE/Pubmed, The Cochrane Library, Database of Abstracts of Reviews of Effects (DARE), National Guideline Clearinghouse, BMJ Evidence-Based Medicine (BMJ EBM), National Institute for Health and Care Excellence (NICE), Canadian Medical Association Practice Guidelines Infobase, Bandolier, using MeSH terms “Vortioxetine” and “Cognitive Dysfunction”. Articles published in English, Spanish, French, or Portuguese, up until December 2022, were selected. The evidence level and recommendation strength were defined using the Oxford Centre for Evidence-Based Medicine scale. In the original research, 127 articles were found, of which 125 were excluded for not meeting inclusion criteria or for meeting exclusion criteria. In the end, two studies were included in the revision. Both studies showed a benefit of vortioxetine in cognitive function, with an evidence level 1B and a recommendation strength A.

## Take Home Message for Practice

Many studies have reported a benefit of vortioxetine in the treatment of cognitive dysfunction in major depressive disorders, though not always as a primary outcome. Regarding mild cognitive impairment regardless of depression, only two studies were found, both reporting a benefit of the intervention. Further studies are needed to clarify the effect of the drug.





### Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 260

### Presentation form

1 Slide 5 minutes

## Evaluation of nutritional and physical activity attitudes, self-perceived proficiency and knowledge of portuguese general practitioners - questionnaire development and validation

Inês Caetano<sup>1)</sup>, Mariana Braga<sup>1)</sup>, Mariana Casimiro<sup>1)</sup>, Ricardo Araújo<sup>1)</sup>, Carolina Pereira<sup>1)</sup>, Inês Mota<sup>2,3)</sup>, Inês Castela<sup>3,2,4)</sup>, Helder Dores<sup>2,3,5)</sup>, Diana Teixeira<sup>2,3,4)</sup>

<sup>1)</sup>Associação Regional de Saúde de Lisboa e Vale do Tejo, Lisboa, Portugal

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<sup>3)</sup>NOVA Medical School|Faculdade de Ciências Médicas, NMS|FCM, Universidade Nova de Lisboa, Lisboa, Portugal, Lisboa, Portugal

<sup>4)</sup>CINTESIS@RISE, NOVA Medical School|Faculdade de Ciências Médicas, NMS|FCM, Universidade Nova de Lisboa, Lisboa, Portugal, Lisboa, Portugal

<sup>5)</sup>Hospital da Luz, Lisboa, Portugal

Primary health care plays a crucial role in providing recommendations for a healthy diet and physical activity to assist patients with noncommunicable diseases. Previous studies showed that nutrition and physical activity education and training provided to physicians throughout their graduate programs are frequently deemed insufficient and inadequate, resulting in General Practitioners (GPs) limited knowledge and lack of confidence in providing counselling services, consequently, endangering patients. Thus far, a limited number of studies have assessed this among Portuguese GPs. The aim of this study is to develop and validate a questionnaire to evaluate nutritional and physical activity attitudes, self-perceived proficiency and knowledge of Portuguese general practitioners. We will develop and validate a questionnaire using item development and psychometric prevalidation using Cronbach's Alpha, item-total correlation and test-retest validity for internal consistency and reliability. As a criterion validation we will use an external criterion applying the instrument to a focus group team composed by Portuguese GPs. The content validity of the initial questionnaire will be assessed by the Delphi method and pilot test. This questionnaire can be used largely to systematically evaluate general practitioners attitudes and knowledge to promote intervention programs to improve lifestyle medicine care.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 272

## Presentation form

1 Slide 5 minutes

## Reviewing our innovative management techniques developed during COVID to provide best practice care to younger patients with asthma post pandemic

Carl Deaney<sup>1)</sup>, Meredith Donaldson<sup>1)</sup>, Danielle Reesby<sup>1)</sup>, Agne Meskauskiene<sup>1)</sup>

<sup>1)</sup>General Practice, Marsh Medical Practice, North Somercotes, United Kingdom

## Background

Asthma remains the most prevalent chronic condition affecting younger patients across the world and is associated with significant mortality and morbidity. Careful attention is required to mitigate modifiable risk factors to prevent future exacerbations. During COVID we developed an innovative approach to provide timely reviews for our younger patients which embraced best practice principles. We adopted standard and readily available tools which allowed us to enhance our remote care and keep in regular contact with patients. This was combined with searches to identify patients requiring review and/or at risk (e.g. excessive SABA usage, lack of reviews). Our approach helps to mitigate risk factors and provide patients with timely interventions.

## Question

Do remote tools remain a beneficial adjunct to maintaining best practice for 6–19-year-old patients with asthma post COVID?

## Methods

A 4-step process has now been established alongside a now semi-automated recall system:  
Case finding using searches & opportunistic reviews  
Automated initiation of routine reviews using e-questionnaires via accurx with MDT triage of responses  
Timely reviews enabling determination of next best actions  
Automated follow-up assessment post review with further intervention as required

## Outcomes

We have 66 patients 5-19 years old with asthma. Using the above, we have been able to achieve in-date reviews >95%. Zero patients with >6 SABA issues in the last 6 months need review. Our system allows interventions including:

- Addressing SABA usage and initiation of therapies/dose adjustments
- Checking Inhaler technique
- Providing up-to-date care plans
- Education and lifestyle advice
- Addressing additional interventions where required







### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 274

### **Presentation form**

1 Slide 5 minutes

## **Complementing NHS lipid management goals: enhancing ASCVD risk reduction in patients with type 2 diabetes mellitus (T2DM) using icosapent ethyl**

Carl Deaney<sup>1)</sup>, Meredith Donaldson<sup>1)</sup>, Victoria Ellis<sup>1)</sup>, Victoria Scott<sup>1)</sup>, Danielle Reesby<sup>1)</sup>, Agne Meskauskiene<sup>1)</sup>

<sup>1)</sup>General Practice, Marsh Medical Practice, North Somercotes, United Kingdom

### **Background**

T2DM is a progressive disease characterised by an increased risk of cardiovascular disease. It is well documented that early diagnosis and a holistic therapy approach reduces morbidity and mortality. Unfortunately, therapeutic inertia and poor lipid management is recognised as factors leading to sub-optimal management.

The NHS has set a goal reducing ASCVD events over the next 10 years by providing comprehensive lipid management to patients. However, this is currently focused on LDL-C reduction. The REDUCE-IT study revealed that 5-point, and 3-point MACE are both statistically significantly reduced in patients treated with icosapent ethyl where triglycerides were elevated. Here we describe our experience of using this new therapy in 50 of our patients with T2DM.

### **Question**

How can we implement the use of icosapent ethyl in patients with T2DM and at least one other cardiovascular risk factor?

### **Content / Our approach**

Empower the primary care T2DM MDT to manage all aspects of patients' lipids profile through education

Use automated searches to identify patients and enhance their management

Address other CV risks and provide optimal management

Use multi-channel modalities to communicate with / educate patients where required

### **Take Home Messages**

A proactive approach using the latest guidance improves patients' lipid management

Automated searches enable rapid identification of patients at risk

Using existing systems reduces burden and enhances the ability to provide best practice and communicate with patients

Using all members of the clinical team allows rapid assessment and optimization of care

Our approach to this independent risk factor complements NHS goal





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 287

## Presentation form

Case Reports By Young Doctors

## Parkinson's disease beyond a movement disorder - a clinical case about cardiovascular dysfunction

Mariana Braga<sup>1)</sup>, Susana Borda<sup>1)</sup>, Mariana Mendes<sup>1)</sup>, Marta Portugal<sup>1)</sup>, Catarina Caetano<sup>1)</sup>, Mariana Casimiro<sup>2)</sup>

<sup>1)</sup>Family Health Unit Delta, Health Centers Group of Western Lisbon and Oeiras, Lisboa, Portugal

<sup>2)</sup>Family Health Unit Linha de Algés, Health Centers Group of Western Lisbon and Oeiras, Lisboa, Portugal

Despite movement disorders being the most distinctive feature of Parkinson's disease (PD), the non motor symptoms represent an important aspect, being the autonomic dysfunction one of the flagships. Amongst the most frequent is cardiovascular dysfunction.&nbsp;

We present a 87 years old male patient, diagnosed with PD for more than 8 years, medicated with Levodopa + Benserazide and Memantine.

During a family doctor visit he reports episodes of prostration, mainly after meals, and falls. Following these evaluation, adequate recommendations and behavioral measures were provided, including blood pressure monitoring, namely during symptoms, and an Ambulatory Blood Pressure Monitoring (ABPM) was scheduled.

These manifestations persisted, even after a Neurologist observation and Midodrine introduction. ABPM showed systolic-diastolic hypertension during nighttime and the patient reported symptomatic periods with BP 70/42mmHg.

This case shows two manifestations of dysautonomia in PD: supine hypertension and postprandial hypotension. The therapeutic management is complex, considering that options directed to hypotension exacerbate supine hypertension, while the treatment of hypertension tends to worsen hypotension. The options, besides low effectiveness, have relevant side effects and the risk of falls needs to be considered, compared with the long term risks of hypertension.&nbsp;

The family doctor must be alert to these manifestations of PD and balance the medication benefits and risks, taking into account quaternary prevention. It's essential to work with the patient and family, adopting symptoms control and preventive measures, like raising the bed head, fractionation of meals and preventing falls, keys to mitigate the consequences of this illness.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 310

## Presentation form

Lecture

## Use of ultrasound in general practice across Europe: where do we stand

Eva Leceaga-Gaztambide<sup>1)</sup>, Dragos-Paul Hagi<sup>2)</sup>, Rocio Bello-Hirschfeld<sup>3)</sup>, Aaron Poppleton<sup>4)</sup>, Carolina Cordovil<sup>5)</sup>, Rocio Garcia-Gutierrez Gómez<sup>6)</sup>, Rabee Kazan<sup>7)</sup>, Bernat Morist-Beltran<sup>1)</sup>, Oisín Brady Bates<sup>8)</sup>

<sup>1)</sup>ICS, Mataró, Spain

<sup>2)</sup>Jacques Lisfranc Faculty of medicine, Jean-Monnet University, Saint-Etienne, France

<sup>3)</sup>Semfyc, Asturias, Spain

<sup>4)</sup>Keele University, Keele, United Kingdom

<sup>5)</sup>ATS LVT, Lisboa, Portugal

<sup>6)</sup>Hospital universitario Severo Ochoa, Leganés. Madrid, Spain

<sup>7)</sup>Fundación Mutua Terrassa, Barcelona, Spain

<sup>8)</sup>GP Specialist Training, Trinity College, Dublin, Ireland

## Background

Ultrasound can be used at point of care by any clinician, including family doctors. It represents a tool that is becoming more popular in family medicine. However, personal factors including knowledge, skill and confidence as well as external factors such as available resources can limit the use of ultrasound in general practice, resulting in differences between the different European countries.

## Questions

Despite its increasing use in primary care little is known concerning its actual use. Thus the aim of this study is to examine the differences in ultrasound utilization and education in family medicine doctors across Europe.

## Methods

A cross-sectional study will be carried out between the months of March-May 2023. The questionnaire will be sent through the different institutions as well as through social media to primary care physicians in Europe. Data regarding primary care physician characteristics, in-house ultrasound availability, ultrasound training and use in daily practice as well as barriers and facilitators will be collected.

## Outcomes

Data will be analyzed in both a descriptive and analytical manner. A mixed-effects logistic regression model will be used to test associations between the different variables such as the physician characteristics, ultrasound training and frequency of use.

## Discussion

Knowing the results of this survey can give us a baseline situation regarding the use of ultrasound in Europe.





### **Take Home Message for Practice**

In the context of growing availability of point of care ultrasound in general practice this study could lay the groundwork for initiating common training among European primary care doctors.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 325

## Presentation form

Symposium

## Deprescribing of psychotropic drugs in primary care

Ellen Van Leeuwen<sup>1, 2, ,</sup> Kristien Coteur Coteur<sup>3, ,</sup> Joke Pauwelyn<sup>2, ,</sup> Hanne Creupelandt<sup>2, ,</sup> Tony Kendrick<sup>4, ,</sup> Peter Lucassen<sup>5, ,</sup> Suzanne Ligthart<sup>5, ,</sup> Thierry Christiaens<sup>1, ,</sup> Marie-Anne Offermans<sup>6, ,</sup> Richelle Lou<sup>6, <sup>1)</sup></sup>

<sup>1)</sup>1)Clinical Pharmacology Unit, Department of Basic and Applied Medical Sciences, Ghent university, Ghent, Belgium

2)Department of Public Health and Primary Care, Ghent university, Ghent, Belgium

3)Department of Public Health and Primary Care, Academic Centre for General Practice, KU Leuven, Leuven, Belgium., leuven, Belgium

4)Primary Care, Population Sciences and Medical Education, Faculty of Medicine, Aldermeer Health Centre, University of Southampton, Southampton, United Kingdom

5)Radboud Institute for Health Sciences, Department of Primary and Community Care, Radboud University, Nijmegen, Netherlands

6)Département de Médecine Générale, Université libre de Bruxelles, Brussels, Belgium

## Moderator

Thierry Christiaens

## Speakers

Ellen Van Leeuwen, Kristien Coteur, Joke Pauwelyn, Hanne Creupelandt, Tony Kendrick, Peter Lucassen, Suzanne Ligthart, Anne-Marie Offermans, Richelle Lou

Psychotropic drugs, such as benzodiazepines (BZD), antidepressants (AD) and antipsychotics (AP) is high in Western countries, including Belgium. Deprescribing is the process of discontinuation of inappropriate medications, meaning that the harm outweighs the benefits. This also includes medication that is continued after the recommended duration, which happens commonly with BZD for insomnia, AD for depression and AP for behavioural and psychological symptoms (BPSD) in dementia.

## Objectives

This symposium aims to highlight the challenges regarding deprescribing of psychotropics in primary care. We will present the latest research from Belgian research groups, and compare our findings and ideas to an international perspective, that will be provided by researchers from the UK and the Netherlands. Moreover, we will show how findings from research are translated into professional education.

## Overview

Introduction 5min

Presentations 10min each

Deprescribing BZD: barriers and enablers, E-NeMo study

Deprescribing AP for BPSD in dementia: a Cochrane systematic review update





Appropriate use of BZD and AD: Initiatives in professional education in the French and Flemish speaking part in Belgium

Deprescribing AD in the UK: the REDUCE program

Deprescribing AD in the Netherlands: the OPERA trial

QA 15min

### **Discussion**

This symposium will stimulate debate between researchers, clinicians, and the public to consider one of the key clinical challenges of this time. It will reveal commonalities and inspire more mutual learning than could be achieved with individual lectures.







## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 347

## Presentation form

1 Slide 5 minutes

## Long-acting reversible contraceptives consultation in a portuguese family health unit

Catarina Novais<sup>1)</sup>, Cláudia Alves<sup>1)</sup>, Ema Mendonça<sup>1)</sup>, João Salgado<sup>1)</sup>, Joaquim Santos<sup>1)</sup>, Maria Figueiredo<sup>1)</sup>

<sup>1)</sup>USF Bom Porto, Porto, Portugal

### Background

Long-acting Reversible Contraceptives (LARC) are very effective user-independent methods. Their placement requires technical experience, being usually performed by doctors in the hospital, through Primary Care referral.

### Questions

The establishment of a LARC Consultation in a portuguese Family Health Unit has the main goal of increasing LARC access to women of childbearing age. Providing LARC, such as etonogestrel (ETN) implant, in Primary care, can decrease patients waiting time for such method.

### Methods

LARC consultation happens every Wednesday, from 2pm to 3pm. Women can have ETN implant inserted, replaced or removed. Access to this consultation is through Family Doctor referral.

### Outcomes

During a 14 months period, until December 2022, 78 women were referred, of which 59 (75,6%) attended their appointment: 33 (55,9%) had the implant inserted, 10 (16,9%) had it removed and 16 (27,1%) had it replaced. Thirteen (16,7%) women missed or canceled their appointment and 6 (7,7%) have scheduled appointment in 2023. There were no complications reported. The mean waiting time was 42 days.

### Discussion

Family planning is inherent to our practice and we are able to successfully provide women easy and faster access to an effective LARC, with increasing acceptance of this method. Furthermore, Family Medicine trainees have acquired experience in a simple procedure, contributing to maintaining this practice hereafter.

### Take Home Message for Practice

Providing LARC in Primary Care is innovative and of great value for both women and the National Health System, increasing population's access to this method and reflecting the comprehensive approach of Family Medicine.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 370

### **Presentation form**

Case Reports By Young Doctors

## **A good day to have a diabetes appointment: a case report**

Carolina Figueiredo<sup>1</sup>, João Pestana<sup>1</sup>, Rita Fonseca<sup>1</sup>, Maria Barbosa<sup>1</sup>, Ana Rita Magalhães<sup>1</sup>

<sup>1</sup>USF Topázio, Coimbra, Portugal

### **Didactic method**

Anamnesis, consultation of clinical records and bibliographic research related to the case.

### **Presented problem**

Male, caucasian, 81 years old patient, that belongs to a nuclear family (Duvall life cycle - stage VIII), retired (middle class (Gaffar)) and moderately dependent (Barthel). His medical history includes mild senile dementia, arterial hypertension, hip prosthesis surgery, dyslipidemia and prostate cancer (wait and see).

On 26th September 2022 came to a diabetes surveillance appointment and, just before going out mentioned two days old left lower limb pain, associated with cold and cyanosis.

### **Management**

On physical examination, we detected a cold lower limb, cyanotic toes and weak arterial pulses. Referred to AE, with progression of coldness and pallor, loss of sensitivity and weaker arterial pulses (only femoral pulse was palpable). The vascular surgery team immediately started heparin and fluid therapy, and a computed tomography angiography was requested.

### **Outcome**

He was diagnosed with acute arterial ischemia, undergoing an emergent surgery for embolectomy. At reevaluation, the patient presented palpable pulses, and normal lower limb sensitivity and function.

### **Discussion**

The General Practitioner faces the most diverse situations daily. Therefore, should assess the patient through a holistic lens, taking into account all complaints. This case illustrates how important that approach can be and the impact it may have on the patient's health outcome. Often patients' complaints may not be perceived as diabetes-related, showing the reason not to restrict appointments to the main concern.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 377

### **Presentation form**

From practice to research

## **Proactive primary care for frail older adults: for whom and how?**

Magnus Nord<sup>1,2)</sup>, Lisa Kastbom<sup>1,3)</sup>, Anna Segernäs<sup>1,3)</sup>

<sup>1)</sup>Health, medicine and caring sciences, Linköping University, Linköping, Sweden

<sup>2)</sup>Vårdcentralen Valla, Region Östergötland, Linköping, Sweden

<sup>3)</sup>Vårdcentralen Ekholmen, Region Östergötland, Linköping, Sweden

### **Speakers**

Magnus Nord, Anna Segernäs, Lisa Kastbom.

We are GPs with PhD and lecturers at Linköping University, Sweden, and are working together in a large intervention study called SAFE; Secure And Focused primary care for older pEople.

### **Titles**

1.Costs and effects of comprehensive geriatric assessment (CGA) adapted to primary care

2.Patients' experiences of a proactive care model, designed for frail older people

3.Study protocol of an ongoing intervention study in two Swedish regions

### **Objectives**

To describe the effects and experiences of a new care model in primary care and compare with similar research in other European countries.

To present how we chose to move forward to design a new intervention study which started in January 2023.

To discuss the challenges that primary care must deal with to find a care model that is both effective and possible to adapt and implement in different primary care settings.

### **Discussion**

Primary care needs effective strategies to detect frailty and create proactive and individualised care plans. A Swedish care model with CGA adapted to primary care has shown promising results by a 22% decrease in hospital care days in the intervention group. This needs to be evaluated in other primary care contexts. According to patients, continuity and accessibility may be the most important values of the care model.

### **Take-home message**

The management of frailty is an important task for primary care. There is a need for cost-effective care models adapted to large population, still aiming for person-centered care of old people.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 399

### **Presentation form**

1 Slide 5 minutes

## **In the search for a fulfilling doctor-patient relationship nowadays: how relevant is it to listen to my patient's stories?**

Florence Decorte<sup>1)</sup>

<sup>1)</sup>Narrative Medicine, CAMG UCLouvain, Brussels, Belgium

Facing the caregiver's discontent, our colleagues and patient's numerous complaints, we come to the point that being a primary health caregiver is nowadays a great challenge. To train medical students to an evidence-based, still patient-centred medicine, in respect of both patient's and doctor's humanities is another.

The question is double: how can we, as practitioners, keep a fulfilling relationship with our patients? - How do we do that? - And how can we transmit to our younger peers that human-based approach to qualitative medicine?

From a narrative-based point of view, patients come to us with stories. Are we present enough to listen and to hear what it's all about? How far does that lead us into a personal implication? What is the effect of that storytelling on the quality of our work/ relationship with the patient and more largely, on ourselves?

There is evidence that narratives are useful instruments for practice, through increased comprehension, empathy and meaning making for both patient and doctor. This requires competences that can be taught in a professional continuous formation and through pre-professional pedagogy.

The goal of this presentation is to share basic concepts of Narrative Medicine. We also want to hear about your perception of storytelling: do you consider it as a loss of time or energy? On the contrary, does it help you to keep a lively, fulfilling human dimension that sustains your work? This can help a further development of this field.





### Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 4

### Presentation form

Science Slam

## Conditions required to ensure successful detection and management of mild cognitive impairment in primary care: A Delphi consultation study in China

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### Objective

Detection and management of mild cognitive impairment (MCI) in primary care has been recognized internationally as one of the strategies that can be employed to delay the development of dementia. However, little is known about what role primary care should play. This study aimed to develop a checklist of conditions necessary for successfully detecting and managing mild cognitive impairment in primary care in China.

### Methods

This study employed the Delphi method to establish expert consensus on the conditions required for successfully detecting and managing MCI in primary care in China. Twenty-four experts who specialized in general practice, public health, neuropsychology, or community health service management rated the importance of pre-defined conditions (44 items measuring providers' preparedness, patient engagement, and system support in line with the Chronic Care Model). Consensus was achieved after the second round of consultations.

### Results

The experts endorsed a checklist of 47 conditions required for successful detection and management of MCI in primary care in China. These conditions were categorized into four domains: prepared general practitioners (17 items), engaged patients (15 items), organizational efforts (11 items), and environmental support (4 items).

### Conclusions

Successful detection and management of MCI in primary care in China requires a dedicated and competent workforce of general practitioners, as well as the engagement of patients and family caregivers. Adequate support from healthcare organizations, health system arrangements, and the broader society is needed to enable effective interactions between general practitioners and patients and efficient delivery of the services required to detect and manage MCI.





## **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 411

## **Presentation form**

1 Slide 5 minutes

## **What do pregnant woman know about sexuality in pregnancy ? - an intervention project**

Sofia Azevedo Vale<sup>1)</sup>, Bárbara Pereira<sup>1)</sup>

<sup>1)</sup>USF d'As Terras de Lanhoso, Póvoa de Lanhoso, Portugal

Pregnancy is one of the most changing periods in a woman's life and sexuality is an important part of it. WHO defines sexual health as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.” It is essential to inform women about the safety of sexual activity throughout the gestation and to inform about possible contraindications. In that way women can feel safe and maintain their sexual life throughout the pregnancy.

Pregnant women were invited to participate in a fifteen-minute clarification session about sexuality during pregnancy. Prior to the session, a questionnaire consisting of myths and truths about sexuality in pregnancy was delivered and rated by the pregnant woman in true or false. It was also asked if they already have spoke about sexuality during pregnancy with a doctor or nurse. Data regarding the age, parity and education of the woman were also collected. After the session, the same questionnaire was distributed again to assess the knowledge obtained.

Although several pregnant women affirmed that they had already speak with a doctor or nurse about sexuality during pregnancy, some myths present in the questionnaire were still considered true by the women. After the session, there was a notable improvement in the answers to the questionnaire.

It is essential that the general practitioner inform about the safety of sexuality throughout the pregnancy, to warn about possible contraindications and to allow women to share their doubts.







## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 43

## Presentation form

1 Slide 5 minutes

## Prevalence of prediabetes in preobese and obese adults

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## Background

Prediabetes is a state of impaired glucose homeostasis manifested either by an increase in fasting glucose or a decrease in glucose tolerance. It is believed that about 40% of people between the ages of 40 and 74 have prediabetes and a high risk of developing type 2 diabetes (T2DM).

## Questions

To examine the prevalence of prediabetes in preobese and obese patients treated in two health centers in BH.

## Methods

The research was conducted in two health centers in B&H. The study included preobese and obese patients older than 18 years of age. Anthropometric measurements, waist circumference, blood pressure measurement, laboratory findings and sociodemographic data were taken for all subjects.

## Outcomes

The prevalence of prediabetes among respondents in the entire sample was 24.62%; in obese patients 28.03%, while in preobese 21.21%. Subjects with a larger waist circumference have a higher chance of having prediabetes, but no significant statistical relationship was found between the type of obesity (preobese vs. obese) and prediabetes. Respondents who are female and of an older age are more likely to have prediabetes.

## Discussion

Early detection of patients in the state of prediabetes should be an integral part of the daily work of the family medicine team, especially considering that the majority of patients are asymptomatic.

## Take Home Message for Practice

Conducting education and support programs for people in the prediabetes phase in family medicine clinics can prevent or delay the development T2DM.

## Key words

prediabetes, preobese, obese, risk for diabetes





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 435

### **Presentation form**

1 Slide 5 minutes

## **Missed telephone appointments in primary care**

Oghenovo Efekodo<sup>1)</sup>, Ifelunwa Ify Odofin<sup>1)</sup>

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### **Problem Statement**

With the pandemic came an increase in remote contact with patients in primary care. Anecdotal observations have shown that different practices/ practitioners have different approaches to missed telephone calls.

### **Purpose**

The purpose of this survey was to find out how clinicians across the United Kingdom handle missed telephone appointments with the aim of proposing a national approach to handling missed telephone appointments

### **Methods**

This was an ongoing online survey using structured questions on google form. This was shared on social media platforms including Facebook and WhatsApp. Target responders were primary care clinicians (GPs, GP trainees, Nurse practitioners and Advance care practitioners) across the United Kingdom. Data were collected and analyzed on the google platform

### **Results**

At the time of putting in this abstract, we had received 76 response. 58.3% of the responders were General Practitioners. The majority (84.2%) did not have a written protocol for missed telephone appointments with varying number of times calls are repeated before declaring it a missed appointment (once, 3.9%, twice, 63.2% and three times nor more 39.9%). 72.4% had no defined intervals between calls while the remainder did.

### **Conclusions**

The survey confirmed the varying approaches to missed telephone appointments. We want to propose a national approach which will involve a defined number of attempts (2 calls) before a missed appointment is coded. We also propose an interval of 4 hours 10min (the duration of a clinical session in the United Kingdom) as the time within which these calls should be made.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 437

### **Presentation form**

1 Slide 5 minutes

## **Falls Surprise Question use in Assessment of Risk in Elderly (F-SQUARE) - What do GPs think about this?**

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<sup>2)</sup>University of Queensland Medical School in Brisbane, Brisbane, Australia

### **Background**

Falls are a common problem, particularly in older adults, resulting in injuries requiring medical care, including hospitalisation, disability, and sometimes death.

The Australian population is aging with those over 65, being 16% in 2020, up from 12% in 2000, and forecast to increase to 24% by the middle 2030's. This brings a greater growth in chronic diseases and polypharmacy. On average those over 65 years, have 4 chronic diseases, take 5 or more medications, and have a 30% estimated risk of falling each year. Existing falls risk assessment tools are complex, time consuming, and relate to those in hospital and residential facilities.

### **Questions**

What patient characteristics do GPs currently use to stratify risk of falls?

What strategies do GP use to the prevent falls

What do GPs think about asking themselves the question "Would I be surprised if this person had a fall within the next 6-12 months?"

Could GPs improve their falls prevention by asking the question ?

### **Content**

We will present the results of our qualitative research from GP focus groups held to discuss these questions and more.

### **Take Home Message for Practice**

GPs have consistent views about falls prevention and ways to improve falls prevention from within general practice.

GPs would like to try using the "Falls Surprise Question" to assess falls risk in the elderly (F-SQUARE).

In future, we would like to progress this research to compare falls prevention from the "F-SQUARE" approach, with usual practice, in elderly patients who live in their own homes.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 463

## Presentation form

WONCA Network Workshop

## Patient-centred care: management of chronic respiratory diseases (CRD)

Jaime Correia de Sousa<sup>1,2)</sup>, Catalina Panaitescu<sup>3,4)</sup>, Marina García-Pardo<sup>4,5)</sup>

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<sup>5)</sup>IDISBA Instituto de Investigación Sanitaria Islas Baleares, Palma, Spain

Asthma and COPD are leading sources of personal and primary care burden and of unwarranted variation in care despite evidence of effective and cost-effective interventions. Therefore they are excellent candidates for quality improvement in clinical practice.

This workshop will present for discussion primary care-derived person-centred care statements and aligned primary care competencies - in the format “know, know how to do, and do” - for both asthma and COPD. These have been co-produced by primary care colleagues and patients with an interest in CRD, drawing on experience and evidence in different resource settings to answer the question “what does good quality care look like?”

Each roundtable will debate one of the four options: asthma or COPD person-centred care statements, or asthma or COPD competencies, considering key factors (BMJ 2023;380:e072953) such as:

Priority of the problem; importance of the outcome

Certainty of evidence

Benefits and harms

Resource use including time to implement

Equity

Acceptability to patient, provider and policy stakeholders

Feasibility (in today’s primary care, including skillmix)

We can accommodate approximately 30 participants.

IPCRG will facilitate the workshop and introduce practical tools from its social movements for health: Asthma Right Care and COPD Right Care including role-plays.

At the end of the workshop, participants should be able to: a) identify what good COPD and asthma care in primary care health looks like; b) debate possible improvement actions at the personal, professional and system level; c) prioritise those applicable in their setting; d) discuss the best framing to galvanise action amongst peers.





## **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 481

## **Presentation form**

1 Slide 5 minutes

## **Deprescribing antidepressants for institutionalized older persons with dementia**

Pernille Hølmkjær<sup>1)</sup>, Anne Holm<sup>1)</sup>

<sup>1)</sup>Department of Public Health, section of General Practice, University of Copenhagen, Copenhagen, Denmark

### **Background**

There is a high use of antidepressants among institutionalized older persons with dementia. According to the latest guidelines it is suggested to deprescribe antidepressants. General practitioners (GPs) typically encounter multiple barriers when attempting to deprescribe antidepressants.

### **Questions**

The aim is to reduce the use of antidepressants in institutionalized older persons with dementia without increasing morbidity or mortality. Secondary outcomes include difference in use of other psychotropic medication, mortality, morbidity, and severity of BPSD.

### **Method**

The study is a cluster-randomized controlled trial based in general practices in Denmark. Randomization was 1:1 to intervention and control group. In total 20 practices that recruited up to 15 patients with dementia living in nursing homes is included. The intervention includes two tailored components; 1) a case-based training course including teaching material to be used by the GP to educate nursing home staff on BPSD, 2) a dialog tool including a symptom assessment scale to be used in a structured consultation at the nursing home to encourage deprescribing of antidepressants. The control group receives enhanced care as usual.

### **Outcomes**

We anticipate that the intervention will reduce the use of antidepressants through strengthening communication between GPs, nursing home staff and patients/relatives.

### **Discussion**

Research on this population is scarce and it is difficult to do. Many barriers exist and we will look further into this in a process evaluation which will also assess the implementability.

### **Take home message for practice**

This study will aid in the difficult task in deprescribing for a vulnerable population.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 482

## Presentation form

Lecture

## Fast ultrasound

Eva Leceaga-Gaztambide<sup>1</sup>, , Elena Klusova Noguina<sup>2</sup>, , Rocio García-Gutierrez Gómez<sup>3</sup>, , Rabee Kazan<sup>4</sup>, , Maria Isabel Ascensao Cruz Fonseca<sup>5</sup>, , Ines Pereira<sup>6</sup>, , bernat Morist-Beltran<sup>1</sup>, , Aaron Poppleton<sup>7</sup>, , Emmanuel Chirino<sup>8,1)</sup>

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7)Keele University, Keele, United Kingdom

8)Somamfyc, Leganés. Madrid, Spain

## Background

Point-of-care ultrasound (POCUS) has become increasingly integrated into primary and emergency medicine. A common application is extended Focused Assessment with Sonography in Trauma (eFAST), a bedside protocol designed to rapidly detect peritoneal fluid, pericardial fluid, pneumothorax, and/or hemothorax in emergency cases, particularly after trauma.&nbsp;

eFAST reduces time to diagnosis, can be performed quickly without removing the patient from the clinical area, avoids exposure to ionising radiation, and can be repeated for serial examination. It is a non-invasive and safe technique, suitable for use in adults, children and in pregnancy. Appropriate use of eFAST has the potential to improve care quality and patient outcomes in both hospital and out-of-hospital emergency settings.

## Target Group

Trainee, early-career and senior doctors in the emergency department and health centers wanting to learn about ultrasound through an engaging ‘hands on’ approach.

## Didactic method

Following a 30minutes focussed presentation and demonstration, participants will be divided into small groups. Then a competition will take place. Each member of the group has to complete the whole test and the first group to finish will win. During the last 15 minutes, small groups will give feedback to the larger group, with a chance to ask further questions. The session will close with a guide to resources and further professional development in eFAST.

## Objectives

To provide an engaging introduction to practical ultrasound in emergency patients.&nbsp;

## Participants

Maximum 24







**Workshop leader**

Eva Leceaga-Gaztambide is a family doctor in Spain. She is a member of the CAMFIC ultrasound group in Barcelona.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 506

### **Presentation form**

1 Slide 5 minutes

## **Knowledge of pregnant women about physical exercise during pregnancy: an intervention project**

Bárbara Pereira<sup>1)</sup>, Sofia Azevedo Vale<sup>1)</sup>

<sup>1)</sup>USF D´As Terras de Lanhoso, Póvoa de Lanhoso, Braga, Portugal

Pregnancy is a unique period in a woman's life, in which lifestyles, including physical activity, can significantly affect her health and that of the fetus. The percentage of pregnancy complications has increased dramatically in recent times, most likely as a result of high rates of maternal obesity. Physical activity has been proposed as a preventive and therapeutic measure for complications in pregnancy and optimization of maternal-fetal health.

Pregnant women at a Family Health Unit were invited to participate in a clarification session on physical exercise during pregnancy. Prior to the session, a questionnaire was distributed to pregnant women with the intention of knowing their age, parity, education and knowledge on the subject through a health professional. Subsequently, ten questions were asked about physical exercise during pregnancy. After the clarification session, the pregnant women were again asked to fill in the questionnaire.

Many women had not been approached about physical exercise during pregnancy by a health professional. There was a notable improvement when comparing the pre and post session questionnaires.

Physical exercise during pregnancy helps to reduce complications and it is essential that the general practitioner inform pregnant women about their safety and warn of the signs that require a medical evaluation.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 538

### **Presentation form**

1 Slide 5 minutes

## **Effect of mindfulness therapies on pain severity in office workers with chronic low back pain: study protocol for a RCT**

Merve Saniye Imancer<sup>1)</sup>, Vildan Mevsim<sup>1)</sup>, Neslisah Gafuroğlu Tan<sup>1)</sup>

<sup>1)</sup>Family Medicine, Dokuz Eylul University, Izmir, Turkey

### **Background**

Low back pain (LBP) is a major health problem with two thirds of adults suffering from LBP at some time in their lives and approximately 12% to 44% have LBP at any given time .

Mindfulness-based cognitive therapy (MBCT) is an approach to psychotherapy that uses mindfulness meditation practices and psychological strategies.

### **Questions**

Do MBCT have an effect on pain intensity in people with non-specific chronic LBP who work at a desk for a long time?

### **Methods**

The study is a parallel group, open-label randomized controlled trial. Persons working in the offices of Dokuz Eylul University who meet the inclusion criteria will be included in the study. They will be randomized by block randomization. The intervention group will receive training for 4 weeks. The training to be given are in order of Five-Step Breath Awareness Meditation, Body Scan Meditation, Self-Compassion Meditation, and Chair Yoga poses. In data collection, sociodemographic data form, Visual Analog Scale, SF-36, Five Facet Mindfulness Questionnaire will be used. Descriptive analyzes, chi square, student t test and linear regression analysis will be performed.&nbsp;

### **Outcomes**

Pain level will be the primary outcome in the study.

### **Discussion**

In the literature review, there are few studies on this subject. The result of this study will reveal the effect of mindfulness therapies on pain intensity in office workers with non-specific chronic low back pain.

### **Take home messages for practice**

MBCT focuses on reducing stress and changing the perspective of pain by getting rid of the mind's repetitive thoughts.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 546

### **Presentation form**

1 Slide 5 minutes

## **Research project: obesity – from reality to activity**

Olga Couto Cardoso<sup>1)</sup>, Clara Oliveira<sup>1)</sup>, Mariana Pereira<sup>1)</sup>, Juliana Couto<sup>1)</sup>, Hugo Pereira<sup>1)</sup>, Carla Henriques<sup>2,3)</sup>

<sup>1)</sup>USF Ribeirão, ACeS Ave-Famalicão - North Regional Administration, Vila Nova de Famalicão, Portugal

<sup>2)</sup>Center for Mathematics, University of Coimbra, Coimbra, Portugal

<sup>3)</sup>School of Technology and Management, Polytechnic Institute of Viseu, Viseu, Portugal

### **Background**

Obesity is associated to an increase of morbidity and mortality and its prevalence is growing; 21,03% of the population served by our primary care team are obese.

### **Questions**

What is the impact of a medical appointment on the physical activity of our population? Which changes could happen on weight, body mass index, abdominal perimeter, arterial pressure, glycemia and cholesterol? Will the number of minutes of exercise per week increase?

### **Methods**

A prospective, analytic and longitudinal study that comprehends obese patients aged between 18-59 years old. The sample was calculated and 100 people were randomly selected. Those with comorbidities were excluded. The follow-up includes 3 appointments: at 0, 3 and 6 months. Variables were collected at the appointments and laboratory tests performed in the beginning and shortly before the last appointment, assuring confidentiality. The data will be presented by average and standard deviation. The difference between the first and the last appointments will be assessed with t-test (paired samples), if the assumptions are validated, for a 0,05 level of significance.

### **Outcomes**

After 3 months, the average weight decreased from 94,3kg to 92,6kg and the average abdominal perimeter from 109,8cm to 107,7cm. The average of exercise per week increased from 32,3 minutes to 96,4 minutes. The 6 month assessment will happen in march.

### **Discussion**

Interventions improving diet and physical activity can have a positive impact on patients who suffer from obesity.

### **Take Home Message For Practice**

Obesity and its related diseases are avoidable, so it's essential to embrace a healthier lifestyle.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 550

## Presentation form

1 Slide 5 minutes

## Opportunistic take home naloxone provision in a deprived primary care setting in Glasgow, Scotland - a pilot project

Richard Tran<sup>1)</sup>

<sup>1)</sup>NHS Scotland / Scottish Government, Glasgow, United Kingdom

### Background

Rates of drug-related deaths in Scotland are higher than any other European country. The Scottish Government's Take Home Naloxone (THN) programme allows pre-filled naloxone kits to be provided to those at risk of opiate/opioid overdose and their loved ones. Despite the highest rates of death being in Greater Glasgow, no GP practice here has the ability to provide THN opportunistically during a standard consultation.

### Question

Is opportunistic distribution of THN in a deprived primary care setting feasible?

### Content – Methods, Results, Discussion

A pilot project was conducted between March and June 2021 at Lochend Surgery, Easterhouse. All staff – healthcare and administrative – underwent training to improve understanding of THN, their role in its provision and use of pre-filled naloxone kits. Identified individuals were offered THN at the time of any appointment and, if accepted, received a THN kit and appropriate training during the consultation. There was concerted practice-wide engagement in the project, bolstered by the enthusiasm of non-clinical staff, whose local knowledge aided the identification of potential recipients. Two naloxone kits were distributed – one to a patient and one to a relative of an at-risk individual.

This pilot has shown that for relatively little effort, patients and families can benefit from THN provided during a standard primary care consultation in a deprived setting. Engaging the whole primary care multidisciplinary team was found to aid in the provision of THN.

### Take Home Message for Practice

The primary care team is uniquely situated to prevent drug-related deaths by opportunistically issuing THN kits.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 57

## Presentation form

1 Slide 5 minutes

## Australian general practitioner knowledge, attitudes and practices regarding early medical abortion: Results of a national survey

Sharon James<sup>1,2)</sup>, Danielle Mazza<sup>1,2)</sup>, Samantha Chakraborty<sup>1,2)</sup>, Kirsten Black<sup>3)</sup>, Angela Taft<sup>4)</sup>, Deborah Bateson<sup>5)</sup>, Wendy Norman<sup>6)</sup>

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<sup>5)</sup>Daffodil Centre, Faculty of Medicine and Health, University of Sydney, Sydney, Australia

<sup>6)</sup>Department of Family Practice, University of British Columbia, Vancouver, Canada

## Background

Although general practitioners (GPs) are the first point of contact for women seeking early medical abortion (EMA) in Australia, only about 10% are certified to prescribe EMA medication.

## Questions

What are GP knowledge, attitudes, and practices in EMA provision?

What are the gaps for GPs to provide EMA services?

## Methods

We undertook a national survey from July to October 2021 to explore GP EMA knowledge, attitudes and practices. Counts and proportions were used to analyse data.

## Outcomes

From the 500 GPs who completed the survey, 78% (n=388) identified as female. Over half (54%;n=270) were from metropolitan areas, and most resided in Victoria (31%;n=156) or New South Wales (30%;n=148). To provide EMA, most GPs (84%;n=418) felt that it was acceptable to do so but only about half (54%, n=272) felt they had the knowledge to provide the counselling required. Only 23% (n=116) were registered prescribers of EMA medication and fewer still actually provided an EMA service (22%;n=111). An average of 5 EMAs were delivered per month (SD=10.6). Telehealth use for EMA services was almost negligible (8%;n=41).

## Discussion

Despite high GP acceptability for EMA services, many felt ill-equipped to do so, and fewer had undertaken the mandated training to provide this care. Issues including stigma, professional isolation, and training need to be addressed.

## Take Home Message for Practice

Further support for the integration of abortion care, including via telehealth, is required to enhance the number of EMA prescribers and access to these important services.







## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 572

## Presentation form

1 Slide 5 minutes

## Dementia - what is behind it

Mariana Santos Miranda<sup>1)</sup>, Tatiana Bento<sup>1)</sup>, Raquel Landeiro<sup>1)</sup>

<sup>1)</sup>USF Vale do Sorraia, ACES Lezíria, Coruche, Santarém, Portugal

## Background

Major neurocognitive disorder (dementia) is a significant cognitive deficit in various domains with functional impact. It may be caused by neurodegenerative brain diseases or due to a potentially reversible cause, such as brain infection (neurosyphilis), endocrine (hypo and hyperthyroidism), metabolic (renal and hepatic insufficiency) and nutritional disorders (vitamin B12 and folate deficiency).

## Objective

To evaluate prevalence of patients with dementia diagnosis at a family medicine department (FMD) that have a determination of complete blood count (CBC), vitamin B12, folate, thyroid-stimulating hormone (TSH), VDRL test and a cranial CT scan.

## Material/Methods

Cross-sectional descriptive study with FMD patients with dementia diagnosis (ICPC-2 code P79) by December 2022. Evaluation of variants such as gender, age, CBC, TSH, folate, B12 and VDRL during the year of diagnosis and a cranial CT scan reported. Data were collected from MIM@UF and SClínico® programs and analyzed with Excel2013® and SPSS.

## Results

That was 268 patients with dementia diagnosis, 70,9% female, with mean age of 83,5years. 86,6% had CBC test, 42,2% vitamin B12, 42.2% folate, 47.8% TSH, 18.7% VDRL and 50% cranial CT scan. 13.1% had full determination and 10.4% any data.

## Discussion/Conclusion

Most of the patients had CBC test and only a few had VDRL test reported. These results show that healthcare professionals are not sufficiently alert about this topic. In this respect, this study is a start for training and qualification at FMD, family doctors awareness, development of a continuous quality improvement program and evaluating the impact at clinical practice.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 576

## Presentation form

1 Slide 5 minutes

## Challenges and facilitators to implementing a sustainable approach to dementia care within UK primary care

Sarah Griffiths<sup>1</sup>, Emily Spencer<sup>1</sup>, Marie Poole<sup>2</sup>, Katie Flanagan<sup>1</sup>, Maud Hevink<sup>1</sup>, Jane Wilcock<sup>1</sup>, Kate Walters<sup>1</sup>, Robinson Louise<sup>1, 2</sup>, Greta Rait<sup>1</sup>

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<sup>2</sup>Newcastle University, Newcastle, United Kingdom

## Background

In the UK, primary care plays an important role in providing post-diagnostic support for people with dementia and carers. However, research shows current care models are inequitable and inadequate. The UK PriDem research programme developed an evidence-based approach to post-diagnostic care where Clinical Dementia Leads (CDLs) work with general practices, to develop care systems, promote tailored care and support, and build workforce capacity and capability.

## Questions

Is the PriDem intervention feasible and acceptable?

What factors influence implementation and sustainability of the intervention?

## Methods

We conducted a UK-based 12-month process evaluation of the intervention, within 7 general practices across London and Newcastle. Qualitative data from this mixed methods study include:

Interviews with stakeholders including people living with dementia, carers, professionals and dementia service commissioners

Fieldnotes of Multi-Disciplinary Team meetings and training activities

Fieldnotes of CDL 'intervention supervision' sessions.

Data is analysed using codebook thematic analysis, with Normalisation Process Theory as a lens through which to identify implementation challenges and facilitators.

## Preliminary Outcomes and discussion

Preliminary analysis suggests that given support from a CDL, intervention elements are feasible and acceptable to key stakeholders, for example, improvements to dementia review and care planning processes, and upskilling staff. Implementation challenges remain, such as introducing a named professional point of contact for every person living with dementia, due to lack of capacity and NHS pressures.

## Take home message for practice

Despite pressures on services, improvements in dementia care are possible, given support from a specialist to develop systems, promote care and build capacity.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 614

### **Presentation form**

Science Slam

## **Reliability and validity of the Arabic version of the Consultation and Relational Empathy (CARE) measure**

Khairat Al Habbal<sup>1)</sup>

<sup>1)</sup>Family Medicine, Khalifa University College of Medicine and Health Sciences, Abu Dhabi City, United Arab Emirates

### **Background**

Empathy is the ability to communicate an understanding of an individual's subjective experience. It plays a vital role in the physician–patient relationship and improves clinical outcomes. This increases the importance of measuring and studying empathy in the clinical setting.

The Consultation and Relational Empathy (CARE) is a 10-item questionnaire that measures patient assessment of physician's empathy in primary care. To our knowledge, there are no validated measures of empathy in the clinical setting in Arabic.

### **Question**

is the Arabic version of CARE valid and reliable?

### **Content**

**Methods-** Data collection took place between October 2019 and February 2020. A total of 220 patients completed the questionnaire which consisted of the 10 CARE items, participants' opinions regarding the importance of each item, demographic information, and information about the consultation. The reliability and validity of the Arabic CARE were measured using Cronbach alpha, item-total correlations, and factor analysis.

Construct validity was measured based on the overall patient satisfaction, and their satisfaction with the length of the consultation.

### **Results**

High Cronbach alpha and item-total correlation reveal the internal consistency and homogeneity of the Arabic version. Our findings

showed significant positive correlations between CARE score and each of the characteristics: overall satisfaction with the consultation, consultation duration, patients' satisfaction with consultation duration and whether they would recommend the doctor to others.

### **Take home message for practice**

The Arabic version of the CARE measure appears to be valid and reliable. It is available for use in research, education, and assessment of physicians' empathy.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 615

## Presentation form

1 Slide 5 minutes

## Antibiotics prescription pattern in UTIs: quality improvement study in our health centre

João Lemos<sup>1)</sup>, Inês Castro<sup>1)</sup>, João Poças<sup>1)</sup>, Helena Cabral<sup>1)</sup>, Isabel Carvalho<sup>1)</sup>, Liliana Mota<sup>1)</sup>, Ana Oliveira<sup>1)</sup>

<sup>1)</sup>USF Cedofeita, Porto, Portugal

### Background

UTIs are a common pathology in Primary Healthcare and can be classified as &nbsp;complicated and uncomplicated. Uncomplicated cystitis accounts for over 90% of UTIs. While it &nbsp;can be confirmed by a dipstick test, diagnosis is fundamentally clinical. National and European &nbsp;organizations issue guidelines outlining the most appropriate management.

### Questions

Acknowledge the prescription pattern of antibiotics and urine cultures at our healthcare centre in Porto.

### Methods

Using clinical records and a data-collection platform, patients  $\geq 18$  years with a diagnosis codified as “U71-Cystitis/Urinary Infection” between 01/01/2022 and 31/03/2022 were selected. Those in which treatment was not started at our facility were excluded.

### Outcomes

101 patients were included (93% women) with a median age of 63 years. 57 suffered from uncomplicated cystitis and in 49% the regimen for antimicrobial therapy suggested by national guidelines was strictly followed. 2% were prescribed a quinolone. Treatment for men and urine cultures (ordered for 73% of patients) were also prescribed according to guidelines.

### Discussion

Our study shows that cystitis is common and antibiotic prescriptions must be analyzed – especially wrongfully prescribed double-dose 3g fosfomycin. Cystitis in men, urine culture and quinolone prescription presented excellent findings. These results were discussed amongst the medical team and training was provided. New data will be collected to assess the effectiveness of this training.

### Take Home message

As cystitis constitute one of the main causes of antibiotic prescription, understanding and optimizing prescription patterns in our centre proves invaluable to a better development of Primary Healthcare.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 633

## Presentation form

1 Slide 5 minutes

## Degree of control and delay in intensification of hypoglycaemic therapy in patients with of hypoglycaemic treatment in patients with DM2 (DIAMOND2 STUDY)

Ana Cebrian<sup>1)</sup>, Domingo Orozco-Beltrán<sup>1)</sup>, Fernando Álvarez-Guisasola<sup>1)</sup>, Sara Artola<sup>1)</sup>, Manel Mata<sup>1)</sup>, Antonio Pérez<sup>1)</sup>

<sup>1)</sup>Centro de Salud Cartagena Casco Antiguo, Servicio Murciano de Salud, Cartagena, Spain

The degree of glycaemic control in patients with DM2 is poor, around 50%, and has persisted over the last few years, so it is necessary to identify factors to try to improve the situation.

### OBJECTIVE

To analyse the degree of control of DM2, from an integral point of view, both glycaemia and other cardiovascular risk factors. In poorly controlled patients, to analyse the measures used for the therapeutic modification (dose intensification, change, or combination), defining the combination) defining inertia as: At what level of HbA1c is the therapeutic modification (intensification or change) in patients with poorly controlled (intensification or switching) in patients with DM2 and poor glycaemic control. The time elapsed since a patient has had poor HbA1c control in HbA1c in the clinical history until the therapeutic modification is made. To compare the data obtained with those published by the same authors twelve years earlier (Diamond Study). To analyse factors associated with inertia, in terms of: Dependent on the health profesional; Dependent on the characteristics of the patient: sex, age, cultural level. Dependent on the characteristics of the disease: years of evolution, co-morbidity, comorbidity; Dependent on the degree of poor control: borderline or clearly altered figures; &nbsp;&nbsp; Dependent on the health care environment: pressure of care. To analyse this same objective in patient subpopulations: &nbsp;&nbsp; Women (gender bias). Elderly.

### METHODS

Cross-sectional, retrospective, analytical, observational, study on the degree of glycaemic control and the measures adopted by the health professional to improve it. Primary care centres in Spain and Endocrinology Departments.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 634

### **Presentation form**

1 Slide 5 minutes

## **Practice improvement-family medicine resident experience in significant event identification and analysis at the University of Alberta**

David Moores<sup>1)</sup>, Mirella Chiodo<sup>1)</sup>

<sup>1)</sup>Family Medicine, University of Alberta, Edmonton, Canada

### **Background**

Since 2013 the Department of Family Medicine, University of Alberta has required its family medicine residents/registrars to successfully complete educational and process objectives specific to Quality and Safety in Family Practice/Primary Care.

### **Questions**

Conventional hospital-based quality and safety and quality improvement initiatives lack the benefits of family practice/primary care data. A primary care/family practice challenge is the development of a robust database, better reflecting the quality and safety challenges of integrated care, consultation and referral and individual practices. Community-based quality and safety perspectives and quality improvement will inform the necessary changes for improved quality and safety system wide.

### **Methods**

Resident submissions since 2014 have been reviewed and categorized. Outcomes

The two fundamental pillars of the program are quality and safety educational content and the processes of identifying and analyzing significant events in clinical practice. To date over 700 events have been identified and subjected to review. Family medicine residents and practice staff are encouraged to utilize any significant event and analysis as a platform for quality improvement initiatives in their individual practices.

### **Conclusion/Take Home Message**

The addition of a family practice/primary care focus for quality improvement, based on significant events, allows more inclusive opportunities to learn of the quality and safety challenges and QI opportunities of integrating health services. Such a focus provides a rich addition to conventional quality improvement initiatives in clinical practice. Relying on hospital-based quality and safety and quality improvement processes is insufficient for system improvement.







### Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 645

### Presentation form

WONCA Network Workshop

## Workshop on therapeutic inertia and adherence in type 2 diabetes.

Ana Cebrian<sup>1)</sup>, Domingo Orozco-Beltrán<sup>1)</sup>, Fernando Álvarez-Guisasola<sup>1)</sup>

<sup>1)</sup>Centro de Salud Cartagena Casco Antiguo, Servicio Murciano de Salud, Cartagena, Spain

Worldwide, 537 million people aged 20-79 years have diabetes mellitus (DM), 10.5% of the population. Type 2 diabetes (DM2) is the most common type of diabetes and accounts for 90% of diabetes cases worldwide. DM2 is a pathology that is often associated with other comorbidities that increase cardiovascular risk: hypertension (77.8%), LDL cholesterol  $\geq$ 100 mg/dl (62%), obesity (45.4%), smoking (15.4%). It has also been observed that people with low socioeconomic status have a higher prevalence of comorbidities compared to those with higher socioeconomic status: ischaemic heart disease (24 vs 21%), COPD (11 vs 4%), chronic pain (28 vs 14%), depression (21 vs 13%), anxiety (10 vs 7%). Therefore, the approach to DM2 should be comprehensive and the family physician plays a fundamental role in this pathology. In patients with type 2 diabetes, lack of control due to clinical inertia or lack of adherence is common. A meta-analysis reviewing 53 articles, concluded that the median time to treatment intensification was 1 year (range 0.3-7.2). A Spanish study found that intensification was not performed in 1 in 5 patients with poor control and that 26% of patients with poor control with HbA1c greater than 7% were still not intensifying their treatment after 4 years of follow-up. The problem of therapeutic inertia and non-adherence is global in all patients with diabetes and in all countries. This workshop aims to shed light on this issue, which is so dominant in family doctors' practices, always from a practical point of view.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 646

### **Presentation form**

1 Slide 5 minutes

## **Improving continuity of care in Finnish multi-professional health centers – an implementation study**

Janne Mäkelä<sup>1,2)</sup>, Markku Timonen<sup>1,2)</sup>, Marja Paananen<sup>1)</sup>, Suvi Kailasuo<sup>1,2)</sup>, Jenna Axelsson<sup>1,2)</sup>, Juha Auvinen<sup>1,2)</sup>

<sup>1)</sup>Wellbeing Services County of North Ostrobothnia, Oulu, Finland, Oulu, Finland

<sup>2)</sup>University of Oulu, Oulu, Finland

Improving continuity of care in Finnish multi-professional health centers – an implementation study

### **Background**

Although continuity of care is a key factor in the quality of primary care, it has been deteriorating in Finnish health centers for several years.

### **Questions**

Would it be possible to increase the continuity of patient-doctor relationship in Finnish health centers with multi-professional working model?

### **Methods**

In this study we created and implemented a new model into a Finnish health center with 16 000 patients. Every patient was listed in permanent general practitioner and nurse, who worked as a pair. Non-permanent doctors and nurses worked within their populations. Continuity of care was monitored using the COC-index and distribution of appointments. In addition, referrals and consultations to university hospital were also monitored.

### **Outcomes**

Over a four-month follow-up, the proportion of own patients seen by general practitioners increased from 66% to 92% and referrals and consultations to university hospital decreased. One-year COC-index improved only slightly during the four-month follow-up.

### **Discussion**

Assigning a general practitioner to the population seems to improve the continuity of doctor-patient relationship and decrease referrals and consultations also in multi-professional health centers.

### **Take Home Message for Practice**

Both the benefits of multi-professional and continuity of care could be reached together in the same model.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 648

## Presentation form

1 Slide 5 minutes

## Associations between continuity of care and total health care costs: a systematic review.

Waltteri Tuompo<sup>1,2)</sup>, Veronika Huuonen<sup>1,2)</sup>, Riikka Kuusela<sup>1,2)</sup>, Pasi Eskola<sup>1,2)</sup>, Juha Auvinen<sup>1,2)</sup>, Markku Timonen<sup>1,2)</sup>

<sup>1)</sup>Wellbeing Services County of North Ostrobothnia, Oulu, Finland, Oulu, Finland

<sup>2)</sup>Research Unit of Population Health, University of Oulu, Oulu, Finland, University of Oulu, Oulu, Finland

## Background

Interpersonal continuity of care (COC) between doctors and patients in primary care varies between countries and healthcare systems. A previous systematic review included articles up to 2002 and investigated associations of COC with mainly indirect health care costs. A recent rapid review used claims data and showed consistent association between higher COC and lower healthcare use and costs. To our knowledge, systematic reviews specifically investigating the direct costs of health care systems does not exist.

## Questions

To evaluate the association between interpersonal COC in primary care and total healthcare costs.

## Methods

Literature search conducted in PubMed and Scopus without annual limits. Studies evaluating COC in patient-doctor relationship in primary care level and published in English language were included. A systematic review was made according to Prisma guidelines.

## Outcomes

Of the 2875 articles identified in searches, seven fulfilled the eligibility criteria. Studies had retrospective or cross-sectional design with 2 844 858 patients in five different countries. In six of the studies continuity of patient-doctor relationship was associated with lower overall health care costs. Only one study found that higher continuity was associated with more visits to consultative physicians and outpatient clinics and their costs and the costs of medications, but on the other hand to reduced emergency department visits and related costs.

## Discussion

This study shows consistent associations between higher interpersonal COC and lower overall healthcare costs, adding knowledge to previous studies.

## Take Home Message for Practice

COC in doctor-patient relationship is associated with lower overall healthcare costs.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 673

## Presentation form

Lecture

## Trauma-informed primary care: where to start?

Marta Ruivo<sup>1,2)</sup>, Yusianmar Mariani<sup>3)</sup>, Alessio Platania<sup>4)</sup>, Özden Gökdemir<sup>5)</sup>, Fabrizio Cossutta<sup>6)</sup>, Lara Diogo<sup>7)</sup>

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<sup>5)</sup>Faculty of Medicine, Izmir University of Economics, Izmir, Turkey

<sup>6)</sup>USF Almirante, ARSLVT, Lisbon, Portugal

<sup>7)</sup>Via Verde Montijo - Serviço de Atendimento aos Utentes Sem Médico do Montijo - SAUSM Montijo, ACES Arco Ribeirinho, Montijo, Portugal

## Background

Trauma exposure is common throughout the world and its deleterious impact on mental and physical health has long lasting effects. Primary care physicians, as the first point of care, can often be oblivious to potential hidden trauma of patients and unprepared on how to properly address it. Trauma-informed (TI) care is a strengths-based approach based on an understanding of and responsiveness to the impact of trauma and its physical, psychological and emotional dimensions. Professionals should have the knowledge and skills to identify and help trauma survivors. By optimising care, primary care doctors can contribute to a meaningful recovery by empowering the patients, fostering a trustworthy relationship with primary care.

## Target Group

Primary care or community-setting workers&nbsp;

## Didactic Method

Introductory ice-breaker dynamic (10') followed by theoretical introduction (25'). Afterwards participants will be splitted into smaller groups to engage in role-play and to analyse case study exercises (25') ending&nbsp;with a general group discussion and take-home messages (15').&nbsp;

## Objectives

Reflection and analysis of current organisational/system policy&nbsp;regarding TI care and opportunities for improvement; learning trauma-specific interventions and its applicability in primary care context; development of communication strategies

## Estimated number of participants

20-30





**Brief presentation of the workshop leader**

Marta is a 4th year family medicine resident based in Lisbon, Portugal. She co-leads the Equally Different SIG from EYFDM, with whom she's developing this workshop. She's also a lecturer at the University of Lisbon, Faculty of Medicine (Family Medicine) and doing a Post-graduate training in Integrative and Cognitive-Behavioural Psychotherapy





**Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 699

**Presentation form**

WONCA Network Workshop

**WONCA NETWORK WORKSHOP from ESPCG ( not regular abstract but no password) RECENT DEVELOPMENTS IN GASTROENTEROLOGY IN PRIMARY CARE-**

Juan Mendive<sup>1)</sup>

<sup>1)</sup>La Mina Primary Health Care Academic. centre. Catalan Health Institute. University of Barcelona., European Society for Primary Care Gastroenterology (ESPCG), Sant Adrià de Besòs- Barcelona, Spain

This is an ESPCG workshop . Different sessions will be presented by a pannel of ESPCG experts general practitioners family physicians from different European countries.&nbsp; Several relevant topics of a great interest for daily management in primary care will be presented. Topics at the workshop are the following:

- New developments in management of reflux-like symptoms in primary care.
- New aspects to consider in management of Irritable Bowel Syndrome ( IBS) in primary care.
- Update of colorectal cancer screening in primary care in Europe&nbsp;
- Managing the NASH epidemic; what is the role of primary care?&nbsp;

A time for discussion will be available during the workshop.

Authors/presenters will be the following

Juan Mendive (Spain) , Jean Muris ( Netherlands) , Niek de Wit ( Netherlands), Bohumil Seifert ( Czech Republic) , Christos Lionis ( Greece) and Jelena Ratic-Matic ( Croatia) .







## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 717

## Presentation form

1 Slide 5 minutes

## CarPriMur GAMES 2022 Challenges. Cardiology CME program for family doctors based on new technologies and gaming

Jose-Miguel Bueno-Ortiz<sup>1,2,3,4)</sup>, Francisco-José Pastor-Pérez<sup>5)</sup>, Pedro-José<sup>1)</sup>, Flores-Blanco<sup>6)</sup>, Ángel-Antonio López-Cuenca<sup>7)</sup>, Noelia Fernández-Villa<sup>5)</sup>, Ginés Elvira-Ruiz<sup>8)</sup>, Francisca-María Muñoz-Franco<sup>9)</sup>, Javier Rodríguez-Calvillo<sup>10)</sup>, Isabel-Mar<sup>1)</sup>

<sup>1)</sup>Spanish Society of Family and Community Medicine (SEMFYC), ALCANTARILLA, Spain

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<sup>3)</sup>WONCA Europe Working Party on Quality and Patient Safety (EQUIP), Lubliana, Slovenia

<sup>4)</sup>Centro de Salud Fuente Alamo, Murcia Region Health Service, Fuente Alamo - Murcia, Spain

<sup>5)</sup>Cardiology Department, Hospital Clínico Universitario Virgen de la Arrixaca, Murcia, Spain

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<sup>7)</sup>Cardiology Department, Hospital General Universitario Morales Meseguer, Murcia, Spain

<sup>8)</sup>Cardiology Department, Hospital General de Elche, Elche, Spain

<sup>9)</sup>Cardiology Department, Hospital Comarcal del Noroeste, Caravaca (Murcia), Spain

<sup>10)</sup>Centro de Salud de Sangonera la Verde, Sangonera la Verde (Murcia), Spain

<sup>11)</sup>Centro de Salud de Puerto Lumbreras, Puerto Lumbreras (Murcia), Spain

## Background

CME is essential to provide high quality and up-to-date clinical care. COVID-19 placed great pressure on family doctors (FD), limiting their capacity to carry out their CME activities.

## Aim

To improve the FD's knowledge to tackle the most prevalent cardiological conditions through an educational program based on new technologies and gaming (Retos CarPriMur GAMES). To assess FDs satisfaction.

## Methods

The program consisted of a year-long team competition based on 8 challenges about frequent cardiovascular conditions. Teams were formed by all the FD of the same health centre. In each Challenge they submitted a unanimous answer through a virtual questionnaire of 20 multiple choice questions. Afterwards virtual sessions were held to discuss the results. After each challenge, results and team rankings were published. A final face-to-face challenge was later held in which the 8 teams with the highest scores participated





### **Outcomes**

In 2022, 8 challenges took place. 68% (n=57) of teams from Murcia Region participated. 44% (n=37) of them took part in more than 6 challenges. The mean score was from  $14.8 \pm 1.2$  to  $19.5 \pm 0.5$  over 20. The final face-to-face session consisted of four challenges, and the 8 highest-scoring teams participated; the score was over 6/10 points in each. About project global satisfaction, 83% FD rated over 7/10 and 46% 10/10.

### **Take Home Message for Practice**

Educational programs such as Retos CarPriMur GAMES, based on new technologies and gaming, are useful to increase the FD knowledge about cardiological conditions and achieved a high satisfaction rate.





### Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 742

### Presentation form

1 Slide 5 minutes

## Are the stool antigen tests an accurate alternative to confirm H. pylori eradication?

Sandra Igreja Cunha<sup>1)</sup>, Patrícia Vasconcelos Costa<sup>1)</sup>, Beatriz Paupério<sup>2)</sup>, Pedro Santos Paulo<sup>1)</sup>, Joana Pereira Torres<sup>1)</sup>

<sup>1)</sup>USF Marquês de Marialva, Cantanhede, Portugal

<sup>2)</sup>UCSP Cantanhede, Cantanhede, Portugal

### Background

Helicobacter pylori (HP) infection is prevalent worldwide. It's the main cause of chronic gastritis, peptic ulcer disease and gastric cancer. Early diagnosis and eradication is cost-effective. Post-treatment testing has become increasingly important due to antibiotic resistance.

### Discussion Point

The role of stool antigen test (SAT) for assessment of HP eradication.

### Methods

Classic systematic review based on Pubmed queries for relevant articles published for the last 10 years in English, using the terms "helicobacter pylori", "non-invasive testing", "post eradication" and "stool test".

### Results

Endoscopy biopsies is a high-sensitivity option to verify eradication, however, it's expensive and invasive. Serologic tests detecting IgG antibodies against HP aren't a good option for post-eradication retest because they cannot differentiate between acute or past infection. Urea breath test (UBT) is the test with high sensitivity and specificity, except in case of gastrectomy or in children. SAT is also an accurate and relatively inexpensive test, been monoclonal antigen tests superior to polyclonal. Both UBT and SATs should be performed at least 4 weeks after treatment and proton pump inhibitors should be discontinued 2 weeks before. The results of SATs can be affected by temperature, time between stool sample collection and measurement, stool consistency and in patients with upper gastrointestinal bleeding. If the SAT kit is appropriate to the population it's a good alternative to assessment of eradication.

### Take Home Message

SAT can be used with a comparable outcome as UBT for retest after eradication. SATs are also useful in children and patients after gastric surgery.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 750

## Presentation form

Workshop

## Regenerating joy in general practice

Andree Rochfort<sup>1,2)</sup>, Zlata Ozvacic Adzic<sup>1)</sup>, Eva Arvidsson<sup>1)</sup>, José Miguel Bueno Ortiz<sup>1)</sup>, Maria Pilar Astier Pena<sup>1)</sup>

<sup>1)</sup>EQuIP European Quality and Safety Network, WONCA Europe, Copenhagen, Denmark

<sup>2)</sup>Director of Quality Improvement and Doctors Health Program, Irish College of General Practitioners, Dublin, Ireland

## Background

Prior to the COVID-19 pandemic there was already a recognition of the serious problem of recruitment and retention in general practice / family medicine and associated stress and burnout levels in doctors and healthcare workers. During the pandemic society leaders, national health services and media have helped to reframe attitudes to self-care, happiness and health behaviours for the public. Many patients have become more physically active and mindful of their mental health. It is possible for healthcare workers and doctors to develop pathways to job satisfaction and happiness even when surrounded by illness and distress.

## Didactic Method

Short presentation on recent findings from peer reviewed papers on joy in medicine.

Small group work to map key findings from literature onto potential actions to be taken in clinical practice

Shared learning from actions already implemented in practices by delegates.

Barriers and facilitators in developing actions to improve joy in general practice

Plenary discussion and take-home message for implementing joy in daily practice.

## Objectives

We aim to identify key actions to be taken in clinical practice for improving joy at work at the personal, interpersonal and organisational levels. This will include (1) planned actions based on literature findings and spin-off discussions (2) practical examples of improvements already implemented. The EQuIP Professional Health and Wellbeing Working Group will award a small prize to the best innovation (planned or completed)





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 801

## Presentation form

Lecture

## Antibiotic stewardship for respiratory tract infections: implementation research project

Sibyl Anthierens<sup>1)</sup>, Anneleen Janssen<sup>2)</sup>, Marina Digregorio<sup>3)</sup>, Benjamin Fauquert<sup>4)</sup>, Stefan Heytens<sup>5)</sup>, Jan Verbakel<sup>6)</sup>

<sup>1)</sup>Family Medicine and Population Health, University of Antwerp, Wilrijk, Belgium

<sup>2)</sup>Domus Medica, Antwerpen, Belgium

<sup>3)</sup>Département des sciences cliniques Médecine générale Soins primaires et santé, ULiege, Liège, Belgium

<sup>4)</sup>Département de Médecine Générale, ULB, Brussels, Belgium

<sup>5)</sup>Public Health and Primary Care, UGent, Gent, Belgium

<sup>6)</sup>Academisch centrum voor Huisartsgeneeskunde, KUL, Leuven, Belgium

## Background

Antimicrobial resistance (AMR) is a major cause of death worldwide. Most antibiotics are prescribed in ambulatory care by general practitioners (GPs), but often inappropriate. Implementing interventions to improve antibiotic prescribing quality is challenging.

## Questions

Can we implement interventions to improve antibiotic prescribing quality in general practice and strengthen the selfcare capacity of patients with acute infections in Belgium and learn from this process?

## Methods

We will develop a toolkit based on interventions and an audit- and feedback module. Both will be tested by local champions coaching GPs within their region. Local champions are trained by expert process facilitators. We will evaluate the project based on the Implementation Research Logic Model (IRLM) and the Normalization Process Theory (NPT).

## Outcomes

A feasible and suitable toolkit identifying barriers and facilitating implementation of tailored interventions, and an audit- and feedback module which enables monitoring and bench-marking of the antibiotic prescribing quality.

## Discussion

The approach of this implementation project is novel given the above-mentioned training cascade. The feasibility and suitability of the toolkit and the audit- and feedback module will be evaluated in Belgian primary care.

## Take home messages for practice





Findings resulting from this implementation project in routine practice, may provide a solid basis for a future scale-up within the larger healthcare system to improve antibiotic prescribing quality in ambulatory care.

**Acknowledgement**

A project consortium composed of experts from 5 universities (Antwerp, Brussels, Ghent, Leuven and Liege), coordination by Domus Medica and financial support from the Federal Public Service make this project possible.







## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 816

## Presentation form

WONCA Network Workshop

## Recent developments in gastroenterology in primary care

Juan Mendive<sup>1)</sup>

<sup>1)</sup>La Mina Primary Health Care Academic Centre. Catalan Health Institute. University of Barcelona., European Society for Primary Care Gastroenterology (ESPCG), Sant Adrià de Besòs- Barcelona, Spain

This is an ESPCG workshop. Different sessions are presented by a panel of ESPCG members, general practitioners/family physicians from different European countries.&nbsp; Several relevant topics of a great interest for daily management in primary care are updated. Topics at the workshop are the following:

- New developments in management of reflux-like symptoms in primary care.

An updated vision with the evolution from the traditional gastroesophageal reflux disease (GERD) concept into a newly developed condition.

- New aspects to consider in the management of Irritable Bowel Syndrome (IBS) in primary care.

An state-of –the –art session to bring newly consideration of bowel functional conditions within the gut-brain interaction.

- Update of colorectal cancer screening in primary care in Europe.

New data of the European situation on colorectal cancer screening with special interest on the role of family physicians in the process.

- Managing the NAFLD/NASH epidemic; what is the role of primary care?&nbsp;

Review on the situation of the liver metabolic pandemic and the primary care implication on its management including a specific ESPCG experience.

A time for discussion will be available during the workshop.

Authors/presenters will be the following:

Juan Mendive (Spain) , Jean Muris ( Netherlands) , Niek de Wit ( Netherlands), Bohumil Seifert ( Czech Republic) , Christos Lionis ( Greece) and Jelena Ratic-Matic ( Croatia)





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 823

### **Presentation form**

1 Slide 5 minutes

## **Analysis of referrals to hospital emergency services from primary care services**

Raisa Álvarez Paniagua<sup>1)</sup>, Rocío García-Gutiérrez Gómez<sup>2)</sup>, Raquel Gracia Rodríguez<sup>3)</sup>

<sup>1)</sup>CS Arnedo, SERIS (Servicio Riojano de Salud), Arnedo, La Rioja, Spain

<sup>2)</sup>Hospital Universitario Severo Ochoa de Leganés, SERMAS, Madrid, Spain

<sup>3)</sup>C.S. Bujalance, SAS (Servicio Andaluz de Salud), Córdoba, Spain

### **Background**

Hospital emergencies represent a considerable workload and costs for healthcare systems around the world. Reducing these consultations has been a priority for many years thanks to the extra-hospital emergencies performed by primary care physicians, as well as in the primary care consultations themselves.

In recent years, primary care has suffered a process of precariousness for different reasons, which are causing overloaded schedules, little time to care for each patient and loss of the attributes that define it.

### **Questions and discussion points**

Which are the possible causes of this precariousness and how is it affecting daily Primary Care consultations? Is it affecting Primary Care core values?

Is precariousness affecting the number and quality of referrals from Primary Care to the emergency department? Or the increase of patients in the emergency room is due to patients without referral?

Are we as Family physicians correctly referring our patients to the emergency department? How could we do better?

### **Content**

We are planning an observational, retrospective, and multicenter study in different Spanish regions. Our scope will be the number of referrals made to hospital Emergencies from Primary Care throughout a month. The variables under study will be age, gender, suspected diagnoses, final diagnosis, test made in the emergency room, hospital admission or discharge.

### **Take Home Messages for practice**

Being the basis of the health system, this overload and loss of its fundamental principles causes a transversal hole at all levels of the health system, which in turn are affected, saturated and precarious.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 828

### **Presentation form**

1 Slide 5 minutes

## **Patients versus customers: "comed" approach to change doctor's attitudes and performance in busy clinics & online medical service**

Alon P.A Margalit<sup>1)</sup>, Aviva Elad<sup>1)</sup>

<sup>1)</sup>Zichron, OFEK - Biopsychosocial education & practice for Medical teams, Zichron Yakov, Israel

### **Background**

Free market forces drive medical organizations as well as medical teams to relate to patients as customers. Indeed, some patients do approach their physician with a "shopping list" demanding costly or trendy tests drugs.

### **Target Group**

Medical teams

### **Didactic Method**

Lecture

### **Objectives**

An integrative clinical approach to support medical online encounters.

We suggest applying a comprehensive approach that enables improved outcomes for patients, medical teams, and organizations. The clinical approach entitled "Comprehensive Medicine" – in short "CoMed" - integrates modern Medicine with various tools from Psychology and the Social sciences, enabling teaching and conducting evaluation research of medical encounters. Its effectiveness is achieved by establishing a good rapport from the beginning of the medical encounter, better self-awareness of the physician, and applying some therapeutic communication tools including empathy, motivational interview, hypnotic suggestions, and more. "CoMed" is adapted to the way busy doctors are used to thinking and acting. Family physicians tell us that this method has changed their practice habits and eased their stress. Their patients experience empathy and compassion leading to a withdrawal of unnecessary consumer-based demands originating from google surfing. Both patients and physicians became more satisfied at the end of such encounters. "CoMed" was found to be an effective and efficient medical service even in short medical encounters as well as in online medical consultations. CoMed's purpose is to diminish medical errors, enhance meaningful and successful therapeutic interventions, and reduce physician burnout.

### **Take Home Message**

Integrative clinical approach is a satisfactory method for everyday practice.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 829

### **Presentation form**

1 Slide 5 minutes

## **How to approach your patient with nasal decongestant dependence: experiences from a qualitative study and clinical trial**

Sophie Scheire<sup>1)</sup>, Els Mehuys<sup>1)</sup>, Philippe Gevaert<sup>2)</sup>, Koen Boussey<sup>1)</sup>

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### **Background**

Long-term use of nasal decongestants (NDs) leads to a condition called rhinitis medicamentosa. This form of non-allergic rhinitis is hard to discontinue without help from a healthcare professional. However, knowledge on the condition and appropriate treatment is limited.

### **Questions**

What are patients' experiences with long-term ND use; how should the diagnosis be approached; and what treatment can be offered?

### **Content**

Patients that participated in our interview study testified that chronic nasal congestion greatly impacts daily life. The pursuit of comfort is the main driver in the persistent use of the ND. Patients are sometimes inclined to hide the long-term use from their GP because they feel ashamed or out of fear for what withdrawal might entail. Diagnosis of rhinitis medicamentosa depends heavily upon the history of long-term ND use. However, an ENT evaluation might unravel an underlying nasal disorder that could have predisposed the patient to treatment with a ND. Many patients have already engaged in withdrawal attempts. Nonetheless, in many instances they lacked realistic expectations about the onset of effect of alternative treatment and the duration of withdrawal symptoms; and missed a support network. Our recent clinical trial has demonstrated the potential of nasal corticosteroids as a treatment option. It also highlighted the importance of education and counselling, accompanied by frequent follow-up to ensure initial discontinuation of the ND and long-term success.

### **Take home message**

Optimal treatment for a patient with long-term ND use should be a combination of motivational interviewing, medication to counter withdrawal symptoms and frequent follow-up.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 845

### **Presentation form**

1 Slide 5 minutes

## **Practicing and evaluation of "comed" in online medical service.**

Alon P.A Margalit<sup>1)</sup>, aviva Elad<sup>1)</sup>

<sup>1)</sup>Zichron, OFEK - Biopsychosocial education practice for Medical teams, Zichron Yakov, Israel

### **Background**

Modern medical services often face the challenge of a shortage of medical staff and an increase in population needs, while the percentage of elderly and chronic patients increases. Online services can help fill this gap. The paradigm of effective online consultation is yet to be developed.

### **Target Group**

Medical teams

### **Estimated number of participants**

20-30.

### **Objectives**

eliciting feedback on an integrative clinical method to be used in practice.

The clinical approach entitled "Comprehensive Medicine" – or in short "CoMed", integrates modern Medicine with various methods from the behavioral sciences. Teaching this method, relies on conducting evaluation research of medical encounters. For example, establishing a good rapport from the beginning of the medical encounter demands the development of better self-awareness of the physician. Then, some therapeutic tools like empathy, hypnotic suggestions, and integrative skills are applied.

CoMed approach is easy to learn and apply even online, by dividing the generic medical encounter into 9 stages, mnemonically called MAGIC DATE. Each stage integrates UpToDate medicine and psychology, into a clinical matrix that leads to the next stage.

The results of our studies showed a significant reduction in prescriptions, laboratory tests, imaging, and referrals. Those changes did not lengthen the encounter time (an average of 9.5 minutes). We also found improved patient and physician satisfaction.

During the workshop participants are invited to learn, try and reflect on the use of the learned integrative tools along with experiencing the influence on themselves as medical staff as well as patients in role-plays of online service.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 905

### **Presentation form**

1 Slide 5 minutes

## **Creation of a support tool to address sexual health in general medicine consultation using a consensus method**

Laetitia Meyer<sup>1)</sup>, Vincent Huberland<sup>1)</sup>

<sup>1)</sup>Department of general medicine, Université Libre de Bruxelles, Brussels, Belgium

Sexual health is part of patients' lives and they are open to discussing it with their doctor. However, sexual health continues to be little addressed in consultations and when it is, it's often through the prism of risk. Among the barriers mentioned are the lack of training and the complexity of the subject. This is why we wanted to create an inclusive support tool with a positive view of sexuality to facilitate the approach to sexual health during consultations.

We chose to use a consensus method and bring together different sexual health actors: 5 sexologists, 3 general practitioners and 4 representatives of patient associations. A semi-structured interview, a face-to-face meeting and a remote meeting were organized. Their content was recorded and transcribed. The main ideas of each intervention were extracted, arranged by theme and chronological order of consultation. The topics brought up that were not discussed and the ideas presented that were not contradicted at the end of these discussions were considered validated by the group.

At the end of the data collection and analysis work, we created a support tool in the form of a seven-page document exploring: the framework of a sexual health consultation, different strategies to start the discussion and a variety of topics to explore. All are accompanied by concrete examples.

The tool created is flexible and can be adapted to both the patient and the practitioner. It facilitates the approach of sexual health in general medicine consultation and encourages a holistic vision of patients' health.







### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 913

### **Presentation form**

1 Slide 5 minutes

## **Control of LDL cholesterol levels in patients with coronary heart disease in primary care. Are we doing it right?**

Anna Fibla Matamoros<sup>1)</sup>, Anna Fibla Matamoros<sup>1)</sup>, Nuria Sanchez Ruano<sup>1)</sup>, Cristina Colungo<sup>1)</sup>

<sup>1)</sup>CAP Borrell, CAPSBE, Barcelona, Spain

The latest European Society of Cardiology 2019 guidelines recommend an LDL cholesterol level of less than 55 mg/dl in patients with very high cardiovascular risk (such as patients with coronary heart disease (CHD)).

### **Target**

To analyze the values of LDL-cholesterol of registered patients with very high vascular risk and antilipidemic treatments classified according to their therapeutic potency. The study is conducted in 3 urban primary care centers with a total assigned population of 89161. It is a descriptive, observational and cross-sectional study. Of a total of 2029 patients with a record of CHD, with a mean age of 75 years and 70.3% of men, we found 61.7% of patients with high blood pressure, 30.75% , diabetes mellitus type 2, 19.27% chronic kidney failure and 10.30% smokers.

In the analysis of LDL-cholesterol levels, 125 were excluded due to lack of data. Final study sample of 1904 individuals.

### **Results**

The mean c-LDL of our sample was 85.9 mg/dL. 28.31% are treated with low-medium statins and only 56.78% have high and very high potency. The mean LDL-cholesterol in patients treated with high potency statins is 73.84 mg/dL. Only 12.82% of patients achieved an LDL-cholesterol target or 55 mg/dL, being 1.52% women. There's better control is achieved in men than in women.

### **Conclusion**

The recommended goal of LDL-c  $\leq$ 55mg/dL in patients with CHD is far from being reached. There is room for therapeutic improvement, using more potent statins, their combination with ezetimibe or PCSK9 inhibitors.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 927

### **Presentation form**

1 Slide 5 minutes

## **Tackling Diabetes: a different activity for World Diabetes Day**

Inês Miranda Paulo<sup>1)</sup>, Inês Vidreiro<sup>1)</sup>, Carla Marques<sup>1)</sup>, Ana Teresa Peres<sup>1)</sup>, Mariana Serra<sup>1)</sup>, Ana Alcoforado<sup>1)</sup>, Carlota Botelho<sup>1)</sup>

<sup>1)</sup>USF Travessa da Saúde, ACES Loures-Odivelas, Sacavém, Portugal

### **Background**

A comprehensive approach that focuses on promoting health and wellbeing is one of the core competences in modern Family Medicine. Diabetes is one of the most prevalent diseases worldwide. In 2021, it was estimated that 537 million adults were living with diabetes, with this number projected to increase to 643 million in 2030. In Portugal, approximately 13% of the population has diabetes, but almost half is undiagnosed. It's one of the most important causes of blindness, non-traumatic amputation and terminal kidney disease. If correctly managed, these complications could be prevented, proving the need to promote a healthy lifestyle and act rapidly at the time of diagnosis.

### **Questions / Discussion Point**

Promote health literacy through a dynamic activity with the patients of a health unit focusing on diabetes, its prevention, diagnosis, complications and treatment.

### **Content**

On World Diabetes Day (14th of November 2022), encouraged by the International Diabetes Federation, the trainee doctors at our unit organized an activity with its patients consisting of three different stalls, focused on explaining diabetes and its complications, simplifying its treatment (namely injectable medication) and promoting a healthy lifestyle.

### **Take Home Message for Practice**

With this project, we aimed to decrease the gap between patients and health professionals, creating a shared and more relaxed environment to discuss diabetes, demystifying some of the patients' doubts regarding injectable medication and promoting healthier life choices.





### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 959

### **Presentation form**

1 Slide 5 minutes

## **The cardiovascular risk profile and prescription pattern among diabetic patients managed at a Chronic Medical Disorder Clinic, Lagos, Nigeria**

Oluwajimi Sodipo<sup>1)</sup>

<sup>1)</sup>Family Medicine, Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria

### **Introduction**

There is awareness about the cardiovascular risk burden of diabetic patients in primary care. The use of antidiabetic drugs like SGLT-2 inhibitors to modify cardiovascular risk is important, however, cost remains a challenge

### **Discussion Point**

To determine the prescription pattern of diabetic patients in Lagos State University Teaching Hospital (LASUTH). Ikeja .&nbsp;A retrospective review of the records of 611 diabetic patients who presented in Family medicine department, over a 4 year period from 2017 to 2021. The clinic is led by a consultant family physician. The CV risk was calculated with ASCVD risk calculator with scores 10% classified as low risk, 10-19% high risk, and  $\geq 20\%$  as very high risk. The average age was  $60.67 \pm 11.17$  years, with a mean HbA1c of  $6.0 \pm 4.36\%$ . About one-third, 240(39.47%) had very high CV risk. The average e-gfr was  $57.29 \pm 48.61$ mls/min/1.73m<sup>2</sup>. About 390 (64%) of patients were using anti-cholesterol medications while 221 (36%) were using antiplatelet medications. ACE inhibitor/ARB 301 (49.01%) was the most prescribed antihypertensive drug. The commonly used antidiabetic drugs were Metformin 95.83%, SU's 65.95%, DPP4- inhibitors 30%, and Insulin 12.25%. Only 3 patients were using SGLT-2 Inhibitors with none using GLP-1 agonist.

### **Conclusion**

There is a high risk of CV among DM patients , with poor use of SGLT-2 Inhibitors and GLP-1 agonists presumably due to cost. There is a need for more advocacy on the CV decision making among this cohort of patients.





### Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 977

### Presentation form

1 Slide 5 minutes

## Post-gestacional diabetes status: follow-up from primary care

Maria Gomes<sup>1)</sup>, Margarida Rocha<sup>2)</sup>, Mara Cravid<sup>2)</sup>, Carolina Ribau<sup>2)</sup>, Margarida Morais<sup>3)</sup>, Ana Luísa Almeida<sup>2)</sup>, Isabel Ferreira<sup>2)</sup>, Ana Rita Molinar<sup>1)</sup>

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<sup>2)</sup>UCSP Sete Rios, ACeS Lisboa Norte, Lisboa, Portugal

<sup>3)</sup>USP Lisboa Central, ACeS Lisboa Central, Lisboa, Portugal

### Background

A previous diagnosis of Gestational Diabetes (GD) comes with 60% life-risk of progression to insulin-resistant Diabetes Mellitus(DM). Identifying these women at higher risk allows disease-prevention measures and earlier diagnoses with enhanced outcomes.

### Questions

Measure the rate of well followed post-GD patients in a primary healthcare center.

### Methods

Data were collected, selected and studied from the “MIM@UF” platform regarding the W85 code (Gestational Diabetes) from ICPC-2 in doctors' appointments between January 2009 and March 2022. Data regarding the results of oral glucose tolerance tests and posterior bloodwork (through S. Clínico platform) until May of 2022 were also collected.

### Outcomes

From a total of 1265 pregnant women, 5.45% were diagnosed with GD (vs the 8.8% of the Portuguese prevalence estimate in 2018). 68 women were selected for the study, performing a total of 72 pregnancies. 34 of these had no follow-up notes. Only 14 women continued to have an appropriate follow-up in this setting.

### Discussion

The postpartum appointment is frequently undervalued by the female population. Nonetheless, this study showed that GD diagnosis is often underrated when doctors re-evaluate after their pregnancies.

### Take Home Message for Practice

A diagnosis of GD comes with 60% life-risk of progression to insulin resistant DM. Most of the international guidelines suggest that serum fasting glucose levels should be performed in this population every 1-2 years to early diagnose a diabetes onset. As family and preventive medicine doctors, it is a valuable public health measure to alert our patients and promote healthier lifestyles.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 978

## Presentation form

Lecture

## Comparison of questionnaires to measure asthma control in children aged 5-18 years in a primary care population: a systematic review.

Sara Bousema<sup>1)</sup>

<sup>1)</sup>General practice, Erasmus mc, Rotterdam, Netherlands

### Background

Several questionnaires are used to measure asthma control in children. The most appropriate tool for use in primary care is not defined. In this review we evaluated questionnaires used to measure asthma control in children in primary care and determined their usefulness in asthma management.

### Methods

We conducted a systematic literature search in the MEDLINE, Embase, Web of Science, Google Scholar and Cochrane databases until the 24<sup>th</sup> of June 2022. The study population comprised children aged 5-18 years with asthma. Three reviewers independently screened studies and extracted data. The methodological quality of studies was assessed by two reviewers using criteria for the measurement properties of health status questionnaires (COSMIN). Studies conducted in primary care were included if a minimum of two questionnaires were compared. Studies in secondary or tertiary care and studies on quality of life questionnaires were excluded. Heterogeneity precluded meta-analysis.

### Results

A total of 806 children were included (aged 5-18 years). We evaluated the Asthma Control Test (ACT), childhood Asthma Control Test (c-ACT), APGAR asthma system, NAEPP criteria and Asthma Royal college of Physicians '3 questions' (RCP3Q). These questionnaires assess different symptoms and domains. The agreement in the determination of asthma control varied from fair to substantial.

### Discussion

The majority of the evaluated questionnaires do not show substantial agreement, which makes a comparison challenging. Based on current review we state that the APGAR system seems promising to determine asthma control in children in primary care.





## Abstract topic

13. General Practise Best Interventions

**Abstract ID:** 997

## Presentation form

WONCA Network Workshop

## The shifting paradigm in primary care for diabetes clinical management: should the kidneys be a new focus?

Geert Goderis<sup>1)</sup>, Waqas Tahir<sup>1)</sup>, Xavier Cos<sup>1)</sup>, Baruch Itzhak<sup>1)</sup>, Pinar Topsever<sup>1)</sup>

<sup>1)</sup>Primary Care Diabetes, Ekeren, Belgium

## Background

Patients with chronic kidney disease (CKD) and type 2 diabetes (T2D) are at high risk of CKD progression and cardiovascular (CV) disease. Prevalence of CKD in patients with T2D is currently around 40% and continues to grow. Management of CKD in patients with T2D aims to preserve kidney function to reduce the risk of end-stage kidney disease, CV events, and mortality. Most of this early detection and intensive management occurs within primary care.

## Description of educational format

Face-to-face Workshop session facilitated by two PCDE members with an expertise on CKD.

Program outline

Introduction of participants

Kick-off presentation

Grouping: 5 groups of max. 8 participants, each

Presentation of clinical cases (one for each group)

Group work

Plenary session: group presentation of clinical management of cases

Group discussion (using KDIGO PC one pager, PCDE PS etc.)

## Target audience

Primary care professionals like General Practitioners/Family Physicians, Nurses, Community Pharmacists etc.

## Number of attendees

40 participants

## Aim

The purpose of this workshop is to present primary care health professionals with an update about the latest evidence-based recommendations for management of CKD in people living with diabetes with a particular focus on disease prevention including pragmatic risk stratification, screening strategy, and benefits of early combination therapy according to risk groups and levels in this population.

## Learning objectives

Delegates will gain a better understanding of the following:

Why is CKD important – the cardio-renal-metabolic interplay, Epidemiology, Prevention-screening, Diagnostic criteria, Staging, Monitoring frequency and early management, The role of digital tools regarding optimal management







### **Abstract topic**

13. General Practise Best Interventions

**Abstract ID:** 998

### **Presentation form**

WONCA Network Workshop

## **New evidence on obesity treatments to avoid Diabetes and its implications in primary care**

Geert Goderis<sup>1)</sup>, Pinar Topsever<sup>1)</sup>, Xaiver Cos<sup>1)</sup>, Waqas Tahir<sup>1)</sup>, Baruch Itzhak<sup>1)</sup>

<sup>1)</sup>Primary Care Diabetes, Ekeren, Belgium

### **Description of educational format**

Symposium facilitated by two PCDE members with an expertise on diabetes and obesity.

### **Objectives**

Learning objectives

Delegates will gain a better understanding of the following:

Epidemiology and global burden

Pathophysiology of obesity and T2DM

An approach to the person living with obesity and diabetes

Clinical assessment

Lifestyle interventions

Management – medical and surgical therapy

Prevention – ‘a panacea’

### **Discussion**

Obesity is a modifiable risk factor in the development of type 2 diabetes mellitus (T2DM), with the prevalence of both increasing worldwide. This trend is associated with increasing mortality, cardiovascular risk and healthcare costs. A range of treatment options are available for people with obesity and T2DM, including low-calorie diets, medications and bariatric surgery. People should be carefully counselled, and personalised care plans developed. Bariatric surgery is an under-utilised resource in this context. We explore the modern obesity treatments and strategies here. The new treatment options offer new opportunities in primary care to tackle the Obesity Epidemic. However, primary care also faces new challenges such as inappropriate demands for GLP-1 receptor prescription, optimized follow-up of people with conservative and surgical obesity treatment and integration of care between primary and specialist care.

### **Take Home Message for Practice**

Early intervention is needed to slow the ‘diabesity’ epidemic

Person centre care and 5 A’s of obesity management

GLP-1RAs – the modern tools to tackle obesity

Success is different for every individual

Primary Care Providers face new roles and challenges regarding treatment and follow-up of Obesity.





# 14. Making Choices in General Practice

## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 103

## Presentation form

1 Slide 5 minutes

## Teaching medical students when conducting telehealth consults: a qualitative study

Felicity Goodyear-Smith<sup>1</sup>), Rachel Roskvist<sup>1</sup>), Andy Wearn<sup>1,2</sup>), Kyle Eggleton<sup>2,1</sup>), Shomel Gauznabi<sup>2</sup>),  
Laura Chapman<sup>2</sup>)

<sup>1</sup>)General Practice Primary Health Care, University of Auckland, Auckland, New Zealand

<sup>2</sup>)School of Medicine, University of Auckland, Auckland, New Zealand

## Background

Telehealth involves real-time communication (phone or video-call) between patients and health providers. The COVID-19 pandemic propelled general practices into digital transformation. Suddenly general practitioners conducted most consultations remotely, seeing patients face-to-face only when required. COVID-19 also reduced placement opportunities and experience for medical students. Initially online learning programmes replaced clinical attachments. Subsequently clinical teachers supervised students to engage in remote consultations, either at their practices/clinics or remotely from their homes. Clinicians needed to determine logistics and master skills for teaching as well as consulting remotely.

## Question

What was the experience of New Zealand general practitioners undertaking clinical teaching with medical students when telehealth consulting?

Methods Semi-structured interviews of general practitioners who had taught medical students whilst consulting remotely. General inductive thematic analysis of transcribed interviews.

## Outcomes

Six female and four male participants aged 40 to &gt;65 years. Participants often focused on general practicalities of telehealth consultations and effect on the patient-doctor relationship and needed direction to consider remote consultations with students added to the interactions. Four themes were identified: changes needed in delivery format; direct comparison with face-to-face; challenges and learning opportunities, each with subthemes.

## Discussion

New format and structures of consultations needed planning. Differences from face-to-face teaching included scene-setting for the consultation and supervision factors. Telehealth teaching conferred new opportunities for learning but also challenges including issues around consent.

## Take home message for practice





Telehealth is likely to remain a significant mode for doctor-patient interactions hence needs to be part of the undergraduate medical curriculum.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 111

## Presentation form

1 Slide 5 minutes

## Use of over-the-counter analgesics among young adults with low back pain: a descriptive study

Allan Riis<sup>1,2)</sup>, Christopher Williams<sup>3,4)</sup>, Jens Søndergaard<sup>5)</sup>, Søren Thorgaard Skou<sup>6,7)</sup>, Anne Nielsen<sup>1,2)</sup>, Rasmus Østergaard Nielsen<sup>8,9)</sup>, Janus Laust Thomsen<sup>2)</sup>

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<sup>4)</sup>Research and Knowledge Translation Directorate, Mid North Coast Local Health District, Port Macquarie, New South Wales, Australia

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<sup>7)</sup>The Research Unit PROgrez, Department of Physiotherapy and Occupational Therapy, Næstved-Slagelse-Ringsted Hospitals, Region Zealand, Slagelse, Denmark

<sup>8)</sup>Department of Public Health, Aarhus University, Aarhus, Denmark

<sup>9)</sup>The Research Unit for General Practice at Aarhus University, Aarhus University, Aarhus, Denmark

## Background

Use of over-the-counter (OTC) analgesics among patients with low back pain (LBP) exceeds guideline recommendations. It is unclear to what extent LBP contributes to the usage pattern in young adults.

## Questions

What is the prevalence of frequent users of LBP related OTC medications among young adults? What is the prevalence of young adults receiving prescriptions for medication for LBP?

## Methods

This is an online survey comprising bachelor-students reporting LBP within the latest 14 days. Participants replying yes to use OTC in the last 6 months were asked to their use in the categories 'more than once a day', 'daily', 'more than once a week', 'weekly', 'one to three times per month', 'less than once a month'. Responses 'more than once a week' or more frequent were categories as 'frequent users'. In addition, participants were asked to their use of prescription analgesics for LBP within the latest 6 months.

## Outcomes





325 participants were included. Of these, 80 (0.25, 0.20-0.30; 95%CI) reported LBP and 13 (0.16, 0.09-0.26; 95%CI) were frequent users of OTC medication for their LBP and 13 (0.16, 0.09-0.26; 95%CI) had used prescription medication for LBP within 6 months.

#### **Discussion**

Even though guidelines warn against frequent use of OTC medication and against prescription analgesics for LBP, the usage patterns still appear inappropriate.

#### **Take Home Message for Practice**

Considering the limited evidence and the possible harms of medications, it is important to recommend against the use of OTC analgesics and to limit prescriptions of analgesics for LBP.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 114

## Presentation form

1 Slide 5 minutes

## Impact of antivirals in the management of influenza and reduction of complications in the post-Covid-pandemic era

Jordi Rello<sup>1</sup>, Arola Armengou<sup>2</sup>, Alfonsina Ruiz<sup>1, 3</sup>, Sofia Tejada<sup>4</sup>, Carlos Garcia-Forero<sup>1,1</sup>

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<sup>2</sup>)Medicine, Hospital Trueta, Girona, Spain

<sup>3</sup>)VHIR, Barcelona, Spain

<sup>4</sup>)CIBERES, Madrid, Spain

## Background

Primary care physicians are playing an important role in the treatment of Covid-19 with antivirals, in contrast with influenza. Neuraminidase inhibitors (NAIs) and baloxavir (a novel cap-dependent endonuclease inhibitor) are widely approved antiviral treatments for uncomplicated influenza, although their use in primary care is still limited across Europe. The aim of this study was to summarize the available evidence from randomized-controlled trials (RCT) regarding the impact of NAIs and baloxavir in reducing influenza complications.

## Methods

PubMed, Cochrane Library, and Web of Science databases were searched through December 2020. A Systematic review and meta-analysis was performed. Randomized-controlled trials (RCT) that enrolled patients with laboratory-confirmed influenza receiving neuraminidase inhibitors (NAI) or baloxavir compared to placebo were assessed. PROSPERO Registration-number: CRD42021226854.

## Results

Twenty-one RCTs (11,697 patients) evaluating NAIs (Oseltamivir, zanamivir and peramivir) and Baloxavir were included. Compared to placebo, the overall incidence of influenza-related complications was significantly reduced (OR:0.55). Antivirals significantly decreased bronchitis (OR:0.54), sinusitis (OR:0.51), acute otitis media (OR:0.48), and antibiotic prescription (OR:0.62). A trend towards a reduction of the incidence of pneumonia (OR:0.47), and hospitalization (OR:0.65) was documented for antivirals. Adverse events (AE) were reported in 11%, 8.9%, and 5.1% of NAIs, placebo and baloxavir recipients, respectively.

## Conclusions

Use of antivirals is consistently superior to placebo in reducing complications from uncomplicated influenza and antibiotic prescription. Reducing influenza complications through the use of antivirals is especially important for managing vulnerable patients in clinical practice.







### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 120

### **Presentation form**

Workshop

## **Benzodiazepines and Z-substances – blessing or curse for the treatment of chronic insomnia? The challenging de-prescribing process for patients with sleeping pills**

Stefan Neuner-Jehle<sup>1)</sup>, Oliver Senn<sup>1)</sup>, Katja Weiss<sup>1)</sup>

<sup>1)</sup>University of Zurich, Zürich, Switzerland

### **Theme and background**

Chronic sleeping disorders are extremely common, and the answer often is to prescribe a sleeping pill. Starting very successfully in the 1960ies benzodiazepines (and later Z-substances) (BDZ/Z) have been blamed to produce addiction and adverse effects since. Less prescribing and de-prescribing of BDZ/Z would be wise, but is challenging. However, there is evidence-based guidance for physicians and patients available.

### **Target Group**

General practitioners; geriatricians; pharmacists and other healthcare providers

### **Didactic Method**

Firstly we will present a short update on chronic BDZ/Z use for chronic insomnia, and discuss the pro's and con's with the participants interactively. Then, based on a patient vignette and using an online voting tool, we will ask them to provide ratings of pre-defined statements with regard to attitudes, beliefs and self-perception towards prescribing and de-prescribing of BDZ/Z. Finally, we will present evidence-based procedures and tools for de-prescribing BDZ/Z in primary care.

### **Aims**

To increase awareness of BDZ/Z side effects

To share the experience of an international healthcare providers' audience with prescribing and de-prescribing BDZ/Z for chronic insomnia, including attitudes and beliefs

To provide an update on best clinical practice for BDZ/Z de-prescribing

### **Estimated number of participants**

50-80

### **Brief presentation of the workshop leader**

Stefan Neuner-Jehle is a professor for primary care and head of the Chronic Care Unit, Institute of Primary Care, University and University Hospital of Zurich, Switzerland. His main research and teaching themes are the care for older people, multimorbidity, polypharmacy, de-prescribing and overuse.





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 129

### **Presentation form**

1 Slide 5 minutes

## **Point of care sonography in general medicine**

Peter Sigmund<sup>1)</sup>

<sup>1)</sup>Steirische Akademie für Allgemeinmedizin, Gamlitz, Austria

The use of sonography in general medical practice and its integration into the physical examination of the patient can considerably increase diagnostic value and accuracy.

The presentation shows, how to organize the performance of sonography in the daily workflow of a single handed general medicine practice.

Point of Care Sonography aims at swift answers to medically relevant yes-no questions in contrast to in depth sonographic examinations by various medical specialists.

In primary health care both anamnesis and physical examination often raise further clinical issues. Focusing on the patient's specific problems these can be shaped into sonographic yes-no-questions.

The sonographic findings can them bei interpreted in their clinical context

Pocus means to perfome sonographic study by the evaluating and treating clinician to help answer impactful clinical question.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 140

## Presentation form

WONCA Network Workshop

## Choosing to deliver excellent trauma-informed primary care for recent migrant populations

Rebecca Farrington<sup>1</sup>, Aaron Poppleton<sup>2</sup>, Charlotte Morris<sup>1, 3</sup>, Hina Shahid<sup>4</sup>, Marwa Ahmed<sup>5</sup>, Foluke Oiniyi-George<sup>6, 1</sup>

<sup>1</sup>University of Manchester and Greater Manchester Mental Health Foundation Trust, Manchester, United Kingdom

<sup>2</sup>Keele University, Keele, United Kingdom

<sup>3</sup>University of Manchester, Manchester, United Kingdom

<sup>4</sup>Muslim Doctors' Association and Allied Health Professionals; NHSE/HLP Personalised Care Team, London, United Kingdom

<sup>5</sup>Primary Health Care Corporation, Doha, Qatar

<sup>6</sup>Total Family Specialist Hospital, Ibadan, Nigeria

## Background

Migrants often experience psychological trauma before, or after, leaving their home country. Providing trauma-informed family medicine for recent migrants requires focus on communication, building relationships with continuity, whole-person care and cultural humility. Contributions from all members of care teams and the environments where care is delivered should be considered.

We will discuss knowledge, skills and behaviours that allow us to recognise trauma and limit its impact. We will reflect on how trauma-informed care can support healthcare access and on the role of advocacy through primary care.

Clinicians 'self-care' for emotional trauma, experienced when caring for migrants in difficult political environments, is important. This workshop provides space for family doctors to learn, talk and share stories of managing psychological trauma experienced by migrants and their own vicarious trauma.

## Method

0-50 mins: Brief presentations, cases, and experiences of trauma-informed care

50-70mins – Group discussions on recognising vicarious trauma, including warning signs, setting boundaries, and when to seek help. Groups consider what peer support networks could look like.

70-80mins feedback from discussion groups

80-90min Questions

## Objectives

Share knowledge on the backgrounds in which migrants become traumatised

Explore experiences and best practice for delivery of trauma-informed care and advocacy

Establish a peer support network for clinicians providing healthcare for forced migrants





**Capacity**

Up to 50 primary care clinicians

**Leader bio**

Dr Farrington is a GP and educator with a special interest in asylum seeker health. She chairs the WONCA SIG for Migrant Health. She regularly presents and publishes on migrant health in family medicine.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 144

## Presentation form

WONCA Network Workshop

## Dilemma's in the supervision for self-regulated learning in GP training

Nynke Scherpbier<sup>1)</sup>, Roar Maagaard<sup>2)</sup>, Ed McSwiney<sup>3)</sup>, Karena Hanley<sup>3)</sup>, Martine Granek-Catarivas<sup>4)</sup>, Ilir Mecini<sup>5)</sup>

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<sup>3)</sup>The Irish College of General Practitioners, Dublin, Ireland

<sup>4)</sup>Department of Family Medicine, Clalit Health Services, Tel Aviv, Israel

<sup>5)</sup>EULEX Center Mitrovica, Pristina, Albania

## Background

With the explosion in the volume of evidence and understanding of medical conditions and their management, medical practice has changed and Medical Education has changed also. It is no longer about learning the specific management of a range of clinical cases. It is more about ensuring that doctors in training know where to find the evidence, can clinically apply that evidence, and have developed good professional habits in team working, communication skills, record keeping, an ethical approach, resource awareness, time management and self-care. This is why it is now more important than ever to promote self-regulated learning (SRL) in GP training.

## Target group

GPs who are interested in education of students, trainees and colleagues. GP trainees. Educational specialists.

## Objectives

To give participants tools to safely guide GP trainees in their individual development track.

## Didactic method

1. Personal stories how GPs developed their own SRL, talk with neighbour (5 min)

2. Presentation on SRL (15 min)

3. Break into groups (35 min) for dilemma session (group members pick their choice, 1 or 2 dilemma's):  
How do we frame guidance from the beginning of training?

How do we trust learners to honestly assess and act on learning needs?

How to design portfolios to support growth mindset rather than fixed mindset learning

How do we secure patient safety?

4. Plenary wrap up (15 min)

## Estimated number of participants

30





**Brief presentation of the workshop leader**

Nynke Scherpbier is a GP and Head of the GP Department in Groningen and member of EURACT.







## **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 153

## **Presentation form**

1 Slide 5 minutes

## **Guidelines for making the right choice in the treatment of long-COVID.**

Jacintha van Balen<sup>1)</sup>, Fleur Otto<sup>1)</sup>, Hannek Stam<sup>1)</sup>

<sup>1)</sup>Dutch College of General Practitioners, IJsselstein ut, Netherlands

### **Background**

In 2021 more than 40 guide(line)s were available in the Netherlands for general practitioners (GPs) and medical specialists on long-COVID. This was undesirable because of the variety of advices. Medical specialists are used working with multidisciplinary guidelines, while GPs prefer guidelines tailored to the GP. It was therefore considered important for implementation to develop one multidisciplinary guideline, from which a guideline specifically for GPs simultaneously would be derived.

### **Question**

What are barriers and facilitators for making well-coordinated guidelines for medical specialists and general practitioners in a short time for a complex problem such as long-COVID?

### **Methods**

A multidisciplinary guideline and a guideline for GPs were written in a joint process. In 3 multidisciplinary working groups with representatives of 22 organizations, recommendations on 20 key questions were formulated according to the GRADE methodology. The recommendations and the referral criteria were jointly formulated and decided upon by all parties.

### **Outcomes**

Facilitators were the use of the same methodological approach in the working groups, the urgency felt by everyone, the availability of financial resources by the government and the fact that those involved had no conflict of interests.

Barriers were the pressure of time and the large number of scientific articles

### **Discussion**

Sharp choices had to be made as to what should and should not be included in the guideline

Attention to coordination in this project ensured the guideline is received positively and followed closely by GPs

In 'ordinary' times it is questionable whether this project would have been successful





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 158

### **Presentation form**

1 Slide 5 minutes

## **Therapeutic inertia in the management of hypertension in primary care**

Dalia Ali<sup>1)</sup>, Birsen Kilic<sup>1)</sup>, Bertien Hart<sup>1)</sup>, Michiel Bots<sup>1)</sup>, Marion Biermans<sup>1)</sup>, Wilko Spiering<sup>1)</sup>, Frans Rutten<sup>1)</sup>, Monika Hollander<sup>1)</sup>

<sup>1)</sup>Department of General Practice, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, the Netherlands, Utrecht, Netherlands

### **Background**

Therapeutic inertia is considered to be an obstacle to effective blood pressure (BP) control.

### **Aims**

To identify patient characteristics associated with therapeutic inertia in patients with hypertension managed in primary care and to assess reasons not to intensify therapy.

### **Methods**

A Dutch cohort study was conducted using electronic health record data of patients registered in the Julius General Practitioners' Network (n=530,564). Patients with a diagnosis of hypertension, systolic BP $\geq$ 140 and/or diastolic BP $\geq$ 90 mmHg, and one or two BP lowering drug(s) were included. Therapeutic inertia was defined as not undertaking therapeutic action in follow-up despite uncontrolled BP. Multivariable logistic regression was used to identify characteristics associated with inertia. Furthermore, an exploratory survey was performed in which general practitioners of 114 patients were asked for reasons not to intensify treatment.

### **Results**

We identified 6,400 (10% of patients with hypertension) uncontrolled patients on one or two BP lowering drugs. Therapeutic inertia was 87%, similar in men and women. Older age, lower systolic, diastolic and near-target systolic BP, and diabetes were positively associated, while renal insufficiency and heart failure were inversely related to inertia. GPs did not intensify therapy because they (i) considered office BP measurements as non-representative (27%), (ii) waited for next BP readings (21%), (iii) wanted to optimize lifestyle first (19%). Eleven percent of patients explicitly did not want to change treatment.

### **Conclusion**

Therapeutic inertia is common in primary care patients with uncontrolled hypertension. Older age, and closer to target BP, but also concurrent diabetes were associated with inertia.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 199

## Presentation form

WONCA Network Workshop

## Approach to the aggressive patient. Part I

Elena Klusova Noguina<sup>1)</sup>, Paloma Sanchez Castro<sup>2)</sup>, Rocío García-Gutiérrez Gómez<sup>3)</sup>, Miriam Rey Seoane<sup>4)</sup>, Rabee Kazan<sup>5)</sup>, Dina Salkovic<sup>6)</sup>, Yusianmar Mariani Borrero<sup>7)</sup>, Victor Ng<sup>8)</sup>, Kerime Dursun<sup>9)</sup>, Luis Raya Berral<sup>10)</sup>

<sup>1)</sup>WONCA Emergency Medicine Special Interest Group, Policlínica de Rosario/SAMU061/semFYC/WONCA, Ibiza, Spain

<sup>2)</sup>Policlínica del Rosario, Ibiza, Spain

<sup>3)</sup>Hospital Universitario Severo Ochoa, Leganés (Madrid), Spain

<sup>4)</sup>CUAP MANSO, ICS BARCELONA, Barcelona, Spain

<sup>5)</sup>Fundación Mutua Terrassa/CAP Terrassa Rambla, Barcelona, Spain

<sup>6)</sup>Sanitas, Rotterdam, Netherlands

<sup>7)</sup>Bupa Healthcare UK, London, United Kingdom

<sup>8)</sup>College of Family Physicians of Canada, Toronto, Canada

<sup>9)</sup>Erasmus Medical Center Rotterdam, Rotterdam, Netherlands

<sup>10)</sup>Samu 061, Ibiza, Spain

## Background

Violence against doctors, nurses and pharmacists has skyrocketed in 2021. Up to 612 registered doctors, 7 out of 10 nurses and 62 pharmacists were assaulted while doing their job in Spain. Every day in 2021 1 doctor was assaulted by a patient while doing their job. 6 out of 10 attacks on doctors were women.

Dealing with violence and aggression is an area where health professionals often feel uncertain. Standing at the interface between medicine, psychiatry and law, the best actions may not be clear, and guidelines neither consistently applicable nor explicit. We must assume that anti-social or criminal patient's behaviour represents the communication of distress or unmet need. We intend that doctors learn proper management of de-escalation of aggressiveness and psychological approaches to violence, as well as guidelines for physical and pharmacological restraint.

## Target Group

All health personnel at all levels (caretakers-nurses-doctors-reception staff...)

## Didactic Method

2" team presentation

25" Mindtools:

Understanding Body Language and Facial Expressions





Emotional/affective approach to the aggressive patient  
Physical manoeuvres of protection/evasion and flight  
45" Clinical cases with practical exercises  
empathy, de-escalation of aggressiveness, assertiveness  
evasion and protection  
physical and chemical reduction  
3" Takeaway-messages

**Objectives**

Give tools to health professionals to recognize and approach aggressive patients (mental illness, social and psychological problems, substance use, metabolic disorders, criminal behaviour)

**Estimated number of participants**

35-50

**Brief presentation of the workshop leader**

Elena Klusova, Specialist in Family and Community Medicine, Consultant GP with sub-specialization in EM, Chair of WONCA SIG on Emergency Medicine.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 226

## Presentation form

1 Slide 5 minutes

## Should all pregnant women with RhD variants have Rh immune globulin (RhIG) prophylaxis? A systematic review

Mariana Casimiro<sup>1)</sup>, Mariana Braga<sup>2)</sup>, Inês Caetano<sup>1)</sup>, Magda Simões<sup>1)</sup>

<sup>1)</sup>Family Health Unit Linha de Algés - Health Centers Group of Western Lisbon and Oeiras, Algés, Lisboa, Portugal

<sup>2)</sup>Family Health Unit Delta - Health Centers Group of Western Lisbon and Oeiras, Paço de Arcos, Lisboa, Portugal

One of the roles of family physicians is to follow women throughout pregnancy, providing adequate care in each stage. The identification of blood group, specifically the antigen D phenotype, determines whether or not Rh immune globulin (RhIG) prophylaxis is indicated. There's a challenging group known as "Rh variants" with an estimated prevalence of 0.2 to 1% in Caucasian women. The variants usually present as RhD negative in regular testing, but more sensitive serologic tests can identify discrepancies. The ones with a positive behavior have no risk of alloimmunization, therefore no RhIG is necessary. We performed a systematic review using PRISMA guidelines, aiming to find the best evidence guiding RhIG prophylaxis in women with Rh variants phenotypes.

The following mesh words were searched in 9 scientific platforms, in English, with no period of time restrictions: anti-d immunoglobulin, RhD variant and pregnancy.

We obtained 93 articles and after selection 9 were eligible (2 case reports and 7 cross-sectional studies). The studies included women previously tested as RhD negative who performed further sequential serological tests to find discrepancies in the results. Those with inconsistencies proceeded to RHD genotyping. The knowledge of the specific variant and its behavior is essential to decide RhIG administration and prevent unnecessary exposure.

Women presenting with a variant result should be submitted to RHD genotyping to guide the administration of RhIG. Population studies are needed to determine the most frequent variants in each country and the economic viability of performing genotyping more broadly.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 23

## Presentation form

Lecture

## Using cardiovascular risk calculator for shared decision on preventive measures

Carla Gouveia<sup>1)</sup>

<sup>1)</sup>MGF, USF Mosteiro, Odivelas, Portugal

The European Society of Cardiology issued guidelines for cardiovascular risk assessment in late 2021 along with an online calculator (and an app) that creates the possibility of risk scoring and lifetime cardiovascular events' risk assessment: u-prevent.com. This new scoring system called SCORE 2 and SCORE OP (for different age groups) is different than the previous scoring system and allows more personalized scoring and risk assessment.

The author has been using the scoring system in primary care practice for a year now and it changed completely the way she conducts consultation with patients regarding primary and secondary prevention of cardiovascular events.

It allows for better communication of cardiovascular risk in a way that is easily understood by the patient, expressed in years free of cardiovascular events.

It allows for more precise decision making about pharmacologic and non-pharmacological measures of risk modification and the individual and collective impact of such measures.

It also assures the possibility of detailing evidence for deprescribing these measures in some patients that have more adverse effects than expectable amelioration of their cardiovascular risk with some measures.

In this workshop, the author invites the trainees to use the online tool for various case studies and shows them with each example all of the above advantages of this tool's use in everyday primary care practice.







## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 235

## Presentation form

1 Slide 5 minutes

## Lifestyle Factors associated with Patients with Multimorbidity

Darren Seah<sup>1)</sup>

<sup>1)</sup>Family Medicine Development, National Healthcare Group Polyclinics, Singapore, Singapore

### Background

Multimorbidity is an increasingly common feature seen by Primary care practitioners. Based on the Singapore National Population Health survey 2020, crude prevalence for Diabetes, Hypertension and Hyperlipidemia are increasing. The surveys also demonstrate that lifestyles are changing in the population with binge drinking, regular exercise and decreasing proportion of daily smokers becoming more common.

### Questions / Discussion Point

The aim of our study was to establish the prevalence and correlates of unhealthy lifestyle factors amongst primary care patients with multimorbidity. We also aim to examine the association of hazardous alcohol use, smoking, obesity, physical activity and diet in the multimorbid population

### Content

We performed a cross-sectional interviewer administered survey from June 2019 to July 2021 at Yishun Polyclinic. Convenience sampling was performed. 210 participants were recruited either from referrals from physicians or from a pre-identified list of patients who were eligible based on their medical records.

78% of our participants were overweight. 15.7% were current smokers. 5.2% were found to have potentially hazardous alcohol use.

Complete case analysis was conducted for 191 participants. Conway- Maxwell Poisson regression model was used to determine association between lifestyle factors and increasing multimorbidity.

Older patients and smokers are associated with higher multimorbidity. BMI  $>$  23 kg/m<sup>2</sup>, dietary habits and physical activity were not associated with increasing multimorbidity in our study.

### Take Home Message for Practice

Clinicians need to be aware of multimorbidity especially those who are older and smoke. Patients may have altered their lifestyle habits after being aware of their clinical conditions.





**Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 239

**Presentation form**

1 Slide 5 minutes

## Biopsychosocial pain management in group in the primary care practice

Leen Vermeulen<sup>1)</sup>

<sup>1)</sup>Médecine for the People, Antwerpen, Belgium

**Background**

Within the framework of a biomedically oriented healthcare system, a psychosocial approach to chronic pain does not automatically garner credibility among patients. However, there is sufficient medical evidence for this. There is a need for generalised implementation of a biopsychosocial approach to pain the high workload should encourage GPs to offer more efficient care within a multidisciplinary framework.

**Question**

Can group courses in primary care centres help patients with persistent pain symptoms gain better control of their quality of life and pain faster?

**Content**

At Médecine for the People, we offer pain- and psychoeducation in the form of group courses. The combination of gaining scientific insight into their pain problem, a professional framework that positively induces self-knowledge, resilience and new hope, the learning of concrete tools and exercises that restore both mental and physical well-being, the mentalising capacity of a peer-group, work as an empowering treatment framework that strengthens patients' intrinsic motivation to continue working individually and with fellow sufferers. Such group-based treatment pathway allows to introduce and enthuse pain patients in a biopsychosocial model in primary care in a very time-efficient way. Moreover, this working form promotes interdisciplinary cooperation, as well as intradisciplinary integration of partial aspects of treatment in a possible complementary individual course with GP, physiotherapist or psychotherapist.

**Take home message**

Persistent pain complaints can be efficiently managed in the general practice in a group from a biopsychosocial treatment framework.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 251

## Presentation form

1 Slide 5 minutes

## Characterization of the prescription of physical and rehabilitation medicine in health centers in the North of Portugal

Sandra Ribeiro<sup>1)</sup>, Ana Fróis<sup>2)</sup>, Joana Mendes<sup>3)</sup>, Joaquim Santos<sup>4)</sup>

<sup>1)</sup>USF Aníbal Cunha, ACeS Porto Ocidental, Porto, Portugal

<sup>2)</sup>USF Horizonte, ULS Matosinhos, Matosinhos, Portugal

<sup>3)</sup>USF S. Félix - Perosinho, ACeS Espinho Gaia, Gaia, Portugal

<sup>4)</sup>USF Bom Porto, ACes Porto Ocidental, Porto, Portugal

## Background

Family doctors play a key role in identifying patients in need of and prescribing rehabilitation and physical medicine treatments. Since there is no central record of rehabilitation prescriptions, it is impossible to know the population of patients undergoing rehabilitation.

## Questions

Characterizing prescriptions of physical rehabilitation care.

## Methods

Observational, analytical, retrospective study of a randomized sample of 400 prescriptions of a first cycle in rehabilitation care, in four primary care units, in 2019.

## Outcomes

In the analyzed sample, the majority of the patients were female, with an average age of 58 years, an education level equal or inferior to primary education, and not working at the moment of the prescription. Most prescriptions were due to musculoskeletal complaints (71%), followed by unspecific causes (17%), and the nervous system (5%). From the musculoskeletal motives, 43% were degenerative, 21% inflammatory, and 8% traumatic. From the analyzed initial prescriptions, 61% were not followed by subsequent prescriptions.

## Discussion

This study characterizes the patients and the motives that lead physicians of four primary care units to prescribe rehabilitation care. Musculoskeletal diseases were the main cause for rehabilitation care prescription. The majority of the population had low education, and was retired/unemployed despite still of working age. Most of the initial treatments were not followed by subsequent prescriptions. This study can be a starting point for future investigations and practice improvements in this area of care.

## Take Home Message for Practice

A routine assessment of prescriptions is needed for the best management of resources.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 259

## Presentation form

Case Reports By Young Doctors

## Management of positive screening rubella serology test in a childbearing age woman

Inês Caetano<sup>1)</sup>, Mariana Casimiro<sup>1)</sup>, Mariana Braga<sup>1)</sup>, Mariana Santos<sup>1)</sup>, Ana Teresa Gonçalves<sup>1)</sup>, Ricardo Araújo<sup>1)</sup>

<sup>1)</sup>Associação Regional de Saúde de Lisboa e Vale do Tejo, Lisboa, Portugal

Rubella is a vaccine preventable disease that is still endemic in some countries. In Portugal, due to high vaccination coverage, it has been eliminated since 2015. In children and adults, rubella manifestations are mild and in half of the cases asymptomatic. However, if the infection is acquired during pregnancy, it can be teratogenic or result in congenital rubella syndrome, therefore, is a public health matter.

A 45 year-old woman, without documented vaccination, living with a pregnant woman, presents to her family medicine doctor (FMD) with positive rubella IgM and IgG test results. She didn't have any suspicious symptoms nor has travelled. The FMD contacted the public health department, notified the case, asked for permission to contact the pregnant woman (who already had evidence of immunity to rubella) and asked for a second serologic test that was positive. However, the confirmation test excluded the suspicious.

False positive rubella test results are the most common cause of suspected rubella cases, especially due to inadequate serologic tests during pregnancy follow-up. However, this situation can be avoided if doctors follow the criteria to prove rubella immunity: positive IgG; one vaccine dose; or laboratory confirmation of previous disease. Cases of re-infection with rubella are rare, and a single dose of vaccine is assumed to confer lifelong immunity. It is essential that FMD are capable to manage similar cases and evaluate the risk of such viral infections, since they are often the first contact and the healthcare managers closest to the patient.





### Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 262

### Presentation form

1 Slide 5 minutes

## The applicability of anthropometry to predict lipid profiles of adult patients attending the General Outpatient Clinic, UCH, Ibadan, Nigeria

Adebukola Ewuola<sup>1)</sup>, Oluyemisi Folasire<sup>1)</sup>, Taiwo Soyinka<sup>1)</sup>

<sup>1)</sup>Family Medicine, University College Hospital, Ibadan, Ibadan, Nigeria

### Background

Dyslipidaemia and excess body fat are central risk factors to major non-communicable diseases. Anthropometry is frequently used in most hospitals to measure adiposity. Lipid analysis is expensive, there is a need to explore the possibility of using commonly measured anthropometry as a surrogate marker for dyslipidaemia in resource-constraint settings in sub-Saharan Africa.

### Questions

The study aimed to predict dyslipidaemia based on anthropometric measurements. The prevalence of raised anthropometry and dyslipidaemia among the respondents was determined. Also, we explored the relationship between the lipid profile and anthropometric indices in an attempt to predict dyslipidaemia from anthropometry.

### Content

A cross-sectional hospital-based study was conducted on 164 newly-presenting adults to the GOPD, UCH, Nigeria from December 2020 to February 2021. An interviewer-administered questionnaire, with questions adapted from the WHO GPAQ 2.0, was used to collect data. Commonly used anthropometry in clinical settings like BMI, NC, WC, WHR, WHtR, and HC were measured. Serum Lipid profile was analysed. Descriptive and inferential data analysis were done at level of significance.

The mean age of respondents was 41.57±12.28 years. The prevalence of raised anthropometry (by BMI) and dyslipidaemia was 62.0% and 57.3% respectively. Lipid components showed significant but weak correlations

### Take home points

There was a high prevalence of dyslipidaemia and raised anthropometry among apparently healthy individuals which may be a pointer to the need to encourage lifestyle modifications among all adults. However, the poor correlation observed may suggest the inappropriateness of anthropometry to predict dyslipidaemia.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 278

## Presentation form

Science Slam

## Brief educational intervention on prescribing the first-line antibiotics in acute cystitis? A before-after study among general practitioners in Croatia

Zeljko Vojvodic<sup>1)</sup>, Suzana Mimica<sup>2)</sup>

<sup>1)</sup>Department of Family Medicine, University of Osijek Faculty of Medicine, Osijek, Croatia

<sup>2)</sup>Department of Internal Medicine, University of Osijek Faculty of Medicine, Osijek, Croatia

### Aim

To assess the effectiveness of a brief educational intervention on prescribing the first-line antibiotics in acute cystitis.

### Methods

This before-after study was conducted over a period of 8 months. We collected prescribing data related to urinary tract infections (UTI) in the four months before the educational intervention and in the four months after it. Aggregate data on office visits, diagnoses, and issued prescriptions were collected from each practice's electronic medical records (EMRs), based on monthly reports.

### Results

A total of 3581 prescriptions were issued: 1717 before and 1864 after the intervention. The total number of prescriptions increased by 8.5%. The use of first-line antibiotics increased by 21.2%, the use of fluoroquinolones decreased by 6.6%, while the use of beta-lactams remained unchanged. After the intervention, nitrofurantoin was the most prescribed first-line antibiotic. The proportion of women who were prescribed first-line antibiotic did not reach the acceptable range (80-100%) according to the European Surveillance of Antimicrobial Consumption quality indicators. The proportion of fluoroquinolones (17.9%) use was well above the acceptable range (0-5%).

### Conclusion

A brief educational intervention proved to be a useful method in adopting better prescribing habits. Of particular importance is the considerable increase in the use of nitrofurantoin due to its reliable efficacy against multidrug-resistant urinary pathogens.







## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 283

## Presentation form

1 Slide 5 minutes

## Unprotected sexual contacts: development of a protocol in a family health unit

Mariana Braga<sup>1)</sup>, Catarina Caetano<sup>1)</sup>, Marta Portugal<sup>1)</sup>, Mariana Mendes<sup>1)</sup>, Susana Borda<sup>1)</sup>

<sup>1)</sup>Family Health Unit Delta, Health Centers Group of Western Lisbon and Oeiras, Lisboa, Portugal

Unprotected sexual contact (USC) is a common subject at primary care appointments. This topic raises several concerns, such as identifying the risk of a potential pregnancy or addressing Sexually Transmitted Infections (STI). These infections represent a major public health problem because of their prevalence and the morbidity associated with their complications. STI are mainly asymptomatic, and therefore easily spread. Thus, screening after an USC plays a paramount role, to identify and treat timely affected individuals, and prevent transmission to a new partner. We must also consider that a first negative screening for some STI does not guarantee the absence of infection, given the window period.

Taking this into account, a protocol was developed, to be a guide for clinical practice, supporting the approach according to the time window and symptoms presented. It contains the patient's risk assessment, action algorithms and theoretical fundamentals for the most prevalent STI.

The first algorithm assesses the need for emergency contraception, options available, and guides the choice of a new contraceptive method, as well as the necessary follow-up. The following two algorithms are differentiated by the time elapsed from the RSD, assessing the need for post-exposure prophylaxis for HIV. The algorithm recommends symptom evaluation, the need for empirical therapy or diagnostic tests, and the follow-up period to be considered. Finally, an algorithm directed to genital lesions is included to assist in differential diagnosis and therapeutic orientation.&nbsp;

This protocol allows a better clinical and therapeutic orientation, and is recognized as a valuable resource by health professionals.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 304

## Presentation form

WONCA Network Workshop

## Person-centeredness at the core of the registration and classification

Kees van Boven<sup>1)</sup>

<sup>1)</sup>WONCA ICPC Foundation, Groningen, Netherlands

We who are working every day in primary care understand that reflecting on our work through a structured coding or classification system is not feasible when based on diagnoses alone. Patient interaction with primary care professionals is not always based on a definitive diagnosis but is often based on a symptom or a series of symptoms which curtail normal life for the patient.

The starting point in person-centered care is patients' reasons to seek medical care (reason for encounter, RFE) as that reflect their personal needs and expectations.

In the new ICPC functioning in a social context is the overarching concept. Therefore, we need to register, besides the disease specific outcomes, determinants that are influenced by actions and encounters that occur outside the traditional health care delivery settings, such as environmental factors, work, socio-economic position, etc. Also, the Social Health Determinants will be a part of the registration. New rubrics in the ICPC are rubrics with information about prevention, functioning, risk factors and lifestyle and more rubrics (infectious diseases) especially in tropical countries and for classifying social problems (violence, problems related to refugees etc.).

In this workshop, after a short introduction to the ICPC-3, you will start registering a patient case with the ICPC-3. The workshop will conclude with a discussion on documentation of these data in daily practice.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 308

## Presentation form

Lecture

## Assessing your leadership skills with attention to gender bias and resilience

Elissa Palmer<sup>1)</sup>

<sup>1)</sup>Department of Family and Community Medicine, Kirk Kerkorian School of Medicine at University of Nevada Las Vegas (UNLV), Las Vegas, United States

## Background

Physicians are considered leaders in their practices and communities. Self-identification of resiliency and leadership skills followed by development of an improvement plan can assist the physician with patient - physician interaction in addition to peer interaction while identifying issues of retention and advancement. Women remain underrepresented at the highest organizational levels and women leave academics at somewhat higher rates than men although the number of women in academic medicine has continued to increase. Recruitment, mentorship and advancement within medicine is challenging.

## Target Group

Physicians, healthcare professionals

## Method

After providing a framework of current literature (15min), participants will complete exercises to elucidate gaps in personal leadership competencies, bias and resilience (15min). Small groups will share insights (15min) and report to the large group (15min) resulting in development of individualized action plans (15min) with question and answer throughout.

## Objectives

(1) Delineate issues of leadership in medicine with attention to gender discrepancies and bias (2) Identify gaps in personal leadership competencies (3) Gauge resiliency levels (4) Create a personal action plan to enhance leadership skills while using a technique presented to create breakthroughs

## Participant Number

100

## Workshop leader

Dr. Palmer, Professor and Chair, practices outpatient and hospital Family Medicine including Obstetrics. She is involved in teaching at the medical school and graduate medical education levels. She is the principle investigator on several federally funded grants and has been a peer reviewed speaker and presenter on leadership, gender issues, women's health, and medical education regionally, nationally and internationally.





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 309

### **Presentation form**

Lecture

## **Working with the Belgian standards for high-quality general medical practice: how to get started?**

Jolin Lippens<sup>1)</sup>, Luc Seuntjens<sup>1)</sup>, Jo Van Hoof<sup>1)</sup>, Piet Vanden Bussche<sup>1)</sup>

<sup>1)</sup>Domus Medica, Antwerpen, Belgium

### **Background**

In 2021 Domus Medica published the first edition of the Belgian Standards for High-Quality General Medical Practice. Based on other international guidelines for general practices five young doctors defined eighty recommendations over a two-year careful process, that describe a high-quality reliable general practice. These recommendations presenting a base for practices that want to test and improve their quality by covering the domains Practice management, Clinical work and Quality improvement.

### **Target group**

Flemish and regional organisations, general practitioners working on quality improvement programs.

### **Didactic Method**

A brief presentation of the Belgian Standards for High-Quality General Medical Practice (10') will be followed by an interactive semi-structured discussion (3x15') in preferably a live session or otherwise in an online meeting with breakout rooms. The workshop ends with a plenary part where action points will be formulated (20').

### **Objectives**

The objective is to exchange experiences about:

how to start a practice improvement process

barriers that can be expected when getting started with the recommendations and how to overcome them

how to motivate and support the majority of general practices to start and keep on working with these recommendations.

### **Estimated number of participants**

15-20

### **Brief presentation of the workshop leader**

Dr. Jolin Lippens is a general practitioner in a community health center in a small town in Flanders. She is the main author of the first Belgian Standards for High-Quality General Medical Practice and a member of the experts committee of quality and education of Domus Medica.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 32

## Presentation form

Lecture

## What can patient experiences with primary care add to quality?

Zalika Klemenc Ketiš<sup>1, 2, 3, ,</sup> Bohumil Seifert<sup>4, ,</sup> Jose Maria Valderas Martinez<sup>5, <sup>1)</sup></sup>

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## Background

Patients' experiences with the healthcare system are increasingly being recognized as important indicators of the quality of healthcare and are increasingly used in national and international health policy to supporting developing more patient-centred healthcare systems.

The Patient-Reported Indicator Surveys (PaRIS) is an initiative by the OECD which focuses on the evaluation of the performance of health systems based on the outcomes and experiences of health care that matter most to people.

## Target Group

Primary care teams

## Didactic Method

Plenary presentation, small group work, discussion.

## Objectives

To present the scope and methodology of the PaRIS project.

To explore the potential feasibility of PaRIS in workshop participants' own countries.

To discuss how the project would fit into the primary health care (PHC) development strategy in the workshop participants' own countries.

To identify how the project would help in development of PHC in the workshop participants' countries.

To present the possible contribution of the project to quality improvement in the workshop participants' countries.

To indicate how the project could help in the development of PHC internationally?

## Estimated number of participants

10 to 30.

## Brief presentation of workshop leader

Zalika Klemenc Ketiš is the past EQuIP president and the honorary treasurer of WONCA Europe. She is a family physician, professor of family medicine and a senior researcher. She is a chair of the Department of Family Medicine, Medical Faculty, University of Maribor, Slovenia and a head of the Institute for the development and research in primary care at the Ljubljana Community Health Centre.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 349

## Presentation form

1 Slide 5 minutes

## Making choices in antibiotic resistance, stewardship and allergies

Masja Loogman<sup>1)</sup>, Miesje Nijs<sup>1)</sup>

<sup>1)</sup>Research and guideline development, Dutch college of general practitioners, Utrecht, Netherlands

### Background

Antibiotic resistance (ABR) is increasing worldwide and threatens public health. According to the WHO in 2019 1.27 million people died from antibiotic resistance.&nbsp;

In the context of antibiotic stewardship, a new multidisciplinary guideline has been developed: 'Approach to suspected Antibiotic Allergy'. An antibiotic allergy label is often initiated in primary care. However, only ~5% of patients with an antibiotic allergy label appear to be truly allergic. Due to an incorrectly labeled antibiotic allergy, a first-choice antibiotic is often not given but replaced by a broad-spectrum antibiotic.

### Questions

What symptoms are associated with a truly antibiotic allergy?

When can a reported antibiotic allergy be withdrawn?

### Methods

During this lecture we will guide you through useful recommendations for general practitioners in this new guideline about antibiotic allergy (de)labeling.

### Outcomes

According to the multidisciplinary guideline Approach to suspected Antibiotic Allergy, not all reactions should be registered as a true antibiotic allergy. Also described in the guideline is when a reported antibiotic allergy can be withdrawn.

### Discussion

Data support that a detailed allergy history should always be performed and critically appraised. Accumulated scientific data support a more liberal approach that better balances the benefits of treatment with (optimal) first choice and usually smaller spectrum antibiotics.

In case of a history of a high risk of a (severe) allergic reaction, certain groups antibiotics should be avoided.

### Take Home Message for Practice

Only a minority of patients with an antibiotic allergy label have a true antibiotic allergy.







## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 350

## Presentation form

1 Slide 5 minutes

## Making choices in antivirals, be prepared...

Masja Loogman<sup>1)</sup>, Miesje Nijs<sup>1)</sup>

<sup>1)</sup>Research and guideline development, Dutch college of general practitioners, Utrecht, Netherlands

## Background

General practitioners can prescribe oral antiviral drugs for several viral infectious diseases. Effectiveness is often discussed and mostly these drugs are prescribed to the most vulnerable patients.

During an outbreak, capacity problems may arise in primary and secondary care. During a large outbreak other choices are made and antivirals are mostly more generously prescribed, for example oseltamivir during the Mexican flu pandemic in 2009.

Questions

**What factors** play a role in prescribing antivirals? Do guideline developers make different choices in case of a large outbreak?

## Methods

During the lecture we will discuss the methods used for guideline development concerning 3 current outbreaks of infectious diseases (COVID-19, influenza and mpox).

We will show what factors have influenced the final recommendation for primary care and whether a pandemic situation influences the choices that are made.

## Outcomes

After this lecture, you are informed about the latest state of affairs concerning antivirals for COVID-19, influenza and mpox and about the choices that are made during the development of recommendations.

## Discussion

Recommendations for oral antiviral medication vary nationally and internationally, based on the same studies. Guideline developers make different choices in this process, for example how studies are judged, the strength of the recommendation, the concerning groups of patients and what's considered proportional in primary care.

## Take Home Message for Practice

Antivirals can be useful in the treatment of viral diseases, but are no panacea. Use of antivirals has to be carefully considered, both in regular times as during a large outbreak.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 386

## Presentation form

1 Slide 5 minutes

## Opioids prescription as symptomatic treatment of dyspnea in COPD advanced stage patients: a survey of daily practice realities.

Matteo Mannucci<sup>1)</sup>, Lucia Gorreto Lopez<sup>1)</sup>, Miguel Roman Rodriguez<sup>1)</sup>

<sup>1)</sup>SEMFYC, Palma, Spain

### Background

Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death worldwide, affects around 5% of the population and is associated with high morbidity and mortality.

The most common and one of the cardinal symptoms of COPD is exertional dyspnea. Data from several trials and systematic reviews demonstrate the benefits of systemically administered opioids in treating breathlessness, mostly in the advanced stages of COPD.

### Questions

Oral Transmucosal Fentanyl Citrate, thanks to its rapid onset, has been recently studied in relation to exertional dyspnea among cancer patients, and has shown promising results. In Palliative Care daily practice in our area (Mallorca Island, Spain), we see the use of Oral Transmucosal Fentanyl Citrate prescribed as an off label treatment of exertional dyspnea in advanced stage chronic patients.

### Methods

We plan to conduct an anonymous and self-reported questionnaire regarding daily practice prescriptions, of Mallorca (Spain) area Respiratory Medicine and Palliative Care Specialists' opioids treatment of symptomatic dyspnea in advanced stage COPD patients.

### Outcomes

43 completed questionnaires were obtained, representing 93.75% of the total number of professionals of PC and 77.8% of Pneumologists in the Mallorca public health service. Main used opioid is Morphine (88.5%)

### Discussion

Half of participants responded that they regularly use transmucosal fentanyl for acute dyspnea, 25% of the Pneumologists interviewed, and 93% of PC Specialists and it is an off-label treatment, with not powerful studies to suggest this prescription.

### Take Home Message for Practice

Results build real world evidence about Palliative Care daily practice and dyspnea managing.





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 388

### **Presentation form**

1 Slide 5 minutes

## **PharmaChat: An innovative model for teaching commonly used medications in primary care**

Rim Taleb<sup>1,2)</sup>, Issam Shaarani<sup>1,2)</sup>

<sup>1)</sup>Faculty of Medicine, Beirut Arab University, Beirut, Lebanon

<sup>2)</sup>Primary Health Care Corporation, Doha, Qatar

### **Background**

Family medicine module in medical schools is optimal for a refreshing workshop on commonly used medications in primary care. Gamification has proven effective in education, particularly enhancing motivation and enjoyment.

The "PharmaChat" model, already introduced for medical students at Beirut Arab University during family medicine module, is a workshop implementing gamification in medical education.

It consists of an interactive session during which the instructor distributes empty medication boxes on students. Students will have time to read about these medications (indications, side effects, contraindications, dosages, ...). This is followed by Q&A session: Questions about the medications are prepared by the instructor and written on folded paper slips in a box, in the form of "Who am I?". Each student will pick a paper slip and read the question. The student who has the correct medication will answer and elaborate on the medication using the info he/she retrieved.

### **Target group**

Primary care physicians, mainly those interested in medical education

### **Didactic method**

Collaborative learning

### **Objectives**

Introduce an innovative way of teaching commonly used medications in primary care

Highlight the role of gamification in medical education

Replicate the workshop during the conference

### **Number of participants**

20-25

### **Workshop leader**

Dr. Rim Taleb is a Family Medicine consultant (Primary Health Care Corporation) and Assistant Professor (Beirut Arab University). Dr. Taleb is interested in providing primary care for underprivileged population, in addition to medical education. Her main research interests are medical education and student wellbeing. She has more than 20 publications in international peer-reviewed journals.





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 408

### **Presentation form**

1 Slide 5 minutes

## **Approach to pain in primary health care: a quality improvement project**

Sofia Azevedo Vale<sup>1)</sup>, Bárbara Pereira<sup>1)</sup>

<sup>1)</sup>USF d'As Terras de Lanhoso, Póvoa de Lanhoso, Portugal

More than 1.5 billion people around the world suffer from chronic pain and a consequently lower quality of life, therefore its control becomes imperative. Nonsteroidal anti-inflammatory drugs (NSAIDs) are often used to relieve pain and inflammation. Within this class, selective COX-2, developed to protect the gastric mucosa, has been associated with an increase in thrombotic events. Increased occlusive vascular events have also been observed with high doses of non-selective NSAIDs. It is essential to review pain management to use safer but equally effective drugs.

An educational session was carried out in the medical team on the approach to chronic pain. Through a presentation was explained the risks associated with prolonged use of NSAIDs and COX-2 inhibitors and presented safer alternatives.

Data analysis was performed in October 2022, one year after the first assessment in October 2021. The proportion of selective COX-2 inhibitors among billed NSAIDs decrease from 6.09% to 1.58%. The number of NSAID packs prescribed during September and October 2022, compared to the same months in 2021, dropped considerably. Prescription of weak opioids increased in September and October 2022 compared to the same months in 2021.

It is necessary that medical of primary health care know how to treat chronic pain in a sustained and safe manner. This education session was successful in changing the treatment approach in chronic pain.





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 414

### **Presentation form**

From practice to research

## **Health: are we all talking about the same thing!? Investigating how doctors define health**

Louis Van Maele<sup>1)</sup>

<sup>1)</sup>Centre Académique de Médecine Générale, Université catholique de Louvain, Brussels, Belgium

### **Background**

Making good choices in general practice. As family doctors, we make tons of choices every day, both inside and outside medical consultation. Our choices impact our patients, our practices, and society as a whole. But how do you state that one choice would be better than the other? better for who? for what? As doctors, our core business is to improve health, and it would be easy to say that we all work together for that common goal. But health can be defined in many ways, each one of them having many implications. Would it be possible that the way a doctor defines health explain his attitude towards patients and his engagement towards society? And by the way, how do doctors in practice define health?

### **Questions, Discussion Point**

What methods would be most appropriate to investigate the way doctors define health?&nbsp;

### **Content**

I will present various definitions of health and comment on their implications for medical practice. For instance: does the WHO definition of health still stand? Nowadays, who could say he/she is in a "a state of complete physical, mental and social well-being"?&nbsp;Is health really all about attaining that state?

A draft of a research proposal will be presented - open to critique.&nbsp;&nbsp;

### **Take Home Message for Practice**

Reflect on the way you define health - it can be a game changer both for your patients and yourself!





### Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 423

### Presentation form

1 Slide 5 minutes

## Post-COVID-19 Syndrome most reported symptoms - a prospective cohort study

Andreia Maciel<sup>1)</sup>, Patrícia Mendes<sup>2)</sup>, Gabriela Rodrigues<sup>2)</sup>, Ana Paula Carvoeiro<sup>3)</sup>, Joana Saraiva<sup>3)</sup>, Alexandre Ferreira<sup>4)</sup>

<sup>1)</sup>USF D. Diniz, LEIRIA, Portugal

<sup>2)</sup>USF Martingil, LEIRIA, Portugal

<sup>3)</sup>USF Cidade do Lis, LEIRIA, Portugal

<sup>4)</sup>USP Pinhal Litoral, LEIRIA, Portugal

### Background

COVID-19 pandemic has had a substantial impact in primary healthcare in Portugal, whereas post-COVID-19 syndrome (PCS) reports have been described. U.S. Department of Health and Human Services, the CDC and NIH, describe PCS as signs, symptoms and conditions that are present four weeks or more after sars-cov-2 infection. Fatigue, dyspnoea, persistent cough, myalgias and arthralgias, agnosia/ageusia, depression or anxiety, memory, concentration or sleep problems are some of the symptoms described.

### Aim

To determine the most frequently PCS's symptoms reported.

### Methods

We conducted a prospective cohort study, that included patients from three primary healthcare centres in Portugal, with sars-cov-2 infection between May and December of 2021. Data was collected through forms engaged at 1, 2, 4, 6 and 9 months after initial diagnosis.

### Results

615 patients completed follow-up. At the first month, the most reported symptoms were fatigue (31.87%), persistent cough (17.4%), agnosia/ageusia (17.4%) and myalgia/arthralgias (15.45%). After two months, reports were mostly fatigue (24.72%) and myalgia/arthralgias (12.68%). At months four and six, similarly, fatigue (18.21% vs 15.45%) and headache (8.94% vs 5.04%) prevailed. After nine months, fatigue was the main symptom reported (10.89%).

### Discussion

Fatigue was the main reported symptom, and that appeared to have a significant impact until later stages. The results are consistent with the literature that PCS has an important impact on both physical and psychological health. As primary healthcare providers we need to create awareness for PCS in order to better manage and improve our clinical practice.







## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 433

## Presentation form

Lecture

## How to support general practitioner circles and quality groups in organizing continuous professional training at a local level?

Sandor van Bijsterveld<sup>1)</sup>

<sup>1)</sup>BV Dokter Sandor van Bijsterveld, waasmunster, Belgium

## Background

Peer review is an effective method for general practitioners (GP) to exchange experiences. Groups of GPs can encourage individual GPs to set objectives and reflect at group level on how actions can be implemented in practice. Local quality groups and general practitioner circles play an important role in the continuous professional training of GPs.

## Target group

International, national and regional organizations and persons working on continuous professional development (CPD)

## Didactic Method

A brief presentation of initiatives Domus Medica has already taken to explore the needs and opportunities to support (10') will be followed by an interactive semi-structured discussion (3x15') in preferably a live session or otherwise in an online meeting with breakout rooms. The workshop ends with a plenary part where action points will be formulated (20').

## Objectives

The objective is to exchange experiences about how to:

collect prior topics for CPD at local level

support general practitioner circles to set up a learning agenda at local level

organize a qualitative training.

## Estimated number of participants

15-20

## Brief presentation of the workshop leader

Dr. Sandor van Bijsterveld is a former Domus Medica delegate and a general practitioner for over 27 years. He has been active in organizing training for doctors for more than 15 years.





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 453

### **Presentation form**

1 Slide 5 minutes

## **Breast cancer long-term outcome on cardiac function: a longitudinal study**

Laurine van der Wal<sup>1</sup>, Saskia Maass<sup>1</sup>, Geertruida de Bock<sup>2</sup>, Marjolein Berger<sup>1</sup>, Daan Brandenburg<sup>1</sup>

<sup>1</sup>General Practice and Elderly Care Medicine, University Medical Center Groningen, University of Groningen, Groningen, Netherlands

<sup>2</sup>Department of Epidemiology, University Medical Center Groningen, University of Groningen, Groningen, Netherlands

### **Background**

Breast cancer (BC) is the most commonly diagnosed cancer among women in the Netherlands and as a consequence, every general practitioner (GP) has around 25 BC survivors in his/her practice. In a previous cross-sectional study, we showed that BC survivors after BC diagnosis (median 10 years) treated with chemo- and/or radiotherapy were at increased risk of mild systolic cardiac dysfunction compared to women of the same age, without a history of cancer. Furthermore, BC survivors had more often increased NT-proBNP levels and an increased risk of cardiovascular disease. However, the course of cardiac function, and which clinical and lifestyle factors contribute to this, remains unclear.

### **Questions**

What are the long-term ( $\geq 11$  years) cardiac outcomes and the course of cardiac function for women treated for BC compared to matched controls?

### **Content**

700 participants from the previous cross-sectional study (350 BC survivors, 350 controls) will be invited for a second measurement, thereby creating a longitudinal matched cohort study. The primary outcome is left ventricular systolic cardiac dysfunction, defined as left ventricular ejection fraction (LVEF)  $< 54\%$ , measured by echocardiography. Inclusion has started in 2022 and results will follow in 2024.

### **Take Home Message for Practice**

After discharge from hospital-based follow-up, GPs are largely responsible for the long-term care of survivors of BC. Hence, it is important for GPs to know whether BC survivors are at increased risk of cardiac problems, and if they need to be monitored on cardiac function.





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 454

### **Presentation form**

1 Slide 5 minutes

## **Development of a PROM to measure the needs-based quality of life and treatment burden in patients with multimorbidity**

Anna Bernhardt<sup>1)</sup>, Anne Holm<sup>1)</sup>

<sup>1)</sup>Copenhagen University, The Research Unit for General Practice, Copenhagen, Denmark

### **Background**

Patients with complex multimorbidity are common in general practice and often live with decreased quality of life and a high treatment burden. Patient-experienced treatment burden (TB) is a core outcome in research involving patients living with multimorbidity and patient-reported outcome measures (PROMs) are crucial in the evaluation of interventions to improve care for these patients. Needs-based quality of life can be measured using the MMQ instrument and a number of items are similar to those in existing PROMs to measure TB.

### **Questions**

The aim of this study was to 1) either identify an existing PROM with high validity to measure TB in combination with the MMQ instrument or 2) to develop and content validate a new PROM.

### **Method**

Firstly, we conducted a literature search to identify condition-specific PROM to measure the treatment burden in patients with multimorbidity. Secondly, we assessed the quality of the identified PROMS accordingly to the COSMIN checklist. In the absence of an adequate PROM to combine items or domains from existing PROMs into a single PROM with high face validity. Lastly, we tested this new PROM for relevance and coverage and, in case of no validated Danish version, for item meaning and understandability in single and group interviews with patients with complex multimorbidity.

### **Outcome and discussion**

In this study, the full data analysis and discussion are not yet finished but will be presented at the Congress.

### **Take Home Message for Practice**

Take-home messages will be presented at the Congress.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 459

## Presentation form

1 Slide 5 minutes

## Integrating qualitative research in general practice into guidelines: a four-step process for making the right choice

Annick Nonneman<sup>1)</sup>, Manon de Montigny<sup>1)</sup>, Olivier Schmitz<sup>1)</sup>, Cécile Ponsar<sup>1)</sup>, Michel De Jonghe<sup>1)</sup>

<sup>1)</sup>Centre Académique de Médecine Générale, UClouvain, Brussels, Belgium

## Background

The majority of guidelines recommendations are of a single color intended to be applied to any context of care. For several years, general practice (GP) has embraced qualitative methods from the field of human and social sciences to explore highly complex phenomena and generate nuanced understandings that can directly influence healthcare delivery and policy. In the “evidence-based-medicine” landscape, there is a need to incorporate qualitative findings into evidence for a better contextualization.

## Research question

How to "contextualize" the recommendations of guidelines with qualitative research in general practice?

## Content

To present the following four step-process: Identification of the most appropriate critical reading frameworks for assessing the quality criteria of qualitative studies in GP [1]. Identification of the methodological characteristics of qualitative studies in GP [2]. Proposition and validation of a new evaluation tool [3]. Ensure that qualitative studies of good quality in GP allow a better understanding of guidelines recommendations in a particular clinical context [4].

To discuss the barriers and key levers of this approach, which aims to enable general practitioners to treat according to clinical guidelines based on their experience and dialogue with the patient.

## Take Home Message for Practice

Contextualizing clinical practice guidelines by incorporating qualitative findings into evidence would encourage on-the-ground implementation of recommendations for better health care.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 46

## Presentation form

WONCA Network Workshop

## The climate and ecological crisis. What can you do in your practice?

Terry Kemple<sup>1</sup>, , Ozden Gokdemir<sup>2</sup>, , Andree Rochfort<sup>3</sup>, , Olgu Aygun<sup>4</sup>, , Halime Seda Kucukerdem<sup>4</sup>, , Maria Pilar Astier-Peña<sup>5</sup>,<sup>1)</sup>

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5)Family Medicine, WONCA Working Party on Env- Family Doctor. Universitas Health Center (Zaragoza, Spain). Universidad de Zaragoza. GIBA IIS Aragón., Zaragoza, Spain

## Background

Most family doctors and healthcare workers care about the climate and ecological crisis. Their problem is that they do not know what they can do about it. This session answers the question 'What can I do in my practice?'

Help already exists. There are guidelines for family practice in different countries, and some of these will be shared and discussed in this session.&nbsp;For example, since 2014 the UK's Royal College of General Practitioners has had a free Green Impact for Health toolkit with over 100 practical actions that practices can take. The toolkit is a continuous quality improvement process that gives the reason for taking each action, gives tips on how to take the action, and maps the way to achieve being a net zero carbon emission practice.

## Target Group

FPs/GPs, FP trainees, nurses&nbsp;

## Objectives

By the end of this session, attendees will be able to answer the question 'what can I do in my practice to increase its sustainability, mitigate and adapt for the climate and ecological emergency?'

identify effective actions in a systems-based and continuous quality improvement process to increase sustainability within the practice

## Didactic Method

The learning needs of attendees will be sought and documented&nbsp;

A video presentation that demonstrates the contents of the Green Impact for health toolkit and how it works

Presentation of other formats/toolkits

QnA session including links to remote presenters





Summary and next steps to address needs of attendees







### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 474

### **Presentation form**

1 Slide 5 minutes

## **Treatment of Arterial hypertension: intensity vs therapeutic class**

Diana Coelho<sup>1)</sup>, Cristina Pais<sup>1)</sup>, Hiroshi Okai<sup>1)</sup>, Rosa de Pinho<sup>1)</sup>

<sup>1)</sup>USF Vale do Vouga, São João da Madeira, Portugal

### **Background**

For the treatment of arterial hypertension, the ESC/ESH recommends lifestyle changes and pharmacological therapeutic in optimized doses. Besides the availability of effective drugs, there is a considerable percentage of non-controlled hypertensive patients.

### **Questions**

In hypertensive patients with high CVR (diabetics), to check if there are differences between the subgroups controlled and non-controlled blood pressure (BP), regarding to the amount of anti-hypertensive drugs, therapeutic intensity and pharmacological classes prescribed.

### **Methods**

Trasversal observational study. Target population: hypertensive diabetic patients, from two lists, attendees of face-to-face hypertension appointment in 2021. Exclusion: 18 years-old, non-attendees, pregnancy, breastfeeding. Variables: BP (controlled <140/90mmHg), amount of anti-hypertensive drugs prescribed, defined daily dose (DDD) of each anti-hypertensive drug, therapeutic intensity (the sum of DDD); anti-hypertensive pharmacological class (diuretics, ACE inhibitors, ARBs, BB, CCB). Data was analysed using SPSS, using Chi-Square test and Student's T-Test, with a statistical significance of 0,05.

### **Outcomes**

From the 155 diabetic hypertension attendees: 82 showed a controlled BP and 73 non-controlled BP. Among the two groups it was not observed statistically significant differences in the medium amount of anti-hypertensive drugs used (2,01 vs 2,00; p=0,941), in the therapeutic intensity (2,58 DDD vs 2,63 DDD; p=0,838) neither in the usage of a certain pharmacological class.

### **Discussion e Take Home Message**

The study shows that the control of arterial hypertension does not exclusively depend on the intensity neither the pharmacological class used. Other changeable and unchangeable factors in the BP control such as genetic and lifestyle should be considered.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 491

## Presentation form

1 Slide 5 minutes

## Conversation-analysis of how patients' explanations of their medically unexplained symptoms are thematized in GP consultations

Ingjerd Helene Jøssang<sup>1,2)</sup>, May-Lill Johansen<sup>3)</sup>, Mette Bech Risør<sup>4,3)</sup>, Stefan Hjörleifsson<sup>2,1)</sup>

<sup>1)</sup>Research Unit for General Practice Bergen, NORCE Norwegian Research Center, Bergen, Norway

<sup>2)</sup>Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway

<sup>3)</sup>Department of Community Medicine, Research Unit for General Practice,, UiT The Arctic University of Norway, Tromsø, Norway

<sup>4)</sup>Department of Public Health, Center for General Practice, University of Copenhagen, Copenhagen, Denmark

## Background

When patients' symptoms remain medically unexplained, GPs are challenged in how to provide help. These patients may suffer for a long time, and the lack of medically accepted explanations can be frustrating and add to the patient's burden. However, when medical explanations of symptoms are lacking, it can be particularly important for the GP to identify and explore patients' own explanations or hypotheses regarding their symptoms. Still, little is known about how patients' explanations are brought to the fore or fail to be thematized in consultations with GPs.

## Objectives

To explore how patients' own explanations of their medically unexplained symptoms are thematized in GP consultations.

## Methods

We have video-recorded six ordinary consultations between GPs and patients with medically unexplained symptoms in Norway. The recordings will be analyzed to detect sequences where the patient's explanations come up or could have come up. These sequences will be transcribed verbatim and analyzed by conversation analysis, a method used to study the interaction between doctor and patient at a micro-level. We will analyze how the GPs provide, or fail to provide, space for the patients' explanations, and what the patients themselves do to bring their own explanation into the discussion. Further, we will focus on how the patients' explanations are received and handled as the patient perspective meets the professional and external perspective of the GP.

## Results

To be presented at the conference.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 499

## Presentation form

1 Slide 5 minutes

## Impact of Mothers' Weaning Knowledge, and Practice on Infants' Health. National Assessment

Samar Amer<sup>1)</sup>

<sup>1)</sup>Public Health and Community Medicine, Zagazig University, Riyadh, Saudi Arabia

### Background

Appropriate feeding practices are critical to an infant's healthy development and growth during this early stage of life. So this study was conducted to assess maternal knowledge about infant feeding and weaning practices among mothers with children under the age of two, to determine the relationship between a mother's weaning knowledge and their infant's health, and to identify maternal factors associated with better maternal weaning knowledge.

### Methods

Between January to March 2020, a cross-sectional survey was conducted in Saudi Arabia, targeting 721 Saudi mothers of infants aged 4–18 months through face-to-face interviews.

### Results

More than half of the mothers in the study sample (52.4%) are between the ages of 25 and 35 years old; 72.4% of the mothers had higher education; their babies were cared for by unemployed mothers in an amazing and hygienic way. The mothers' weaning knowledge was statistically significant with respect to mothers' age ( $p = 0.010$ ). There was a highly statistically significant association between maternal weaning knowledge (moderate and high) and infant head circumference. There is a highly statistically significant relationship between maternal weaning knowledge (moderate and high) and the practice.

### Conclusion

Mothers' Weaning Knowledge (as reflected in the scale of knowledge and practice) is high. There are links between infant-related growth parameters such as infant head circumference and absence of anemia in their infants and moderate to high maternal weaning knowledge and the following practices.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 501

## Presentation form

1 Slide 5 minutes

## Doctors' attachment styles and emotional intelligence contribute to better doctor-patient communication and potentiate the qualitative therapeutic relationship

Alberto Parada<sup>1)</sup>

<sup>1)</sup>Family medicine, University of liege, Liege, Belgium, Basse-Bodeux, Belgium

Physician attachment styles and emotional intelligence (EI) influence patients' emotional expressions in general practice consultations.

Attachment theory measures people's capacity for autonomy and provides a better understanding of care demands. It helps patients in a perspective of recognition of their own relational expectations. It allows general practitioners to improve their practice of support, of identifying situations of psychological risk, regardless of the age of the patients, their cultures and their beliefs, especially those suffering from chronic illnesses.

In the therapeutic relationship, the management of positive emotions, and the reduction of negative emotions, and behavioral archetypes with others are a significant therapeutic lever.

Despite the importance of attachment relationships in the development of socio-emotional skills, it is important to remember that the development of empathic abilities also depends on social learning, particularly through parental and school education.

Developing empathetic skills can promote tolerance, emotional intelligence, and prosocial behavior, improve communication skills, and help decrease issues of social prejudice and aggression. Empathy training programs have attempted to increase empathy levels in different professions such as doctors, therapists, or medical students.

Certain emotional skills are essential for empathy, such as identifying one's own and others' emotions and accepting emotions. Emotion identification refers to the ability to recognize and name emotions. Emotional acceptance is a form of emotion regulation that involves experiencing them with a non-judgmental attitude and without tending to avoid them.

Physician attachment styles and EI levels are intimately associated with patients' emotional expressions during primary care consultations.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 563

## Presentation form

1 Slide 5 minutes

## GP's preferred role in oncological care

Gerda van der Weele<sup>1)</sup>

<sup>1)</sup>Guideline development, NHG, Utrecht, Netherlands

GP's preferred role in oncological care

### Background

GP's have a multifaceted role in cancer care. In several NHG-guidelines and the NHG-position paper on cancer care (2014) Dutch GPs have at least a role in: the diagnostic phase (complaint/symptom driven diagnostics; national screening programmes for breast, cervical & colorectal cancer), referral for further investigation and treatment, and the terminal phase.. Because GP's are already overcharged they have to make smart choices in other phases of cancer care in which the GP-role is less defined, such as prevention, time-out consultation and survivorship- and after-care.

### Objectives

We aim to discuss GP's preferred role in cancer care, especially in 'less defined phases'.

### Method

After a brief sketch of GP's minimal role in Dutch cancer care we focus on the challenge to play a meaningful role as a GP in oncological care before and after cancer treatment.

We present statements for discussion with the audience if and to what extent the GP has a role in:

Prevention of cancer (eg pro-active advices on life-style or stop-smoking)

Time -out consult in between cancer diagnosis and final treatment decision

Support during treatment in secondary care to patient, partner/children

Pro-active survivorship care: psychosocial support; being alert on late treatment effects; collaboration in primary care cancer-network; de-medicalisation in curative treated cancer patients; using an individual care plan.

### Conclusions

Wrapping up the discussion and the (different) choices GP's make about their preferred and achievable role in several phases of cancer care.





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 567

### **Presentation form**

Lecture

## **The right to make bad decisions: capacity and consent across Europe**

Nick Mamo<sup>1,2)</sup>, Dina Salkovic<sup>3,4)</sup>, Alina Zidaru<sup>5,4,6)</sup>, Genco Görgü<sup>7,4)</sup>

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<sup>6)</sup>ICGP, Dublin, Ireland

<sup>7)</sup>Bandirma 1st Family Medicine Center, Marmara District State Hospital, Balikesir, Turkey

### **Background**

Respect for Autonomy is a central pillar of medical ethics. Yet, while we often talk about its importance, it often gets forgotten during busy schedules, especially when complicated by questions regarding capacity. Respect for autonomy must be balanced alongside beneficence and nonmaleficence in individual patient-care decisions, as well as being balanced against justice in care for the whole community. However, we risk dehumanising our patients by not considering their wills and preferences simply because their capacity may be in question.

### **Session aim**

Refocus the debate to maximise the person's potential for capacity, in day-to-day primary care practice. We will do this through a review of the ethical framework, case discussion and creating realistic action lists.

### **Target Group**

GPs, other healthcare professionals involved in primary care, patients

### **Didactic Method**

Review of theoretical framework and different policies governing decision making in countries across Europe

### **Practical workshop**

Case based discussions involving persons with reduced capacity with creation of an action list for supporting such persons in practice

### **Objectives**

Review the ethical framework

Construct a brief, realistic action list for dealing with complex decision-making cases with persons with reduced capacity that can be used as a template in primary care consultations

### **Estimated number of participants**

25-35







### **Workshop leaders**

Nick, Dina, Alina and Genco are early career GPs and active members of the European Young Family Doctors' Movement (EYFDM). Each practising in different countries, they bring different perspectives to the table with an interest in supporting patients in decision making at different life stages.





### Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 586

### Presentation form

Lecture

## Workshop on dos and don'ts in ultrasound in general practice

Victoria Hultén<sup>1)</sup>, Camilla Aakjær Andersen<sup>2)</sup>, Troels Mengel-Jørgensen<sup>2,1)</sup>

<sup>1)</sup>DSAM (Danish College of General Practitioners), Copenhagen, Denmark

<sup>2)</sup>Center for General Practice, Aalborg University, Aalborg, Denmark

### Background

Ultrasound examinations are increasingly performed in primary care; as targeted point-of-care ultrasound performed by clinicians, as fully detailed consultative ultrasonography performed by highly trained specialists, or as anything in-between. The use of ultrasound in primary care varies between countries, depending on the requirements of local health systems, the scope of primary care and the training of general practitioners. Geography, demographics, and medico-legal aspects may also be of influence. While the use of ultrasound in primary care may increase precision in diagnosis and minimize referrals, there is also risks of misdiagnosis, over- or underdiagnosis, and possibly overtreatment.

### Target Group

GPs family physicians.

### Didactic Method

Presentations of both research and clinical practice. Reflective exercises for participants and group discussions.

### Objectives

How is POCUS used differently across countries and which factors influence use? Are there common dos and don'ts in terms of POCUS use in general practice?

### Estimated number of participants

50-100

### Brief presentation of the workshop leader

Victoria Hultén, resident in family medicine in the Capital Region, Denmark. Since October 2022 the junior representative from Denmark in EuroPrev. Co-presenters will be:

Camilla Aakjær Andersen, MD, PhD, associate professor and senior researcher.

Head of the ultrasound group at Center for General Practice at Aalborg University, Denmark

Troels Mengel-Jørgensen, GP, Vodskov, Denmark. Associated to CAMAAU (Center for General Practice at Aalborg University), Chairman DAUS (Danish Society for Ultrasound in General Practice), Board member, DSAM (Danish College of General Practitioners), member ENUGP (European Network for ultrasound in General Practice).





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 606

## Presentation form

Case Reports By Young Doctors

## Medical history and medication side effects: how our eagerness to treat may lead to negative outcomes

João Lemos<sup>1)</sup>, João Poças<sup>1)</sup>, Inês Castro<sup>1)</sup>, Lilliana Mota<sup>1)</sup>, Patricia Sousa<sup>1)</sup>, Ana Oliveira<sup>1)</sup>

<sup>1)</sup>USF Cedofeita, Porto, Portugal

## Didactic method

Case report

## Presented problem

A 68-year-old female patient with a history of hypertension, type 2 diabetes mellitus, dyslipidaemia, obesity and depression attended a primary care consultation due to a recent onset of dyspnea on minor physical activity, fatigue and lightheadedness. EKG and echocardiogram were ordered and scheduled to that afternoon. The EKG reported a high-grade AV block with multiple non-conducting P-waves and bradyarrhythmia (HR= 30 bpm). The patient was urgently transferred to the ER.

## Management

After a thorough medical history and physical examination assessment, beta blocker intake (atenolol 100mg/24 hours) was admitted as being the cause of this acute electrical finding. A conservative approach was decided: 24h monitoring and waiting for atenolol wash-out.

## Outcome

In this period, the high-grade AV block reverted to a sinus rhythm with a first-degree block. The patient was discharged with a holter monitor and a cardiology consultation referral. At a follow-up appointment and after atenolol withdrawal, the patient reported symptomatic improvement and presented with a normal resting heart rate.

## Discussion

This case highlights the importance of a comprehensive evaluation with a detailed medical history and a systematic medication review.

## What we can learn from this

The family doctor should carefully assess the medical history and physical examination of all patients. Prescribed medication should also be routinely screened and monitored for side effects. This complete information allows the family doctor to provide a better care and prevent severe iatrogenic events.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 607

## Presentation form

1 Slide 5 minutes

## Does benzodiazepines rush dementia?

Tatiana Bento<sup>1)</sup>, Mariana Santos Miranda<sup>1)</sup>, Raquel Landeiri<sup>1)</sup>

<sup>1)</sup>USF Vale do Sorraia, ACES Lezíria, Coruche, Santarém, Portugal

## Background

Benzodiazepinas (BZD) are frequently prescribed to adults and elderly patients as ansiolitic, hypnotic and sedative, even knowing potential side effects (acute cognitive impairment). Some studies talk about long-term cognitive effects, such as dementia.

## Objective

This review discusses the association of use of BZD and dementia.

## Methods

Evidence-based review of systematic reviews (SR), meta-analysis (MA) and randomised controlled trials (RCT), portuguese and english, published till 10years ago, at PubMed, with MeSH terms "benzodiazepines" and "dementia". The scale Strenght of Recommendation Taxonomy (SORT) of the American Family Physician was used to check level of evidence and grading of recommendations.

## Results

Over 18 articles were identified. After reading the abstract, 12 (3 MA, 2 SR and 1 RCT) were excluded and 6 were analyzed.

Lucchetta et.al MA and Ferreira et.al SR show connection between BZD intake and dementia development. Also Zhong et.al MA relates it with long-term use and Penninkilampi et.al MA with long-action BZD. A positive association between BZD and dementia has been shown at Al Dawsari et.al SR, after excluding studies with potential reverse causality bias. At Nafti et.al RCT there is evidence of association between BZD use and increase of cognitive impairment, but no connection with dementia.

## Discussion/Conclusion

This connection remains controversial due to a possibility of reverse causality bias. However studies that tried to minimize the bias imply an association between BZD use and dementia. Therefore, it is recommended to reduce the inadequate prescription of BZD to preserve cognitive function and decrease risk of dementia (SORT B).





**Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 623

**Presentation form**

WONCA Network Workshop

**EYFDM Junior Researcher Award, prize-winning research projects done by young family physicians**

Marta Kurdziewic<sup>1)</sup>

<sup>1)</sup>Frontida, Wrocław, Poland

The Young European Family Doctors Movement (EYFDM) encourages junior GPs to develop research projects in the field of Family Medicine by giving the annual Junior Researcher Award. EYFDM aims to support young family physicians to explore the opportunities of conducting research projects and underline the importance of research in Family Medicine. During the workshop, three finalists selected by an international jury will present their research projects and compete for the title of the JRA winner. The jury will choose the winner based on the presented projects and the series of questions and answers.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 650

## Presentation form

Lecture

## Group work with patients in primary health care - Sharing experiences

Sofie Blancke<sup>1</sup>, , Leen Vermeulen<sup>2</sup>, , Farida Zarouali<sup>3</sup>, , Rody Verhage<sup>2</sup>, , Quentin Luremonde<sup>4</sup>, , Aurélie Stocq<sup>4</sup>, , Lotte Mortier De Borger<sup>2</sup>, , Roos-Lien Keijzer<sup>5, 1)</sup>

<sup>1)</sup>Geneeskunde voor het volk, Deurne, Belgium

<sup>2)</sup>Medicine for the people, Antwerp, Belgium

<sup>3)</sup>Praktijk Hoboken, Antwerpen, Belgium

<sup>4)</sup>Medicine for the people, Seraing, Belgium

<sup>5)</sup>Medicine for the people, Marcinelle, Belgium

## Moderator

Sofie Blancke (GP)

Leen Vermeulen (GP): Pain education and psychosocial counselling in group sessions

Farida Zarouali (PT), Rody Verhage (P): Psychotrauma: insightfull&nbsp;group session

Quentin Luremonde (FT), Aurélie Stocq (SW): Diabetes and sports: moving together is good for your health

Lotte Mortier De Borger (GP): Walking groups in primary care. Walking as medicine

Roos-Lien Keijzer (GP): Womens health education:&nbsp;group sessions in primary care

Sofie Blancke (GP): Group sessions with patients with stress complaints

## Background

Family medicine is in full transition. Budget cuts lead to care being transferred from the second to the first line. At the same time, there's a shortage of family physicians. This calls for rethinking supportive therapeutic frameworks

Burnout, stress, anxiety, depression, persistent pain, obesity and diabetes are growing epidemic worldwide.

Health education and motivation for lifestyle-change contributes to a health-promoting attitude and empowers patients.

## Objectives

This symposium aims to promote group sessions with patients in general practice as an empowering and efficient approach to complaints and disorders with psycho-social and lifestyle-related causes.

Patients understand their own bodies better. They take control of their lives, support one another and stand up for their rights together.

Patients are less focused on their complaints and consult less.

Bringing this topic allows to illustrate the multiple benefits of group sessions.

## Discussion

What forms of organization and/or incentives are required to achieve group work with patients?

## Take home message







Group sessions in primary care empowers patients, is efficient and improves the quality of care.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 660

## Presentation form

1 Slide 5 minutes

## Gabapentin in vasomotor symptoms of menopause: evidence based review

Mafalda Neves<sup>1)</sup>, Marta Rainho<sup>2)</sup>, Inês Pinheiro<sup>3)</sup>

<sup>1)</sup>Family Health Unit Castelo, Sesimbra, Portugal

<sup>2)</sup>Family Health Unit Luísa Todi, Setúbal, Portugal

<sup>3)</sup>Family Health Unit Santos Pousada, Porto, Portugal

### BACKGROUND

Menopause can be accompanied by numerous symptoms, which may vary in severity and duration. Among these, vasomotor symptoms such as hot flashes may impact health-related quality of life.

Aim of this review is to establish according to the recent evidence, if gabapentin has a role in the treatment of vasomotor symptoms of menopause.

### QUESTIONS

Eligibility criteria according to PICO: Population: postmenopausal women; Intervention: treatment with gabapentin; Control: placebo, other treatments; Outcomes: vasomotor/hot flashes symptomatic improvement

### CONTENT

Literature review in the last 5 years, English and Portuguese, with MeSH terms: “hot flashes, vasomotor symptoms, climacteric syndrome, menopause” and “gabapentin”.

55 results obtained, 44 excluded: 2 duplicated, 2 unavailable the full article and 38 after reading titles and abstracts because they did not answer the question structured according to PICO and after reading full articles, 2 opinion articles, obtaining 11 to analyse: 7 articles (3 systematic reviews, 2 meta-analyses, 2 narrative reviews) and 4 practice guidelines.

10 studies reported a reduction of vasomotor symptoms compared with placebo or as adjuvant therapy to an antidepressant and one that was not more effective than placebo and so low evidence of hot flashes management, all rated as level of evidence 2.

We conclude that vasomotor symptoms may be treated effectively with gabapentin (900 mg/day) in selected patients, improving quality of life –Strength of Recommendation B (American Family Physicians).

### TAKE HOME MESSAGE

Gabapentin is a promising treatment for vasomotor symptoms for women who are contraindicated to hormonal therapy or who prefer other alternatives.





### Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 661

### Presentation form

1 Slide 5 minutes

## Complementary or alternative - modalities of healing besides biomedicine?

Christofer Patrick Reichel<sup>1)</sup>, Sankha Randenikumara<sup>2)</sup>

<sup>1)</sup>Austrian Association of Family Medicine, Wien, Austria

<sup>2)</sup>WONCA World, Colombo, Sri Lanka

Complimentary or Alternative - modalities of healing besides biomedicine?

Are you interested in acupuncture, Ayurveda, yoga or meditation as treatment modalities? Have you wished to learn more about these areas and how they can be integrated into “Western” allopathic medicine? Throughout the world, there are many different frameworks of medicine which have centuries of practice behind them which view the person, not as a body with the potential for disease, but as a delicate balance between mind, body and soul. Can we learn more about holistic patient care from what we consider “complimentary” medicine?

There are many cultures worldwide where family physicians work side-by-side with traditional healers. Learning skills from other forms of healing can be a tool in our kit both as treatment options – for example, acupuncture for pain control – which will improve patient satisfaction. In certain cases, knowledge can also identify the potential risks that some traditional methods could pose especially if used in conjunction with allopathic medicine. Furthermore, with an increased interest in the unregulated well-being industry, we encourage doctors to have an understanding of complementary medicine to be able to debunk myths. By having skills to bridge the gap, family physicians will be able to advise patients who wish to try other modalities ensuring patient-centred and safe care.&nbsp;

We propose an interactive workshop aimed at people who are new to integrative medicine and are interested in learning about the theoretical and legal frameworks of integrative medicine and how to apply this to their daily practice.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 697

## Presentation form

Case Reports By Young Doctors

## Lupus, it would be the first diagnosis in Dr. House

Ana Carolina Carvalho Pratas<sup>1)</sup>, Teresa Sofia Pereira Mendes<sup>1)</sup>, Joana Isabel Neto Coelho<sup>1)</sup>

<sup>1)</sup>USF 7 Castelos - ARSLVT, Lisboa, Portugal

Systemic Lupus Erythematosus (SLE) is an autoimmune disease prevalent amongst young women often presenting with nonspecific symptoms or sometimes with more typical manifestations as malar rash. Diagnosis is not always straightforward, but usually reached when all the findings are pieced together as a puzzle.

### Clinical Case

17 years old female, irrelevant background.

In October 2021, she complained to her family doctor about an erythematous and circular spot on her right arm with a burning sensation after sun exposure. A fungal infection was assumed and sertaconazole cream was prescribed, with remission.

In January 2022, the scaly spot reappeared in the same location, surrounded by erythematous halo. This time oral terbinafine was prescribed, without improvement.

In March 2022, she noticed a similar spot on her left arm and a butterfly shaped facial erythema. Other symptoms and triggering factors were denied. Due to the suspicion of lupus she was referred to Dermatology. An echocardiogram and laboratory analysis were requested, highlighting: Hemoglobin 9.5 g/dl; Lupus anticoagulant, ANA, Anti-DNA - negative.

Only by April 2022, when a skin biopsy was performed, with a histological result compatible with SLE, a final diagnosis was reached, 6 months after the first clinical manifestation.

For family doctors, SLE is not a frequent diagnosis so it is important to involve several specialties to start treatment quickly and delay the disease's progression.

With this case, we intend to draw attention to the existence of signs less typical than the butterfly rash and that antibodies results don't always coincide with the diagnosis.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 704

## Presentation form

1 Slide 5 minutes

## The role of cytisine in smoking cessation: an evidence-based review

Ana Rita Amado Ramos de Carvalho<sup>1)</sup>, André Cardoso<sup>2)</sup>, Marta Sousa Cardoso<sup>3)</sup>, Jorge Caetano Pereira<sup>1)</sup>, Sara Tainha<sup>3)</sup>

<sup>1)</sup>USF Planalto, Santarém, Portugal

<sup>2)</sup>USF Alviela, Santarém, Portugal

<sup>3)</sup>USF S. Domingos, Santarém, Portugal

## Background

Cytisine has been used for smoking cessation in Eastern Europe since the 1960s. Given the current absence of varenicline from the market, along with cytisine's proven efficacy against placebo and nicotine replacement therapies, cytisine appears as a promising substitute for smoking cessation.

## Questions

We aimed to determine the effectiveness of cytisine versus varenicline in smoking cessation in smokers at 6 months.

## Methods

We evaluated the available evidence from major databases (Cochrane, Evidence Based Medicine, MEDLINE, TRIP DataBase). We used the keywords cytisine, cytisinicline and MESH terms varenicline, smoking cessation and tobacco use cessation. Inclusion criteria: articles published in the last 10 years, english language, direct effectiveness' comparison of both drugs, outcome: smoking cessation rate at 6 months.

## Outcomes

From the 56 articles selected, 52 were excluded for not fitting the purpose of the study or not fulfilling the inclusion criteria. 4 articles were included, whose results are not consensual: 1 systematic review estimates cytisine is more clinical and cost-effective than varenicline; 2 randomized controlled trials (RCT) state that cytisine has shown to be at least non-inferior than varenicline and 1 RCT mentions that cytisine failed to demonstrate its non-inferiority to varenicline.

## Discussion

Cytisine has shown to be non-inferior to varenicline in smoking cessation at 6 months (level of evidence B). More studies are necessary to establish a direct comparison of effectiveness, considering the limited number and quality of the articles comparing both drugs.

## Take Home Message for Practice

Cytisine is an effective, safe and inexpensive therapy for smoking cessation.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 719

## Presentation form

WONCA Network Workshop

## Patient contacts from the 1st year in medical school - a choice for future!

Helena Karppinen<sup>1,2)</sup>, Natalia Zarbailov<sup>3)</sup>, Anne Simmenroth<sup>4)</sup>, Alex Harding<sup>5)</sup>, Francesco Carelli<sup>6)</sup>, Nino Kiknadze<sup>7)</sup>, Odd Martin Vallersnes<sup>8)</sup>

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<sup>2)</sup>National representative, EURACT Council, Helsinki, Finland

<sup>3)</sup>National representative, EURACT Council, Chisinau, Moldova, Republic of

<sup>4)</sup>National representative, EURACT Council, Wuerzburg, Germany

<sup>5)</sup>National representative, EURACT Council, Exeter, United Kingdom

<sup>6)</sup>National representative, EURACT Council, Milan, Italy

<sup>7)</sup>National representative, EURACT Council, Tbilisi, Georgia

<sup>8)</sup>National representative, EURACT Council, Oslo, Norway

## Background

Early clinical exposure (ECE) in preclinical years of medical school has been shown to increase motivation among teachers and students. Other benefits include satisfaction, improved clinical skills and professional empathic, holistic attitudes. Despite all this, early patient contacts have not increased remarkably in 15 years in Europe. The Basic Medical Education Committee of EURACT repeated a European survey in 2021 (DOI: [10.1080/0142159X.2022.2137014](https://doi.org/10.1080/0142159X.2022.2137014));

Furthermore, ECE helps students clarify career choices, especially in general practice. Why is ECE not applied everywhere, and why so little time is allocated for ECE? It is time to make choices to boost ECE in primary care.

## Target groups

Teachers and all GPs interested in high quality medical education

Medical students

## Didactic methods

Participants are invited to challenge their attitudes with examples of ECE, including reflective comments from 1<sup>st</sup> year students and other brief snapshots of current European situation. Eight steps in Kotter's Change Model are used as a framework. Brainstorming sessions in small groups will lead us to an action plan to overcome barriers to expand ECE in community settings. Tools for blended learning will be used to interact, to collect and share information.

## Objectives

Participants will be able to explain, show enthusiasm and promote ECE in their countries.

They will know how to make a change (Kotter).

Practitioners will be happy to host preclinical students.







**Estimated number of participants**

50

**Brief presentation of the workshop leader**

Helena (GP, PhD) is the chair of EURACT BME Committee, and a clinical teacher in Helsinki.





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 810

### **Presentation form**

Science Slam

## **Young adult's retrospective descriptions of growing up with a sibling who has depression: A qualitative study**

Inbar Levkovich<sup>1)</sup>, Michal Labes<sup>1)</sup>

<sup>1)</sup>Faculty of Graduate Studies, Oranim Academic College, Kiryat Tivon, Israel

### **Aims**

Depression is a disorder that affects the entire family, not only the diagnosed individual. Adolescents who have a sibling who is coping with depression are themselves at increased risk of developing distress and other mental illnesses. The objective of this study was to better understand how young adults with a sibling who has been diagnosed with depression experience their own adolescence.

### **Method**

The research adopted the qualitative-phenomenological approach. Twenty young adults between the ages of 18 and 29 were interviewed during 2022. The interviews were transcribed and underwent content analysis.

### **Results**

The analysis revealed a variety of responses, among them confusion, anger and a lack of stability in the home, as well as attempts to conceal the situation. Many of the participants witnessed dangerous behaviors on the part of their siblings, which led to tensions and concerns. Moreover, they felt both distanced from and disappointed with their parents. In an attempt to shield their parents from further pain and sorrow, they did not share their experiences as adolescents with their parents. The participants reported a double sense of loss in that their siblings had changed profoundly, and their parents were not available for them, leading to sharp feelings of loneliness.

### **Conclusions**

The research findings indicate that adolescents who grew up with a sibling affected by depression had to deal with an acute family crisis, whose serious ramifications required emotional and social support.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 812

## Presentation form

Lecture

## Implementing deprescription as a patient safety tool in primary care

Jose-Miguel Bueno-Ortiz<sup>1,2,3,4)</sup>, Maria-Pilar Astier-Peña<sup>2,1,4)</sup>, Andree Rochfort<sup>2,5,4)</sup>, Jose-Maria Valderas<sup>2,6)</sup>, Joel Lehmann<sup>2,7)</sup>, Albina Zharkova<sup>4,8)</sup>, Sara Ares Blanco<sup>1,2,9)</sup>, Ana Cebrian Cuenca<sup>1,2,10)</sup>

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<sup>2)</sup>WONCA Working Party on Quality and Patient Safety (WWPQS), Brussels, Belgium

<sup>3)</sup>Centro Salud Fuente Alamo. Murcia Health Service, Fuente Alamo, Spain

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<sup>5)</sup>Director of Quality Improvement and Doctors Health Program, Irish College of General Practitioners, Dublin (ICGP), Dublin, Ireland

<sup>6)</sup>National University of Singapore, Singapore, Singapore

<sup>7)</sup>EQUAM Stiftung, Switzerland, Switzerland

<sup>8)</sup>Family Medicina Department, Sumy State University, Sumy, Ukraine

<sup>9)</sup>European General Practice Research Network (EGPRN), Maastricht, Netherlands

<sup>10)</sup>WONCA Special Interest Group on Non-Communicable Diseases (NCDs), Brussels, Belgium

## Background

The major aim of Deprescribing (D) is to purge the drug (s) considered inappropriate in a given patient, especially in the Elderly Patients (EP) with multiple comorbidities or in those suffering from chronic disease. Current guidelines have limited applicability to EP with comorbid conditions, the efficacy and safety of many drugs is unknown or questionable and there is evidence that taking more than ten drugs simultaneously cause adverse events. The differential diagnosis of any sign or symptom in the EP should always include the question "Could this be caused by a drug?". GP's role in promoting a safer use of medications in EP is paramount. However, in daily clinical practice, it is not easy to implement and sustain deprescribing over time

## Target group

Front line Family Doctors

## Didactic Method

Short theoretical introduction followed by small groups work on frequent clinical situations. Discussion, proposals and take-home messages for daily practice.

## Objectives

- 1) Introduce the concept of D and why it is important for patients and doctors
- 2) Define the concepts of therapeutic cascades and D ascents
- 3) Provide an overview of the evidence to stop unnecessary or potentially harmful medications and point out specifically good examples of common drugs which would be appropriate to D





4) Provide GPs resources to help to tackle these issues with EP and to empower them to consider D on a regular basis

**Estimated number of participants**

40

**Brief presentation of WS leader**

Jose-M Bueno. EQUIP Spanish delegate. WWPQS Honorary Secretary. WONCA Europe EB member-at-large





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 817

## Presentation form

1 Slide 5 minutes

## Mothers prefer a hybrid model of postpartum care: a mixed research study

Aminath Shiwaza Moosa<sup>1)</sup>, Zhimin Poon<sup>1)</sup>, Yaesol Park<sup>1)</sup>, Dhana Letchimy D/O Kagradaimdo<sup>1)</sup>, Eileen Koh Yu Ling<sup>1)</sup>, Ding Xuan Ng<sup>1)</sup>, Ngiap Chuan Tan<sup>1,2)</sup>

<sup>1)</sup>SingHealth Polyclinics, Singapore, Singapore

<sup>2)</sup>SingHealth-Duke NUS Family Medicine Academic Clinical Programme, Singapore, Singapore

## Background

Video consultations (VC) have become prevalent since the COVID-19 pandemic. However, the experiences of postpartum women using VC have yet to be adequately studied but are crucial for their adoption.

## Questions

What is the experience and attitude of postpartum mothers (PPM) towards their use of VC, and what factors affect their adoption?

## Methods

Data were gathered from twenty-five PPMs who participated in VC using the Zoom® platform for their postpartum care in two public primary care clinics. Patient Attitude Towards Video Consult (PAT-VC) was used to quantify PPMs' experiences and attitudes toward VC. Audio-recorded, in-depth interviews were transcribed verbatim and were analysed via thematic analysis to identify themes reported based on the "Health Information Technology Acceptance Model" framework.

## Outcomes

Eighty percent of mothers had positive attitudes and experiences towards VC measured using the PAT-VC. PPMs valued the convenience, accessibility and personalised care VC offered to address their postpartum concerns. They perceived VC as suitable for seeking medical opinions, improving confidence in parent crafting, and providing access to team-based care. They recognised the lack of physical examination as a major limitation of using VC and proposed combining VC and in-person consultation to cater to individual needs and preferences. PPMs alluded to trust in care providers, flexibility in VC appointment timings and enhanced interface of remote platforms as enablers for VC adoption.

## Discussion

PPM favoured combining VC and in-person consultation to manage their postpartum care needs.

## Take Home Message for Practice

Mothers prefer a hybrid model of postpartum care.





### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 837

### **Presentation form**

1 Slide 5 minutes

## **Mixed model evaluation of remote continuous professional development for general practitioners**

Dirk Pilat<sup>1)</sup>

<sup>1)</sup>Online Learning Environment, Royal College of General Practitioners, London, United Kingdom

### **Background**

Due to the increased frequency of new guidance and data to aid general practitioners in the delivery of day to healthcare in primary care, remote and distance learning is often the only viable method of continuous professional development (CPD) delivery for practitioners at the frontline of healthcare delivery internationally. Fortunately, online and e-learning CPD resources can contribute to the rapid upskilling of a professional workforce and offer a wide variety of formats to encompass a range of learning modes; this variety also improves the accessibility of learning episodes which can be consumed at convenient times and settings.

### **Questions**

How do the users and learners of a large online learning environment for primary care CPD evaluate their learning experience

### **Methods**

Mixed model, qualitative and quantitative exploration of numeric and free text feedback of users/learners of the Royal College of General Practitioners's online learning environment.

### **Outcomes**

High levels of satisfaction with both content and presentation, both from the qualitative and quantitative feedback.

### **Take home message for general practice**

A dedicated team of educationalists with tried and tested quality assurance methods can deliver up to date, high quality online CPD that creates ongoing knowledge transfer with high levels of satisfaction of its audience.







## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 858

## Presentation form

Case Reports By Young Doctors

## She wanted to move but she couldn't

Patricia Xiang Arenas de Juan<sup>1)</sup>, Rocío del Carmen Bello Hirschfeld<sup>1)</sup>, Margarita Pendás Toribio<sup>1)</sup>, María Széchényi Conde<sup>1)</sup>

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Female patient aged 33 years (2022). No allergies. Hyper-frequent user. Intervened for right knee pain with poor evolution and irreducible flexion stiffness. Consultation for arthralgias, inflammation, stiffness and deformity in the hands of 2-3 weeks of evolution. Follow-up by rheumatology; after examination, urgent referral for assessment and treatment.

Physical examination: skin and nails without lesions or telangiectasias. Muskuloskeletal with flexion of the 5th finger and limitation of flexion 2nd, 3rd and 4th fingers bilaterally. Claw hands. Pain in distal and proximal phalanges bilaterally, without ulcers. Normal cardiopulmonary auscultation. Complementary tests: X-ray of hands: resorption plume in the distal interphalange. Knees X-ray: symmetrical pinched right knee. Haemogram: anaemia, rest normal. ESR 13, C-reactive protein 0.1, ANA negative, AntiRo52 anti-scleroderma antibodies positive. Negative antiphospholipid antibodies. Proteinogram with elevated polyclonal gamma

Once the high suspicion of systemic sclerosis was confirmed, treatment was started with prednisone 5mg, hidroxychloroquine 200mg rapidly improving. Capillaroscopy, pulmonary function and doppler echocardiography were requested.

Systemic sclerosis is a chronic multi-system disease characterized by widespread vascular dysfunction and progressive fibrosis of the skin and internal organs.

This case shows us the reality of many consultations, in which, faced with a torpid evolution of knee pain, it is decided to associate the pain with fibromyalgia; and the limitation and stiffness with the patient's will. An early referral could have allowed an early diagnosis and treatment and a possible reduction of complications. For this, we consider it essential to have time and a comprehensive view of the patient.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 871

## Presentation form

From practice to research

## How to develop a university GP clinic and construct a network ?

Aurore Girard<sup>1,2)</sup>, Michel Dejonghe<sup>1)</sup>, Charlotte Breda<sup>1)</sup>, Cécile Ponsar<sup>1)</sup>, Jean Macq<sup>3)</sup>, Cassian Minguet<sup>1)</sup>

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<sup>3)</sup>IRSS, UCLouvain, Bruxelles, Belgium

## Background

Some countries like Canada, Switzerland, France, ... develop university GP practices but there is no consensus on the criteria to define a “good” GP practice and a “university” GP practice.

## Questions, Discussion Point

What are the specificities of a “university” GP practice? How to establish the criteria, create a network of GP practices and collect data throughout this network?

## Content

This project consists of 3 components, namely a framework, a health observatory, and a learning community

The referential framework determines the criteria of a university GP practice, identified by a scoping review. and then challenged by researchers and general practitioners from different types of GP practice to elaborate the guide. The guide lays the foundation for health observatory framework, which aims to facilitate access to quality information in a quality assurance approach but also in a pragmatic research approach.

Participative action research based on learning communities’ principles, was conducted to develop how to co-produce knowledge and practical know-how.

## Take Home Message for Practice

A reference framework is intended to be a dynamic proposal adaptable to all types of practice in general medicine. This framework may be a guide to involve GP practices in the same direction. Learning communities in general practice are an ideal place to question practice, a source of new ideas for conducting practice-based research, and a place for continuous learning for practitioners and researchers. A common informatic language has to be found to interact with different practices to become a health observatory based on GP realities.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 881

## Presentation form

1 Slide 5 minutes

## Factors associated with appropriateness of antibiotic prescriptions for acutely ill children presenting to ambulatory care: a systematic review and meta-analysis

Hannelore Dillen<sup>1)</sup>, Daan Pauwels<sup>2)</sup>, Daniëlle Snijders<sup>3)</sup>, Jo Wouters<sup>2)</sup>, Laure Wynants<sup>3,4,1)</sup>, Jan Y Verbakel<sup>1,5)</sup>

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<sup>5)</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

## Background

Acutely ill children are at risk of unwarranted antibiotic prescribing. Data on the appropriateness of antibiotic prescriptions provide a framework for future studies in this field, inform clinicians on their prescribing practices, and provide insights into potential tailored interventions to promote antibiotic stewardship.

## Questions

Which factors are associated with the appropriateness of antibiotic prescriptions for acutely ill children presenting to ambulatory care in high-income countries?

## Methods

We systematically searched articles published since 2002 in MEDLINE, Embase, CENTRAL, Web of Science, and grey literature databases. We included cross-sectional and cohort studies with acutely ill children presenting to ambulatory care in high-income countries. The quality of the studies was evaluated using the Appraisal tool for Cross-Sectional Studies and the Newcastle-Ottawa Scale. Pooled odds ratios were calculated using random-effects models.

## Outcomes

We included 43 articles, with data extraction performed for 24. Ten studies explore various aspects of antibiotic appropriateness (i.e., indication, type, dosage, frequency, and duration), seven consider the correct antibiotic type, six focus on indication appropriateness, and one investigates antibiotic dosage. Studies that performed multivariate logistic regression (n=15) appear to suggest that older boys presenting to a general practice have a higher odds of receiving an inappropriate antibiotic prescription, but further analyses are ongoing.

## Discussion

We will perform subgroup analyses based on the definition of ‘appropriateness’. Further results will be presented at the conference.





### **Take Home Message for Practice**

Findings will inform clinicians and policy makers to further tailor strategies to reduce inappropriate prescribing in ambulatory care.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 888

## Presentation form

Science Slam

## COVID-19 information platform for primary care - Emergence and development of a point-of-care tool in the pandemic

Susanne Rabady<sup>1,2)</sup>, Patrick Erber<sup>2)</sup>, Maria Wendler<sup>1)</sup>, Johannes Oswald<sup>3)</sup>, Johanna Dolcic<sup>1)</sup>, Kathrin Vollnhofer<sup>2)</sup>

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<sup>2)</sup>Karl Landsteiner Privatuniversität, Krems, Austria

<sup>3)</sup>JAMÖ, Vienna, Austria

The SARS-Cov-2 outbreak in the spring of 2020 challenged the health care system. New tasks related to the pandemic situation emerged. Primary Care was in a crucial position in the pandemic management in many respects. Decisions had to be made, despite high uncertainty and turnover of very low knowledge. Evidence was lacking. The information required concerned the disease COVID-19, but also regulatory issues.

### Objective

To create a comprehensive online tool for point of care use, fulfilling the changing informational needs in the field of primary care. Usability was considered crucial, as well as constant adapting to changing needs and knowledge. The team could be addressed via help-desk function by all Austrian physicians. Feedback from users was used to continuously improve the tool.

With growing scientific background, this pragmatic approach was developed into an increasingly evidence based tool.

### Methods

Information needs were identified by a team of practising physicians. In cooperation with the University material was collected, a structure for easy use was created. Twice weekly updates allowed continuous integration of evolving scientific and legal background. Dissemination was enhanced by cooperation with the Austrian College for General Medicine. This pragmatic process was transformed into a structure following a framework. A first evaluation was performed.

### Conclusion

In a situation of uncertainty and acute informational demands, comprehensive practice-oriented guidance was provided. Knowledge gaps had to be made transparent. A process of quality improvement was introduced. Dissemination was facilitated by usability and cooperation. Knowledge transfer should be addressed in future pandemic plans.





## Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 889

## Presentation form

1 Slide 5 minutes

## Unnecessary antibiotic prescribing for common-acquired infections in primary care in Europe

Carl Llor<sup>1,2)</sup>, Beatriz González López-Valcárcel<sup>3)</sup>, Fabiana Raynal<sup>3)</sup>, Jesper Lykkegaard<sup>2)</sup>, Malene Plejdrup Hansen<sup>2,4)</sup>, Jens Søndergaard<sup>2)</sup>, Laura Vallejo-Torres<sup>3)</sup>, Ana García-Sangenís<sup>1)</sup>, Daniela Modena<sup>1)</sup>, Lars Bjerrum<sup>5)</sup>

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<sup>4)</sup>Center for General Practice, Aalborg University, Aalborg, Denmark

<sup>5)</sup>Section of General Practice and Research Unit for General Practice, Department of Public Health, University of Copenhagen, Copenhagen, Denmark

## Background

There is a remarkable lack of diagnostic quality indicators (QI) for common acquired infections (CAI), which are useful in assessing the impact of interventions on the reduction of inappropriate antibiotic prescribing. The HAPPY PATIENT is a European-funded project aimed at decreasing the inappropriate antibiotic use for CAIs, carried out in Poland, Lithuania, Greece, France, and Spain.

## Questions / Discussion Point

What is the rate of unnecessary antibiotic prescribing for CAIs in primary care?

## Content

The HAPPY PATIENT project elaborated QIs based on the information provided by the registration charts implemented by family doctors in the primary care setting from February to May 2022, including symptoms & signs, duration of symptoms, tests ordered, and antibiotics used. The definition of appropriateness of antibiotic prescribing was based on literature review and discussion by experts participating in the project and external experts and was defined for the different CAIs included on the charts. Limitations: The inappropriateness was only defined based on the variables available on the charts. A total of 5,801 cases of CAIs were included in the five countries. Unnecessary antibiotic prescribing was observed in 47.1% of the cases. The greatest unnecessary rate was observed in patients with acute rhinosinusitis (94.8%) followed by acute otitis media and acute pharyngotonsillitis (70.8% and 55.2%, respectively).

## Take Home Message for Practice

There is a high rate of unnecessary antibiotic prescribing in Europe. Interventions are needed to reduce the unnecessary prescribing of antibiotic for CAIs in primary care in Europe.







### **Abstract topic**

14. Making Choices in General Practice

**Abstract ID:** 92

### **Presentation form**

Science Slam

## **Cost-effectiveness analysis of cognitive-behavioral therapy in the treatment of mild to moderate major depression**

Ana Teresa Frois<sup>1)</sup>, Bernardo Vidal Pimentel<sup>2)</sup>, Isabel Marques Correia<sup>3)</sup>, Teresa Leão<sup>4)</sup>

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<sup>3)</sup>Coimbra Hospital and University Center, Coimbra, Portugal

<sup>4)</sup>EPIUnit-Public Health Institute of Porto University, Porto, Portugal

### **Background**

Depressive disorders are a major cause of disability and cognitive-behavioral therapy is increasingly recommended as initial treatment. Definite data on its cost-effectiveness is lacking, especially in Europe.

### **Questions**

We aimed at determining whether cognitive-behavioral therapy would be a cost-effective alternative to pharmacotherapy to treat mild to moderate major depression in Portugal.

### **Methods**

Costs of cognitive-behavioral therapy included a psychologist's mean price/hour, for five to 12 individual or group sessions. Costs of pharmacotherapy included the most used antidepressants, benzodiazepines, and the general practitioner's mean price/hour, for one and two years. Incremental effectiveness was obtained from the existing literature. Incremental cost-effectiveness was calculated by the ratio between incremental cost and incremental effectiveness, for mean, maximum, and minimum costs.

### **Outcomes**

Group cognitive-behavioral therapy incremental cost-effectiveness varied between -€24420.84 and -€3737.96 per QALY. As there was no incremental effectiveness regarding individual cognitive-behavioral therapy, incremental cost-effectiveness was not calculated.

### **Discussion**

All comparisons were highly cost-effective, whenever cognitive-behavioral therapy was more effective than pharmacotherapy. Group cognitive-behavioral therapy was always dominant.

### **Take Home Message for Practice**

Cognitive-behavioral therapy may be a cost-effective alternative to pharmacotherapy for the treatment of mild to moderate major depression in Portugal.





### Abstract topic

14. Making Choices in General Practice

**Abstract ID:** 974

### Presentation form

Science Slam

## Protective effects of SGLT2 inhibitors on cardiovascular renal function and potential benefits for their use in primary care: A systematic review

Elisa Koneman<sup>1)</sup>, Gesine Weckmann<sup>1)</sup>

<sup>1)</sup>Faculty of Applied Health Sciences, European University of Applied Sciences, Rostock, Germany

### Background

SGLT2 inhibitor use has been shown to be associated with protective effects on renal and cardiovascular function. This could potentially be beneficial for a patient group with progressive disease and few therapeutic options in primary care.

### Questions

The aim of this study is to assess potential risks and benefits for the preventive use of SGLT2 inhibitors in primary care.

### Methods

A systematic search for relevant literature was performed to identify publications relevant to the effect of SGLT2 inhibitors on renal and cardiovascular function. randomized controlled trials (RCT) in English or German, published between 01/01/2013-11/20/2022 were included. Quality of the included studies was assessed with CONSORT and risk of bias with the Cochrane Risk of Bias tool. Effects on cardiac and renal function and relevant side effects were systematically extracted from the included studies.

### Outcomes

The search yielded 301 citations and 7 were RCTs meeting inclusion criteria. Renal protective effects included decreased disease-specific mortality, smaller reduction in glomerular filtration rate and lower incidence of end-stage renal disease. Cardiac effects were reduced heart failure progression, fewer hospitalizations, improved quality of life and lower disease-specific mortality.&nbsp;

### Discussion

Treatment with SGLT2 inhibitors is associated with reduced disease-specific mortality and &nbsp;lower disease progression. This is promising for patients with progressive renal disease or heart failure, for whom there are few options that specifically prevent disease progression.

### Take Home Message for Practice

SGLT2 inhibitors may usefully expand treatment options for heart failure and chronic kidney disease, especially in patients with high risk of progressive disease.





## 15. (Large) Trials in Primary Care

### Abstract topic

15. (Large) Trials in Primary Care

**Abstract ID:** 195

### Presentation form

1 Slide 5 minutes

### Effectiveness of a music therapy intervention on short-term memory alteration in over 65 years of age: randomized clinical trial

Albert Bellvert<sup>1)</sup>, Susana Montesinos Sanz<sup>1)</sup>

<sup>1)</sup>EQUIP ATENCIÓ PRIMÀRIA PREMIÀ DE MAR I DE DALT, INSTITUT CATALÀ DE LA SALUT, PREMIA DE MAR, Spain

There is little scientific evidence on the effect of music therapy on short-term memory in patients over 65 with subjective complaints of memory loss. There are also no studies showing how music therapy increases personal satisfaction in musicians who actively practice it.

#### OBJECTIVES

To evaluate the effectiveness of a community music therapy program in patients over 65 years old with short-term memory impairment compared to the usual management in Primary Care.

Analyze the degree of personal satisfaction of the musicians participating in the program.

Describe the associated morbidity in both groups at the beginning and at the end of the study.

#### METHOD

Participation of 50 patients over the age of 65 with short-term memory impairments, according to the Cerad word learning test. Randomization into two groups: one intervention and one control. There will be 8 sessions of 40 minutes duration with music therapy in a space of environmental comfort made for teachers and students who belong to the School of Music in town, for 1 year. The number of words remembered is assessed at the beginning, at 6 months, at the end and at the year of the intervention, as well as satisfaction with a questionnaire with closed and open questions.

#### CONCLUSION

Music therapy can be an effective complementary therapy both for the recovery of short-term memory in patients with cognitive impairment and for the improvement of satisfaction in musicians.





## Abstract topic

15. (Large) Trials in Primary Care

**Abstract ID:** 220

## Presentation form

Lecture

## Influence of sex in the effectiveness of transitional-care heart failure programs: a population-based study with real-world data in 77,554 patients.

Laia Alcober<sup>1,2)</sup>, Blanca Torres<sup>1,2)</sup>, Emili Vela<sup>3,4)</sup>, David Monterde<sup>3,4)</sup>, Coral Fernández<sup>1,2)</sup>, Núria José<sup>5,6,7)</sup>, Raul Ramos<sup>5,6,7)</sup>, Mar Ras<sup>5,6,8)</sup>, Cristina Enjuanes<sup>5,6,7)</sup>, Josep Comin-Colet<sup>5,6,7,9,10)</sup>

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<sup>9)</sup>Department of Clinical Sciences, School of Medicine, University of Barcelona, Barcelona, Spain

<sup>10)</sup>Bellvitge University Hospital, L'Hospitalet de Llobregat, Spain

## Background

The efficacy of HF management programs has been proved, however the influence of sex in the effectiveness is still unknown.

## Purpose

To analyze the effect of sex on health outcomes after a pragmatic implementation of an intensive transitional care nurse-based HF management program integrating hospital and primary in an area of 209,255 inhabitants.

## Methods

We included all individuals consecutively admitted to hospital with at least one ICD-9-CM code for HF as primary diagnosis and discharged alive in Catalonia (7,794,749 inhabitants) during 2015-2019. We considered 3 periods: pre-implementation (2015-2016), transition (2017) and consolidation (2018-2019). We compared outcomes between patients of the implementation area and the rest of Catalonia stratified by sex.





## Results

We included 77,554 patients: 3,396 in the implementation area and 74,158 in the rest of Catalonia. 46.3% males and 53.7% females. Within the integrated healthcare area where the HF program was implemented, we found a reduction in all-cause death, clinically related readmission, and HF readmission both in the transition and the consolidation periods for males and females (all p-values 0.001). Compared to the rest of Catalonia, the reduction in mortality was higher in females (26% relative change vs. 9.3%). Clinically related readmission and HF readmission improved more in males (15.7% and 20.7% vs. 7% and 12.6%).

## Conclusions

Implementation of a transitional care nurse-based HF management program improves clinical outcomes in males and females. The benefits in prevention of readmission seemed to be higher among males and in mortality among females.





### **Abstract topic**

15. (Large) Trials in Primary Care

**Abstract ID:** 378

### **Presentation form**

WONCA Network Workshop

## **How to manage a EGPRN collaborative study?**

Lieve Peremans<sup>1,2)</sup>, Radost Asenova<sup>2,3)</sup>, Paul Van Royen<sup>1,2)</sup>

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<sup>2)</sup>EGPRN, Maastricht, Netherlands

<sup>3)</sup>Faculty of Medicine, Medical University, Plovdiv, Bulgaria

### **Background**

It is a challenge to bring together partners from several countries and institutes in a collaborative project. One of the aims of EGPRN is to create a platform to start collaborative studies and to build research capacity in different countries.

### **Target group**

primary care researchers

### **Didactic method**

Brief presentation of the procedure to start a project and some examples of former successful projects (15 minutes)

Small group discussion on different challenges and opportunities of starting up collaborative research, such as doing qualitative studies, difficulties with GDPR and ethical committees, training researchers in different countries, ...

Round-up with taking home messages. (15 minutes)

### **Objectives**

The workshop aims to present the trajectory of an EGPRN collaborative study. Exchange of strategies to overcome research challenges in small group discussions will give participants the stimulus to start up their own international collaborative research project.

### **Estimated number of participants**

20 to 25







## Abstract topic

15. (Large) Trials in Primary Care

**Abstract ID:** 394

## Presentation form

Lecture

## Spironolactone for adult female acne (SAFA): Results of a multicentre, double-blinded, randomised controlled trial

Miriam Santer<sup>1)</sup>, Alison Layton<sup>2)</sup>, Nick Francis<sup>1)</sup>, Megan Lawrence<sup>3)</sup>, Susanne Renz<sup>3)</sup>, Zina Eminton<sup>3)</sup>, Beth Stuart<sup>4)</sup>, Tracey Sach<sup>5)</sup>, Matthew Ridd<sup>6)</sup>, Kim Thomas<sup>7)</sup>

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<sup>4)</sup>Centre for Evaluation and Methods Wolfson Institute of Population Health, Queen Mary University of London, London, United Kingdom

<sup>5)</sup>Norwich Medical School, University of East Anglia, Norwich, United Kingdom

<sup>6)</sup>Centre for Academic Primary Care, University of Bristol, Bristol, United Kingdom

<sup>7)</sup>Centre of Evidence Based Dermatology, University of Nottingham, Nottingham, United Kingdom

## Background

Acne results in significant burden and people with acne are frequently prescribed prolonged courses of oral antibiotics promoting the development of antimicrobial resistance. Spironolactone is prescribed for acne, but evidence on effectiveness is lacking.

## Questions

What is the effect of oral spironolactone in improving acne-specific quality of life in adult women?

## Methods

Double-blind randomised trial with women 18 years or older randomised to spironolactone or matched placebo daily for 24 weeks. The primary outcome was the Acne-Specific Quality of Life (Acne-QoL) symptom subscale score at week-12 (range 0 to 30, where higher scores reflect improved QoL).

## Outcomes

Of 1,267 women assessed, 410 were randomised (201 intervention, 209 control) and 342 were included in the primary analysis. 46% had mild, 40% moderate and 13% severe acne.

Mean Acne-QoL symptom scores at baseline and week-12 were 13.2 (sd 4.9) and 19.2 (sd 6.1) for spironolactone and 12.9 (sd 4.5) and 17.8 (sd 5.6) for placebo respectively (difference favouring spironolactone 1.27 (95%CI 0.07 to 2.46), adjusted for baseline variables). Scores at week-24 were 21.2 (sd 5.9) for spironolactone and 17.4 (sd 5.8) for placebo (difference 3.45 (95%CI 2.16 to 4.75) adjusted).

## Discussion

This is the largest trial of spironolactone for acne. Secondary outcomes favoured spironolactone and differences were greater at 24 weeks compared to 12 weeks.





### **Take Home Message for Practice**

Spironolactone improved acne on all outcomes and at all time points, although some differences were not significant, and could prove a useful alternative to oral antibiotics.





## Abstract topic

15. (Large) Trials in Primary Care

**Abstract ID:** 503

## Presentation form

Lecture

## Inclusion rates in scientific research in general practice: challenges and solutions

Geert-Jan Geersing<sup>1)</sup>, Rosanne van Maanen<sup>1)</sup>, Frans Rutten<sup>1)</sup>, Jeanet Blom<sup>2)</sup>, Jochen Cals<sup>3)</sup>, Pieter Langers<sup>4)</sup>, Melchior Nierman<sup>5)</sup>

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<sup>4)</sup>ZorgDomein, Breukelen, Netherlands

<sup>5)</sup>Atalmedial Trombosezorg, Amsterdam, Netherlands

## Background

The inclusion rate of participants in primary care studies is often inadequate. We performed a diagnostic study aiming to validate a new clinical decision rule for pulmonary embolism (PE) in primary care. However, after two years only 13% of the intended number of patients were included.

## Questions

To ensure the success of the study, we developed a new inclusion route.

## Methods

At the moment a patient is suspected of PE, general practitioners (GPs) often order a D-dimer test through a digital laboratory request form. We used this digital form to ask GPs for additional information about the new clinical decision rule. Thereafter, the researchers retrieved informed consent from the patients and collected the data filled in by the GP, the D-dimer result, and the final diagnosis.

## Outcomes

From September 2021 to May 2022, 1157 D-dimer tests were ordered because of a suspicion of PE. Finally, 270 patients (23.3%) gave consent for data collection. This corresponds to an inclusion rate of 34 patients per month and this is tenfold the previous inclusion rate.

## Discussion

Patient recruitment for clinical research in primary care is very important but often is complicated, notably for incident disorders. At the same time, research in primary care is certainly necessary to be able to scientifically substantiate our actions and achieve better patient care.

## Take home message for practice

A new inclusion route that is closely linked to routine care activities of GPs will ensure that participating in research and conducting research is easier and more efficient.





### **Abstract topic**

15. (Large) Trials in Primary Care

**Abstract ID:** 553

### **Presentation form**

Lecture

## **Innovative methods of recruitment in the PANORAMIC trial**

Philip Evans<sup>1)</sup>, Emma Tonner<sup>2)</sup>, Sarah Crawshaw<sup>2)</sup>, Mark Dolman<sup>2)</sup>, Emma Chambers<sup>2)</sup>, James Williamson<sup>2)</sup>, Nicholas Thomas<sup>2)</sup>, Christopher Butler<sup>3)</sup>

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<sup>2)</sup>NIHR CRN, Leeds, United Kingdom

<sup>3)</sup>Oxford Primary Care, University of Oxford, Oxford, United Kingdom

### **Background**

During the COVID-19 pandemic, the UK's National Institute for Health Research (NIHR) Clinical Research Network (CRN) was responsible for the delivery of prioritised clinical trials, in response to the lack of evidence for effective agents in primary care.

### **Questions**

The CRN, alongside the PANORAMIC trial team, aimed to develop and implement effective and user-friendly recruitment methods to offer large numbers of patients in the community with COVID-19 the opportunity to participate and test the clinical and cost-effectiveness of molnupiravir.

### **Methods**

PANORAMIC was an adaptive platform clinical trial with participants randomised to either molnupiravir or usual care, within five days of symptom onset. Methods to identify positive individuals within general practice were developed, as well as online research procedures for delivery and follow-up.

### **Outcomes**

26,792 participants were recruited in the fastest recruiting study ever delivered by primary care in the NIHR CRN. This was achieved through a range of novel methods including virtual recruitment through the study website combined with GP recruitment via hub-and-spoke models. These methods were developed alongside four nation colleagues, the study team and CRN and supported by data, stakeholder and workforce infrastructure.

### **Discussion**

As described, numerous innovative methods of recruitment were feasible and executed with support from the clinical research networks in order to deliver research of international significance. These included decentralised trial delivery, which would be possible in other countries.

### **Take Home Message**

Recruitment at-pace and scale was possible and achieved by working with primary care and reaching people in their communities.





## Abstract topic

15. (Large) Trials in Primary Care

**Abstract ID:** 568

## Presentation form

Lecture

The effect of a multifaceted antibiotic stewardship intervention to improve antibiotic prescribing for urinary tract infections in frail older adults (ImpresU): results of a cluster randomized controlled trial in four European countries.

Esther Hartman<sup>1,2)</sup>, Alma van de Pol<sup>3)</sup>, Silje Heltveit-Olsen<sup>4)</sup>, Sigurd Høyve<sup>4)</sup>, Pär-Daniel Sundvall<sup>5,6)</sup>, Ronny Gunnarsson<sup>5,6)</sup>, Anna Kowalczyk<sup>7)</sup>, Maciek Godycki-Cwirko<sup>7)</sup>, Theo Verheij<sup>3)</sup>, ImpresU Consortium<sup>1,2)</sup>

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## Introduction

Inappropriate antibiotic use for urinary tract infections (UTIs) in older adults is an important driver of antibiotic resistance. We aimed to evaluate whether antibiotic prescribing for UTIs in frail older adults can be reduced through a multifaceted antibiotic stewardship intervention (ASI).

## Methods

We conducted a pragmatic cluster randomized controlled trial (registered: NCT03970356) in older adult care organizations and general practices in Poland, the Netherlands, Norway and Sweden. The intervention group received an ASI consisting of a decision tool for restrictive antibiotic use, implemented using a modified participatory-action-research approach. The control group received usual care. Data was collected during a 5-month baseline period and a 7-month follow-up period (September 2019 - July 2021). In between, the intervention was implemented and the trial was paused for 6-months due to COVID-19. The primary outcome was the number of antibiotic prescriptions for suspected UTIs during the follow-up period.





### **Results**

We included 38 clusters with 1041 frail older adults in the analysis. The primary outcome was 54 antibiotic prescriptions in 202 patient-years in the intervention group and 121 in 209 patient-years in the usual care group, resulting in an adjusted rate ratio of 0.42 (95% CI 0.26-0.68,  $p < 0.001$ ) to receive an antibiotic prescription for a suspected UTI. Incidence of complications and hospitalizations within 3 weeks after suspected UTIs and all-cause mortality did not differ between groups.

### **Conclusions**

Implementation of a multifaceted antibiotic stewardship intervention in older adult care organizations safely reduces antibiotic prescription rates for suspected UTIs in frail older adults.







### **Abstract topic**

15. (Large) Trials in Primary Care

**Abstract ID:** 570

### **Presentation form**

1 Slide 5 minutes

## **Effect of breathing techniques on attack frequency and severity in migraine-like headaches: study protocol for a cluster randomized controlled trial**

Oğulcan Çöme<sup>1)</sup>, Gizem Limnili<sup>1)</sup>, Dilek Guldal<sup>1)</sup>

<sup>1)</sup>Dokuz Eylul University, Izmir, Turkey

### **Background**

Migraine is a common neurobiological disorder that affects the quality of life of patients and can disrupt work, social activities, and family life. The goal of treatment is often to reduce the frequency and severity of attacks rather than to treat individual attacks.

### **Questions**

The study is a parallel, randomized controlled trial that aims to evaluate the effectiveness of breathing techniques in reducing the frequency and severity of migraine-like headaches, as well as their potential impact on quality of life.

### **Methods**

Participants will be divided into two groups: an intervention group that receives breathing techniques training and a control group that receives treatment as usual (pharmacotherapy alone). Both groups will be evaluated using the Migraine Disability Assessment questionnaire at the beginning and end of the study.

### **Outcomes**

The primary outcome measure is the effect of breathing techniques on the frequency and severity of attacks, and the secondary outcome measure is the effect on the MIDAS score.

### **Result**

The results of the study will contribute to the literature on migraine treatment, as pharmacotherapy options are limited for this chronic condition. Further research is needed to confirm the effectiveness of these techniques and to determine the optimal frequency and duration of use.

### **Take home messages for practice**

If the results show that breathing techniques are effective at reducing the frequency and severity of migraines, they may be a useful adjunctive treatment option for patients.





## Abstract topic

15. (Large) Trials in Primary Care

**Abstract ID:** 587

## Presentation form

Lecture

## Effects of CRP rapid testing and communication skills training on antibiotic prescribing for cough

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## Background

Inappropriate use of antibiotics for lower respiratory tract infections (LRTI) is very high in general practice.

## Questions / Discussion Point

Does a continuous intervention based on C-reactive protein (CRP) testing and training in enhanced communication skills reduced the antibiotic prescribing habits for adults with acute cough due to a LRTI of general practitioners (GP)?

## Content

A pragmatic 2x2 factorial cluster randomized clinical trial in 20 general practices in Barcelona allocated to either CRP rapid testing, training of communication skills separately and combined, and usual care. The primary outcomes were antibiotic prescribing and variation of the quality adjusted life years during 6 week's follow-up. Secondary outcomes were antibiotic prescribing at the index consultation, severity of cough, consultation, and patients' satisfaction. A total of 233 patients were recruited. The sample size could not be reached due to the COVID-19 outbreak. Within the first 6 weeks after the index consultation GPs assigned to the combined intervention prescribed antibiotics to 38.4% of patients, whereas those assigned to the communication enhancement skills prescribed to 33.9%, those to CRP to 43.8 and those receiving usual care prescribed to 56.7% (p=0.20). Compared to the usual care GPs in the CRP groups prescribed antibiotics to 40.1% of patients (p=0.095), and those trained in enhanced communication skills prescribed antibiotics to 36.8% (0.05). Patients' recovery and satisfaction were similar in all study groups.

## Take Home Message for Practice

Continuous training achieved important reductions in antibiotic prescribing for adults with acute cough due to LRTIs.





**Abstract topic**

15. (Large) Trials in Primary Care

**Abstract ID:** 992

**Presentation form**

1 Slide 5 minutes

## Barriers and facilitators to primary care research in Ireland: views of GP trainees and trainers

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Barriers and facilitators to primary care research in Ireland: views of GP trainees and trainers

**Background**

Primary care research has the potential to add to the evidence base for integrated health promotion which has significant implications for further funding and support of public health policy and practice.

**Questions/Discussion Point**

To identify potential barriers and facilitators among GP trainees and trainers in primary care research.

**Content**

A cross-sectional online survey was developed and distributed to GP trainees and trainers in the North East and North West ICGP Training Scheme of the Irish College of General Practitioners.

**Method**

The survey covered areas including demographics, career intentions, current and potential engagement with research, as well as their general understanding of research in primary care, which included barriers and facilitators to primary care research.

**Take Home Message for Practice**

The project is currently in progress and we are awaiting for the preliminary results and conclusions. Among trainees, there is.....

This study identified the need for assistance with training in research mentoring and skills, funding opportunities, and to develop resources to promote research in primary care in Ireland.





## 16. COVID – 19

### Abstract topic

16. COVID – 19

**Abstract ID:** 121

### Presentation form

Lecture

### Incidence and risk prediction of post-Covid-19 cardiovascular disease in primary care: a multivariable prediction model development and validation study

Hannah la Roi - Teeuw<sup>1)</sup>, Sander van Doorn<sup>1)</sup>, Patrick Souverein<sup>2)</sup>, Frans Rutten<sup>1)</sup>, Geert-Jan Geersing<sup>1)</sup>, Maarten van Smeden<sup>3)</sup>

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<sup>3)</sup>Epidemiology and Health Economics, Julius Center for Health Sciences and Primary Care, Utrecht, Netherlands

### Rationale and objectives

Relative risks of various cardiovascular disease (CVD) events appear to be increased even after mild Covid-19 infection. We assessed incidence and individual risk prediction of these events.

### Methods

About one million Covid patients were identified from the United Kingdom's Clinical Practice Research Datalink Aurum. We assessed 180-day incidence rates of atherosclerotic events (AE), venous thromboembolic events (VTE), atrial fibrillation (AF) and heart failure (HF). Multivariable logistic regression models using elastic net penalization were developed on a cohort of all patients with Covid before 1 December 2020. Candidate predictors included age, sex, body mass index, smoking, medical history and medication. All models were validated in (1) vaccinated and (2) non-vaccinated patients with a first Covid diagnosis after 1 December 2020. We evaluated discriminative and calibration performance upon internal cross-validation and in both validation cohorts.

### Results

Post-Covid CVD incidences ranged from 13.0 (VTE) down to 4.1 (HF) per 1000 person-years. Incidences were increased up to 50 days after Covid infection and mainly affected patients aged 50 years or older. However, individual risk prediction of CVD events was problematic: estimated probabilities rarely exceeded 0.01 (1% risk) even in 'high risk' patients.

### Discussion

Risks of AE, VTE, AF and HF are relatively increased after Covid-19 infection, notably within the first 50 days. However, individual risks are still too low to be predictive or helpful for patient management by general practitioners. Risk mitigation strategies should therefore be aimed at population-based prevention. This study illustrates the challenges of rare-event prediction.





## **Abstract topic**

16. COVID – 19

**Abstract ID:** 313

## **Presentation form**

Lecture

## **Discussing different choices in management of long-COVID**

Fleur Otto-Paling<sup>1)</sup>, Hanneke Stam<sup>1)</sup>, Margriet Bouma<sup>1)</sup>, Jacintha van Balen<sup>1)</sup>

<sup>1)</sup>Department of Guideline Development, Dutch College of General Practitioners, Utrecht, Netherlands

## **Background**

Long-term effects of COVID-19 (long-COVID) include new or ongoing symptoms 4 weeks or more after the start of COVID-19. Despite continuous research on this topic the past couple of years, still a lot is unknown, including aetiology and appropriate diagnosis and management. In March 2022, the Dutch Multidisciplinary Guideline ‘Long-term Effects of COVID-19’ was published. The guideline is developed for all caregivers in the Netherlands and focuses on diagnosis and management of patients suffering from long-COVID in primary and secondary care.

## **Target group**

Caregivers and guideline developers.

## **Didactic Method**

Initial 15-minute introductory presentation including lessons learned during the development of our Dutch multidisciplinary guideline and an overview of the current most important recommendations on management of long-COVID across Europe. Thereafter a guided discussion will follow moderated by the authors.

## **Objectives**

1. To collect and exchange differences in the management of patients with long-COVID internationally between caregivers to be able to learn from each other.
2. To discuss and define the appropriate timing for updating long-COVID guidelines (eg. updating at regular intervals or modular updating after every potentially relevant new scientific insight).
3. After attending this workshop participants are equipped to deliver the best possible care for patients with long-COVID.

## **Estimated number of participants**

50 maximum, preferably around 30.

## **Brief presentation of workshop leaders**

Fleur Otto and Hanneke Stam are general practitioners and guideline developers at the Dutch College of General Practitioners.





**Abstract topic**

16. COVID – 19

**Abstract ID:** 40

**Presentation form**

1 Slide 5 minutes

**Impact of covid19 lockdown on glycemc control In patients with type 2 diabetes mellitus in Dubai**

Ibtehal Makki<sup>1)</sup>

<sup>1)</sup>Dubai academic health corporation, dubai, United Arab Emirates

**OBJECTIVE**

To evaluate the impact of the COVID-19 lockdown on glycemc control and accompanying laboratory parameters in patients with type 2 Diabetes Mellitus.

**RESEARCH DESIGN AND METHODS**

This study is a retrospective cohort study that was done on a multicenter level. It was conducted during the lockdown in 341 individuals. HbA1c was tested to measure glycemc control immediately before and after the lockdown period that lasted for 13 weeks.

**RESULTS**

The primary outcome was the improvement of mean HbA1C after 13 weeks of lockdown compared to the pre-lockdown HbA1C. It was found that the mean HbA1C improved from  $7.5 \pm 1.5$  to  $7.3 \pm 1.5$  with a p-value of 0.001.

**CONCLUSIONS**

Our study showed that patients with type 2 diabetes mellitus exhibited an improvement in their glycemc control after the period of lockdown.







## Abstract topic

16. COVID – 19

**Abstract ID:** 425

## Presentation form

1 Slide 5 minutes

## Prevalence of post-COVID-19 syndrome – a prospective study

Patrícia Mendes<sup>1)</sup>, Cátia Andreia Maciel<sup>2)</sup>, Joana Sequeira<sup>1)</sup>, Gabriela Rodrigues<sup>1)</sup>, Ana Paula Carvoeiro<sup>3)</sup>, Joana Saraiva<sup>3)</sup>, Alexandre Ferreira<sup>4)</sup>

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<sup>4)</sup>USP Pinhal Litoral, Leiria, Portugal

## Background

Post-COVID-19 Syndrome (PCS) is already a recognized condition in the scientific community. According to the U.S. Department of Health and Human Services, in collaboration with the CDC and NIH, PCS refers to signs, symptoms and conditions that are present four weeks or more after initial sars-cov-2 infection. The most commonly reported symptoms are fatigue, cough, dyspnoea, osteoarticular pain, headache, anosmia and ageusia. Other symptoms can include dizziness, palpitation, cognitive imbalance and hair loss.

## Questions

What's PCS's prevalence and evolution over a 9-month follow-up?&nbsp;

## Methods

A prospective cohort study was conducted between May and December of 2021, and included patients aged 18 or more, with history of COVID-19, from 3 primary healthcare centres. The patients were evaluated using a form, 1, 2, 4, 6 and 9 months after COVID-19's diagnosis and/or a positive screening test (in asymptomatic patients).&nbsp;

## Outcomes

Of the 615 participants, the reported PCS' symptoms were 53.50% (n= 329), 40.98% (n=252), 29.92% (n=184), 26.83% (n=165) and 18.05% (n=111), at 1, 2, 4, 6 and 9 months after the initial diagnosis.

## Take Home Message For Practice

The prevalence of PCS tends to decrease over time. However, the number of symptoms reported even after 9 months, seems to indicate a substantial health impact. Primary healthcare practitioners play an important role on disease's evaluation and management. More research is still needed, to promote awareness and disease management protocols in order to improve clinical practice regarding PCS.





**Abstract topic**

16. COVID – 19

**Abstract ID:** 451

**Presentation form**

1 Slide 5 minutes

## Prospective performance evaluation of the miDiagnostics COVID-19 PCR Test for rapid SARS-CoV-2 detection on nasopharyngeal swabs

David AG Bos<sup>1)</sup>, Katrien Lagrou<sup>2)</sup>, Jan Y. Verbakel<sup>1,3)</sup>

<sup>1)</sup>Department of Public Health and Primary Care, KU Leuven, Leuven, Belgium

<sup>2)</sup>Department of Microbiology, Immunology and Transplantation, KU Leuven, Leuven, Belgium

<sup>3)</sup>NIHR Community Healthcare Medtech and IVD cooperative, Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

### Background

Rapid diagnosis or exclusion of SARS-CoV-2 infection is essential for correct medical management decisions regarding COVID-19. Laboratory-based qRT-PCR testing is accurate but time-consuming, while rapid antigen tests show moderate sensitivity.

### Questions

In search of a fast and reliable COVID-19 test, we aimed to validate the rapid miDiagnostics COVID-19 PCR Test.

### Methods

We recruited symptomatic and asymptomatic participants in a test centre in Belgium. We collected three nasopharyngeal samples from each participant. The index sample was tested on the miDiagnostics COVID-19 PCR reader, the reference sample was tested on the reference TaqPath COVID-19 PCR test in the Belgian reference centre for Respiratory Pathogens of University Hospitals Leuven, and a third sample was collected for discordance testing with the PerkinElmer SARS-CoV-2 PCR kit.

### Outcomes

770 participants yielded 763 included nasopharyngeal samples. Overall sensitivity and specificity of the miDiagnostics COVID-19 PCR Test were 95.5% (92.6%-97.4%) and 94.9% (92.3-96.8%), rising to 98.6% (96.5%-99.6%) and 96.5% (92.6%-98.7%) in symptomatic patients. Discordance testing reclassified 15 of 21 false positive cases as true positive. A retest was performed in 61 tests (7.4%) due to a technical error.

### Discussion

The miDiagnostics COVID-19 PCR Test showed excellent clinical accuracy. The fast and reliable results allow for rapid correct diagnosis and tailored medical management decisions regarding COVID-19.

### Take Home Message for Practice

Point-of-care diagnostic technologies are increasingly becoming available in general practice. This innovation may strongly speed up the diagnostic flow and reduce treatment delay.





## Abstract topic

16. COVID – 19

**Abstract ID:** 473

## Presentation form

1 Slide 5 minutes

## Impact of the COVID-19 pandemic on health professionals working in general practice

Irene Moral<sup>1,2)</sup>, Antonio Iruela<sup>3)</sup>, Marta Serrarols<sup>4)</sup>, Jaume Sellares<sup>1,2)</sup>, Carlos Brotons<sup>1,2)</sup>

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<sup>3)</sup>CAP Vallcarca Sant Gervasi, Barcelona, Spain

<sup>4)</sup>EAP Vic, Barcelona, Spain

## Background

To assess the impact of the COVID-19 pandemic on health professionals working in general practice.

## Questions

what is the perception of professional quality of life, which areas are more affected?

## Methods

506 professionals from 11 health centers were invited to answer yearly the survey since 2019. The Professional Quality of Life Questionnaire (QPL-35) consists of three summary dimensions: support from general manager, workload and motivation, and two questions about quality of life and ability to disconnect after work (scores ranging from 1 to 10).

## Outcomes

The participation rate was over 70%. 72% were women and 80% older than 35 years. The year before the pandemic the most positively valued dimension was motivation (mean 8.52, SD 0.90), followed by support (mean 7.21, SD 1.44), and workload (mean 5.73, SD 1.30); &nbsp;85.64% of professionals considered their quality of life as good or very good and 69.94% disconnected much or very much after work. In 2020, during the pandemic, the perception of support decreased (mean 6.93, SD 1.58), the perception of workload increased (mean 6.20, SD 1.34)&nbsp;as well as the level of stress. The ability of disconnecting after work decreased to 57.42%. In the 2022 survey, the scores were similar to the ones registered in 2019.

## Discussion

The COVID-19 pandemic had a negative impact reflecting the burnout of health professionals.

## Take Home Message for Practice

In stressful&nbsp;situations such as the COVID-19-pandemic it is important to implement specific measures in order to prevent health professionals' burnout.





**Abstract topic**

16. COVID – 19

**Abstract ID:** 480

**Presentation form**

1 Slide 5 minutes

## Utilization of mental health services by people suffering from long covid and its relationship with the level of emotional wellbeing

Sandra León Herrera<sup>1)</sup>, Mario Samper-Pardo<sup>1)</sup>, Bárbara Oliván Blázquez<sup>1)</sup>, Alejandra Aguilar Latorre<sup>2)</sup>, Fátima Méndez López<sup>2)</sup>, Marimar Martínez Pecharromán<sup>2)</sup>, Rosa Magallón Botaya<sup>1)</sup>

<sup>1)</sup>University of Zaragoza, Zaragoza, Spain

<sup>2)</sup>Institute for Health Research Aragón (IIS Aragón), Zaragoza, Spain

### Background

Existing evidence suggests that Long-Covid patients have experienced reductions in their quality of life due to a deterioration in several of their vital domains. Along these lines, some studies confirm the negative emotional impact among people who have suffered from COVID-19, highlighting symptoms of anxiety, depression, sleep disorders or mood fluctuations.

### Questions

Delve into the levels of the emotional well-being of patients diagnosed with Long-COVID according to whether they have visited a mental health service (MHS).

### Methods

This is an observational, cross-sectional study. The sample is made up of 100 Long-COVID patients. The evaluations were carried out during March 2022 and the MHS employment period contemplated the 6 months prior to said evaluation. As study variables, the questionnaire (HADS) has been used to find out the levels of anxiety and depression, in addition to contemplating variables of use of mental health services: they do not go to MHS, they go to public MHS, they go to MHS of a public nature. private or attend both MHS.

### Outcomes

30% of the sample visit at least one MHS and present significantly higher levels of emotional distress (0.013). No significant differences were found between mental health patients, regardless of the service visited. People who visit private mental health services reflect significantly higher rates of discomfort than the total sample (0.023).

### Discussion

Patients cared for in MHS continue to present high levels of discomfort, which is why it is essential to reinforce and strengthen MHS, especially of a public nature.





### Abstract topic

16. COVID – 19

**Abstract ID:** 486

### Presentation form

1 Slide 5 minutes

## Sociodemographic, clinical and functional characterization and its association with the presence of symptoms persistent, in people diagnosed with COVID-19

Fatima Méndez López<sup>1)</sup>, Roxana Mocanu Gruia<sup>2)</sup>, Sandra León Herrera<sup>3)</sup>, Marimar Martínez Pecharroman<sup>1)</sup>, Bárbara Oliván Blázquez<sup>3)</sup>, Rosa Magallón Botaya<sup>3)</sup>

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<sup>3)</sup>University of Zaragoza, Zaragoza, Spain

### Background

Most of the patients who have had a COVID-19 infection recover within a period of no more than one month. However, many patients have developed non-specific symptoms after passing the disease, even after the PCR is negative. They developed symptoms that are extensive both physical and neurological that lasted for weeks and often months.

### Question

Are there differentiating characteristics associated with the presence of persistent symptoms in patients diagnosed with COVID-19?

### Methods

Cross-sectional study carried out in 170 participants diagnosed with COVID-19 analysing the characteristics associated with persistent symptomatology in the Spanish region of Aragon. Sociodemographic, quality of life, functional capacity, lifestyle patterns and chronic comorbid pathology variables were collected during the period 2021–2022. The comparisons were carried out using a Student T-test, o U de Mann-Whitney or chi squared test to analyse differences.

### Outcomes

Statistically significant differences have been observed within the persistent covid group compared to the asymptomatic group, for example quality of life, post-covid functional limitations and PHQ-9 depression score ( $p = 0.000$ ).

### Discussion

Patients suffering from Long-Covid report a worsening of their general state of health, associated with perceived quality of life, lifestyle, psychosocial and emotional factors. Continuous care and close follow-up by health professionals are necessary in order to best cope with the new situation suffered by these patients and to be able to minimize or eliminate as much as possible the sequelae or limitations that prevent them from enjoying their health. and well-being.





## Abstract topic

16. COVID – 19

**Abstract ID:** 574

## Presentation form

1 Slide 5 minutes

## Post-COVID syndrome through the eyes of patients and general practitioners: a Dutch interview study

Corinne Rijpkema<sup>1)</sup>, Bart Knottnerus<sup>1)</sup>, Rinske van den Hoek<sup>1)</sup>, Lisa Bosman<sup>1)</sup>, Liset van Dijk<sup>1)</sup>, Robert Verheij<sup>1)</sup>, Isabelle Bos<sup>1)</sup>

<sup>1)</sup>Nivel - Netherlands Institute for Health Services Research, Utrecht, Netherlands

### Background

Post-COVID syndrome is becoming more common, but it remains unknown what the experiences of patients and GPs are with receiving and providing care for PCS.

### Questions

How do patients experience living with PCS and received care? How do GPs experience providing care for PCS patients?

### Methods

Semi-structured interviews were performed among 13 PCS patients (various gender, ages, health literacy) and 6 GPs (various gender, ages, regions) between January-July 2022.

### Outcomes

Two types of PCS patients emerged based on patients' self-reported pre-existing health status (PEHS): 1) individuals with good PEHS who are severely affected by PCS and have difficulty recovering, 2) individuals with poorer PEHS whose health became even poorer after COVID-19 infection. Differences between the types are that individuals with good PEHS only experience symptoms when overstimulated, while individuals with poorer PEHS feel exhausted continuously. GPs emphasized that the first group require support in distributing their energy by planning daily activities, whereas the others require support in mobilization and focus on pre-existing problems. Some patients indicate that GPs doubt the existence of PCS, resulting in insufficient recognition.

### Discussion

Awareness of the existence of two types of PCS patients and their different care needs could contribute to more appropriate care and for patients to feel acknowledged. However, validation of these results is needed before these types and care strategies can be applied in clinical practice.

### Take Home Message

Acknowledgement of PCS by GPs is important for patients and plays an important role in coping with or recovering from PCS.







### **Abstract topic**

16. COVID – 19

**Abstract ID:** 58

### **Presentation form**

1 Slide 5 minutes

## **Impact of the first COVID-19 outbreak on the diagnostic trajectory of colorectal cancer in primary care**

Jesse Ferdinand van Weelderen<sup>1)</sup>

<sup>1)</sup>Health Sciences and Primary Care, Julius Center - UMC Utrecht, Utrecht, Netherlands

### **Background**

We aimed to research the impact of the first COVID-19 outbreak on the primary care diagnostic intervals of symptomatic colorectal cancer (CRC) patients in the Netherlands.

### **Methods**

We designed a retrospective cohort study utilising primary care electronic medical records of CRC patients from the Julius General Practitioners Network database. Adult patients with a validated CRC diagnosis that symptomatically presented to a general practitioner (GP) and were referred by a GP, were included, if one of their primary care diagnostic intervals (partly) coincided the period of the first COVID wave (March 1st to June 30th 2020). Median durations of the patient interval (IP) and primary care interval (IPC) were calculated and stratified according to various patient and presentation characteristics. The median durations were compared to pre-COVID data from the Dickens1 study. Thematic qualitative analysis was performed to identify possible COVID-related causes of delay.

### **Results**

57 patients were included. The median IPC was significantly prolonged during COVID compared to pre-COVID, resp. 41 days (IQR 1-162) versus 5 days (IQR 1-28). Patients with a gastro-intestinal-non-alarm symptom as main registered symptom at first consultation and patients aged 50 or under had significantly longer median IPCs. Three dominating themes considering COVID-related reasons for delay were identified: postponed consultations, the usage of alternative communication methods and loss of focus on cancer-related symptoms.

### **Conclusion**

We demonstrated that the IPC of CRC patients was significantly prolonged during the first COVID-19 outbreak in the Netherlands. Policy-making will hopefully limit such delay in the future.





## Abstract topic

16. COVID – 19

**Abstract ID:** 642

## Presentation form

1 Slide 5 minutes

## Psychological and neuropsychological symptoms associated with Long-COVID.

Raquel Gómez Bravo<sup>1)</sup>, Charles Benoy<sup>2)</sup>, Mark Ritzen<sup>3)</sup>, Alexandre Infanti<sup>4)</sup>, Katharina Barcatta<sup>2)</sup>, Joel Billieux<sup>5,4)</sup>, Claus Vögele<sup>4)</sup>

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<sup>5)</sup>Research Unit Director of the Cognitive and Affective Regulation Lab (CARLA), Institute of Psychology (IP)., University of Lausanne (UNIL)., Lausanne, Switzerland

## Background

It is estimated that between 10-20% of people who experienced COVID-19 develop a 'post COVID-19 condition' or 'Long COVID' (LC), which includes all mid- and long-term physical, psychological and neuropsychological symptoms.

## Question

What are the psychological and neuropsychological symptoms associated with Long COVID?

## Methods

Descriptive, online cross-sectional questionnaire and neuropsychological tests. Participants were recruited through public relations, information and social media campaigns, targeting long COVID patients, general public and healthcare professionals.

## Outcomes

Out of the 1.895 participants who completed the survey, 78.4% reported to have had COVID-19, and 64.3% experienced LC symptoms with fatigue as the most frequently reported symptom (65.4%). The estimated most common Corona variant was omicron (40%), followed by delta (11.5%). There were positive and statistically significant correlations between reported physical symptoms and results from the neuropsychological tests, perceived stress, anxiety and depression scores. The average time that elapsed between LC symptom onset and completion of the online survey was 8.3 months.

## Conclusion

Online real-time neuropsychological testing should be considered as part of the routine evaluation of Long COVID patients to specifically treat these symptoms within multidisciplinary teams.

## Discussion

Validated self-report assessment scales and neuropsychological tests should be included in standard diagnostic procedures to adequately address neuropsychological and mental health consequences of long COVID.





**Take Home Message for Practice**

eHealth solutions offer a valuable alternative to provide effective assessment for Long COVID patients experiencing cognitive impairment.





**Abstract topic**

16. COVID – 19

**Abstract ID:** 674

**Presentation form**

1 Slide 5 minutes

## Challenges for adequately coping with the covid19 pandemic, a look at the public management of PHC in the Brazilian capital

Fernando Erick Damasceno Moreira Fernando Erick<sup>1)</sup>, José Eudes Barroso Vieira<sup>1)</sup>, Paula Zeni Miessa Lawall<sup>1)</sup>, Maurício Gomes Fiorenza<sup>1)</sup>, Adriano de Oliveira<sup>1)</sup>

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This report brings the experience of the group responsible for the central administrative management of Primary Health Care of the State Department of Health of the Federal District-FD, from March 2020 to December 2022.

With previous challenges typical of adapting the new federal financing model and in response to other important problems such as an epidemic of arboviruses, alarming levels of leprosy and tuberculosis, in addition to the need to expand access to prenatal care and care for chronic conditions, health mental, among others, this work brings the strategies of the FD in the face of the mission to maintain essential services and conduct a response to the greatest health crisis in history, the covid-19 pandemic.

Technical decisions, influenced by political circumstances, caused a delay in assuming the severity and magnitude of the crisis at the federal level. With direct influence on the acquisition of inputs, vaccines, tests, oxygen, medicines, workforce, among others, the response to the pandemic was an operation that was almost always out of synchrony with the opportune time to act. With almost 700,000 deaths, Brazil ranks third in terms of mortality in the world and although the fatality rate in the FD was the seventh lowest state in the country, the Brazilian capital has a great challenge in working on the resilience of the health system and expanding care to the population.

The challenge continues and this work organizes the main fronts of action in the face of this critical scenario.





## Abstract topic

16. COVID – 19

**Abstract ID:** 678

## Presentation form

Lecture

## Involving patients in Long COVID Research

Raquel Gómez Bravo<sup>1)</sup>, Gary Robinson<sup>2)</sup>, Margaret Eleanor O'Hara<sup>3)</sup>, Alice Byram<sup>4)</sup>, Vinicius Jobim Fischer<sup>2)</sup>, Chantal Britt<sup>5)</sup>, Martin Sattler<sup>6)</sup>, Djenna Hutmacher<sup>7)</sup>, Anne-Catherine Ewen<sup>7)</sup>, Charles Benoy<sup>7)</sup>

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## Background

Post COVID-19 condition or long-COVID refers collectively to all mid- and long-term symptoms that some people experience after they have had COVID-19 including fatigue, post-exertional malaise, breathlessness, and cognitive dysfunction (i.e., problems with memory, concentration, information processing) and insomnia. Prevalence is estimated at 10%.

Evidence is constantly evolving and to date, much of what is known about long-COVID comes from research initiated or led by patients themselves.

Patients have been actively involved at different stages in research: identifying their needs, setting research priorities and agendas, developing patient information and consent procedures, designing interventions, data collection and analysis, identification of outcomes, contributing to diagnostic and treatment guidelines, and informing policy and practice.

Regarding long COVID, patients are taking the lead, identifying relevant needs and pointing out promising research opportunities before researchers and even physicians have suggested potential experimental treatments to be beneficial. The slow and cautious response of the healthcare system to provide safe and effective treatment and adequate support has boosted this shift towards a true patient-centeredness and strengthened patient-researchers relationship.

## Target Group

Professionals interested in research





### **Didactic Method**

Through different case-scenarios, patients' involvement will be discussed. At the end of the workshop guidance will be offered on how to effectively establish and maintain such partnerships and assure mutual benefits .

### **Objectives**

Explore the different ways in which patients can be involved effectively in research.

### **Take Home Message for Practice**

The impact of early patient involvement in research is crucial and it should be consider best practice







## Abstract topic

16. COVID – 19

**Abstract ID:** 690

## Presentation form

Lecture

## Eurodata study: where are European Open Primary Health Care (PHC) data in COVID-19 Pandemic?

Raquel Gomez-Bravo<sup>1)</sup>, Sara Ares-Blanco<sup>2,3,4)</sup>, Antoni Dedeu<sup>5)</sup>, Thomas Frese<sup>6)</sup>, Maria-Pilar Astier-Peña<sup>7)</sup>

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<sup>7)</sup>Unitat Territorial de Qualitat., Territorial Directorate of Camp de Tarragona. Catalan Institute of Health. Government of Catalonia. Spain, Tarragona, Spain

## Speakers

Ares-Blanco

Raquel Gomez-Bravo

María Pilar Astier-Pena(Moderator)

Thomas Frese

Antoni Dedeu

## Contributions

1. Clinical pathway of COVID-19 patients in PHC (Sara Ares)

2. Nursing home and PHC during the COVID-19 pandemic (Raquel Gomez)

3. COVID-19 Vaccination PHC Strategies (Sara Ares)

4. Delphi study: a set of COVID-19 Indicators from PHC activity (Pilar Astier)

5. Future development: proposal for a European PHC Contingency Plan improving Public Health and PCH relationship (Tomas Frese, Antoni Dedeu)

## Objectives

To highlight the crucial role of PHC during COVID-19 Pandemic in Europe gathering PHC information on 4 topics:

Clinical pathways of COVID-19 patients in PHC including nursing homes.

COVID-19 Vaccination Strategies in PHC.

A proposal of a set of PHC indicators to monitor COVID-19 and future pandemics.

Planning PHC contingency plan for better future performance in pandemics.





### **Discussion**

Primary Health Care (PHC) has been a key element in providing care to COVID-19 cases in Europe. Differences were found in clinical pathways, care of elderly patients in nursing homes, and COVID-19 vaccination. The COVID-19 indicators from PHC were scarce in Europe.

A European PHC contingency plan is needed to guarantee good quality care in the community, as well as, a common set of indicators to measure PHC activity during pandemic.

### **Take Home Message for Practice**

It is crucial to make visible the COVID-19 PHC indicators in the European Health Systems to improve healthcare and investment to guarantee a quality and safe PHC.







### Abstract topic

16. COVID – 19

**Abstract ID:** 807

### Presentation form

1 Slide 5 minutes

## The prognosis of covid-19 in behcet's disease and familial mediterranean fever patients using colchicine

Zeynep Utlu<sup>1)</sup>, Mehmet Kocabas<sup>2)</sup>, Nurcan Metin<sup>1)</sup>

<sup>1)</sup>Dermatology, Erzurum City Hospital department of dermatology, Erzurum, Turkey

<sup>2)</sup>Family medicine, karadeniz technical university , Farabi Hospital, Trabzon, Turkey

### Background

The aim of this study is to investigate the clinical course of COVID-19 infection in patients receiving long-term colchicine for Familial Mediterranean Fever (FMF) and Behcet's disease.

### Questions

Does the use of colchicine in FMF and Behçet's disease have an effect on Covid-19?

### Methods

Our single-center, retrospective study included 369 patients whose colchicine treatment was initiated and/or continued between 01.01.2019 and 01.12.2019. The data of the patients between 01.03.2020 and 31.12.2020 were scanned in terms of COVID-19 PCR positivity. The PCR-positive patients were divided into 4 groups outpatients, inpatients, intensive care, and mortality.

### Outcomes

The rates of patients using colchicine were determined as 233 (63.1%) FMF, 82 (22.2%) Behçet's disease, 54 (14.7%) other diseases. Of 369 patients, 47 (12.7%) were diagnosed with COVID-19. Eight of 47 patients were treated in the inpatient, 38 outpatients, and the other 2 patients were treated in the intensive care unit. Coronary artery disease, hypertension, and diabetes mellitus coexistence were found to be significantly higher in inpatients.

### Discussion

In our patient group using colchicine, which is seen as a potential drug to prevent COVID-19, the incidence of COVID-19 was close to the estimated incidence rates for the general population living in Turkey. However, the clinic of COVID-19 was not severe and there was no mortality. Our study strengthens the evidence that colchicine reduces the risk of hospitalization and mortality due to COVID-19.

Colchicine reduces the negative effects of COVID-19 in FMF and Behcet's patients.





## Abstract topic

16. COVID – 19

**Abstract ID:** 863

## Presentation form

1 Slide 5 minutes

## Consultation rates for psychosocial problems in children and young people within general practice during the Covid-19 pandemic

Lukas Koet<sup>1)</sup>, Premysl Velek<sup>1)</sup>, Evelien de Schepper<sup>1)</sup>, Arthur Bohnen<sup>1)</sup>, Patrick Bindels<sup>1)</sup>, Heike Gerger<sup>1,2)</sup>

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<sup>2)</sup>Care and Public Health Research Institute, Maastricht University, Maastricht, Netherlands

## Background

The mental health of children and young people (CYP) has decreased during the Covid-19 pandemic. It is unclear whether healthcare use for psychosocial problems has changed.

## Questions

To investigate effects of the Covid-19 pandemic on monthly consultation rates within general practice for psychosocial problems of CYP.

## Methods

We performed a population-based cohort study (0-24 years) using a primary care database (Rotterdam, the Netherlands) between January 2016 and December 2021. Firstly, we calculated monthly consultation rates for psychosocial problems. Secondly, using negative binomial models, we compared the observed rates with expected rates based on pre-pandemic data. Thirdly, we investigated the effect of number of Covid-19 infections, school-closure on consultation rates, per age-group and sex.

## Outcomes

During the study period monthly consultation rates for psychosocial problems increased over time from 2443 to 4542 consultations per 100,000 patient-months. The total number of consultations between March 2020 and December 2021 was 5.4% lower than expected. Overall, an increase in Covid-19 infections (an increase in daily infection rate of one &nbsp;&nbsp;/1,000 inhabitants) was associated with an increase in &nbsp;&nbsp;consultation rate with a relative rate (RR) of 1.01(P=0.01). Complete school closure was associated with a decrease in consultations (RR 0.79, P<0.001).

## Discussion

Although many studies show that the mental health of CYP decreased during the Covid-19 pandemic, we found a decrease in overall consultation rates for psychosocial problems within general practice compared to expected rates.

## Take-home-messages

The Covid-19 pandemic did not lead to increased consultation rates for psychosocial problems in CYP within general practice.





### **Abstract topic**

16. COVID – 19

**Abstract ID:** 970

### **Presentation form**

1 Slide 5 minutes

## **Control of diabetes mellitus 2 in the primary care center of canet de mar; before, during and after the covid-19 pandemic.**

Gloria Blancafort<sup>1)</sup>, Maria del Mar Rodriguez Álvarez<sup>1)</sup>, Martin Cebollada del Misterio<sup>1)</sup>, Ione Mejia<sup>1)</sup>, Brenda Duch<sup>1)</sup>, Dani Bron<sup>1)</sup>, Rolando Armitano<sup>1)</sup>, Ingrid Roca Braso<sup>1)</sup>, Eva Calvo Martinez<sup>1)</sup>, Eugeni Fernandez<sup>1)</sup>

<sup>1)</sup>Cap canet de Mar, ICS, Canet de Mar, Spain

### **Background**

The Covid-19 pandemic has had an impact on the management of DM2 in primary care around the world, we want to know how was in our region.

### **Hypotheses**

Patients with DM2 will have fewer controls (eye fundus, analysis, electrocardiogram), worse DM2 controls (HbA1c), and higher mortality from non-Covid19 causes, during the pandemic compared to before and after the pandemic.

### **Targets**

Compare in DM patients the CAP control, glycated hemoglobin values, and mortality; before, during and after the pandemic. Find out if there have been changes in the management of type 2 diabetes mellitus during the pandemic.

### **Methodology**

Population of CAP Canet de Mar with DM2 with HbA1c analysis. Cross-sectional (observational) study in 3 sub-periods.

### **Statistical analysis determinations**

Patients registered in the ECAP with DM2, information is extracted from DBS forms; which includes CAP controls, HbA1c, and mortality in the three sub-periods; imported to Excel to be analyzed through R and SAS. From which a descriptive analysis will be carried out, a study to assess if there are differences (with t-student) and a logistic regression model.

### **Expected results**

During the Covid19 pandemic in the CAPs of Canet de Mar there has been less control, as a consequence worse indicators of DM2 control (HbA1c) and consequent higher mortality. It is expected as it was demonstrated in the UK that during the pandemic the follow-up was lower, and there was a higher mortality in DM2 due to non-Covid19 causes.

### **Applicability and relevance**

Know how work has been done during the pandemic in relation to diabetes control, regarding how work was done before and after the pandemic, and the consequences for patients.







# 17. Screening

## Abstract topic

17. Screening

**Abstract ID:** 246

## Presentation form

Lecture

## Using innovative techniques to encourage uptake of cervical smear screening within primary care especially focusing on low participative groups

Lisa Haith<sup>1)</sup>, Carl Deaney<sup>1)</sup>, Victoria Ellis<sup>1)</sup>, Georgia Cole<sup>1)</sup>, Alena Nicholson<sup>1)</sup>, Rachael Hemingway-Deaney<sup>1)</sup>

<sup>1)</sup>General Practice, Marsh Medical Practice, North Somercotes, United Kingdom

### Background

In England the majority of smear screening is undertaken in primary care with participation monitored via a key-performance indicator (QoF). Cervical screening participation is at its lowest amongst 25–29-year-olds and those above 50, areas of high deprivation, those with a learning or physical disability, ethnic minorities, lesbian, bisexuals, and the transgender community. Two women die every day from cervical cancer despite it being one of the most preventable cancers.

### Question

Can we raise awareness by providing information/education regarding the cervical screening programme and improve upon the 80% standard as defined by QoF especially in the harder to reach groups?

### Approach

Cervical screening informative videos and leaflets created

Non-participants/those due screening identified through automated system searches

Identified patients are sent the video via SMS or mailed a leaflet if no consent in place

A new on-line booking service for appointments via SMS has been introduced (via accurx)

Searches are re-run regularly to identify patients who have not yet participated

We have surveyed patients outstanding screening to establish the barriers as to their non-participation so we can refine our strategies to encourage further uptake

### Take Home Messages

Working as an MDT using automated systems helps reduce administration and clinical burden

Engaging with non-participants helps them make more informed decisions about undergoing screening

This system provides multi-channel communication that is delivered in a non-judgemental way which helps reduce fear and embarrassment

Our cost-effective methods of communicating the importance of screening and booking appointments are undertaken using existing technology





## Abstract topic

17. Screening

**Abstract ID:** 432

## Presentation form

Lecture

## Implementation of regional protocol for Chlamydia trachomatis infection screening in women in Madeira Autonomous Region – what changed?

Daniela Abreu Silva<sup>1</sup>, , Érica Mendonça<sup>2</sup>, , Miriam Sousa<sup>3</sup>, , José Alves<sup>3</sup>, , Cheila Plácido<sup>3</sup>, , Francisco Macedo<sup>1</sup>, , Ana Santos<sup>2</sup>, , Dolores Quintal<sup>4</sup>, , Nuno Canhoto<sup>3, 1)</sup>

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<sup>2)</sup>Santo António Healthcare Center, SESARAM, Funchal, Portugal

<sup>3)</sup>Clinical Pathology, SESARAM, Funchal, Portugal

<sup>4)</sup>Caniço Healthcare Center, SESARAM, Santa Cruz, Portugal

## Background

Chlamydia trachomatis (CT) infection, although frequently asymptomatic, might lead to severe consequences – inflammatory pelvic disease, infertility, ectopic pregnancy and chronic pelvic pain. Several countries have CT infection screening programs in women, with proven complication reduction. In September 2020, was implemented in Madeira Autonomous Region (250744 inhabitants) a regional protocol for CT infection screening in women using nuclear acid amplification test (NAAT) in urine sample.

## Questions

Did the screening protocol increase the number of requested tests and diagnoses of CT infection in Madeira?

## Methods

Retrospective cross-sectional study. Were selected all CT-NAAT in urine sample performed in SESARAM (Madeira Autonomous Region Health Service) in women after CT screening protocol implementation (October 2020–July 2022) and in a comparable period before (May 2018–February 2020). Were studied the number of tests, result and age of patient and performed a period-over-period comparison.

## Outcomes

Before protocol implementation were requested 295 tests and after that 810. The absolute number of positive cases increased (10 to 26) but the frequency upheld (before 3,39% vs. after 3,21%), which was statistically not significant ( $p=0,882$ ).

## Discussion

Despite triplication of requested tests number, the implementation of CT infection screening protocol in Madeira did not result in diagnoses increment. Due to COVID-19 pandemic, this project implementation and progress was slower than expected.

## Take Home Message for Practice





Though diagnoses increment was not verified in this study, screening CT infection in women is important because it allows early treatment in asymptomatic, to avoid complications, and should be considered accordingly to international recommendations.





## Abstract topic

17. Screening

**Abstract ID:** 490

## Presentation form

Lecture

## Postnatal Depression Screening during Well Child Visits in Primary Care

Lai Peng Ng<sup>1)</sup>, Lee Lim Joanna Tan<sup>2)</sup>

<sup>1)</sup>Singhealth Duke-NUS Family Medicine Academic Clinical Program, Singapore, Singapore, Singapore, Singapore

<sup>2)</sup>Singhealth polyclinics, Singapore, Singapore

### Background

Maternal mental health is closely linked to child's neuro-behavioural development. Mothers experiencing mood disorders often feel inadequate and tend not to seek help. Primary care providers have multiple encounters with mothers in the postpartum period during well child visits. Routine postnatal depression (PND) screening opens up opportunities for mothers to seek help. The additional screening can however be daunting in busy primary care clinics. We outline a feasible workflow in a busy public primary care clinic in Singapore.

### Methods

PND screening was incorporated to the 8-week well child visit. A brief 2-question screen was administered verbally by primary care nurses. Mothers with positive screen answered the Edinburgh Postpartum Depression Screen (EPDS) questionnaire and given brief, supportive counselling. Mothers with EPDS score of 10-12 were referred to community mental health team with a follow up visit with a family physician. Patients with EPDS score  $\geq 13$  were given timely referrals to the mental health team at a local obstetric hospital.

### Results

A total of 1835 mother-child dyad pairs were screened between February to October 2022. 31 mothers (1.7%) had a positive 2-question screen. 24 of these patients scored  $\geq 10$  in the EPDS questionnaire. All except 3 accepted the referrals for further intervention.

### Conclusion

A 2-step postnatal depression screening can be employed in busy primary care setting to identify mothers who may need help. With established workflow, community and specialist support, addressing maternal mental health needs can be satisfying for primary care physicians.





### **Abstract topic**

17. Screening

**Abstract ID:** 686

### **Presentation form**

Lecture

## **New European Union cancer screening recommendations – EUROPREV workshop**

Carlos Martins<sup>1)</sup>

<sup>1)</sup>H4A Primary Healthcare Research Network, Guifoes, Portugal

### **Background**

Recently, the European Union (EU) adopted a new approach to cancer screening suggesting the age expansion in breast cancer screening. And for lung, prostate, and gastric cancer screening, EU Member States are invited to consider these screenings on the basis of further research to explore the feasibility and effectiveness. The balance between benefits and harms is unclear, and these decisions are arguable.

### **Target Group**

Family Medicine doctors

### **Didactic Method**

We will use a mix of lectures, small groups, and plenum discussions. The lecture content will include a summary of the best available evidence related to the screenings proposed by the EU. In small groups, participants will be invited to share their countries' reality and to train communication skills about these cancers screening. In the plenum discussion, the main results of small group work will be shared, and the workshop results will be summarized.

### **Objectives**

To discuss the balance between the benefits and harms of the cancer screenings proposed by the EU

To discuss the role of family doctors in these screenings

To train communication skills with our patients about these screenings

By comparing different countries, sharing experiences, and training communication skills, participants are expected to increase their resources to deal with these cancer screenings, a challenging field of family medicine.

### **Estimated number of participants**

50

### **Brief presentation of the workshop leader**

Carlos Martins is EUROPREV chair, family doctor, researcher, and responsible for e-learning initiatives and medical websites ORCID:0000-0001-8561-5167





## Abstract topic

17. Screening

**Abstract ID:** 758

## Presentation form

Lecture

## A consensus approach to understand the support needs of women to participate in breast screening in Wales

Joyce Kenkre<sup>1)</sup>, Juping Yu<sup>1)</sup>, Sarah Wallace<sup>1)</sup>

<sup>1)</sup>Life Sciences and Education, University of South Wales, Pontypridd, United Kingdom

### Background

Breast screening is an effective way to improve early detection of breast cancer and reduce mortality. However, low uptake of screening has been reported.

### Questions

Commissioned by the GP cluster in Newport West, Wales, this research explored the support needs of women residing in the area to participate in breast screening.

### Methods

Group Concept Mapping, a structured participatory consensus approach, was used. Participants were recruited from women eligible but not necessarily attending screening. Data collection involved brainstorming to generate statements, sorting statements into themed categories; rating statements for perceived importance and accessibility (easy to get).

### Outcomes

Thirty-seven participants from seven ethnic groups participated. Sixty-three statements (items of support) were generated and sorted into seven conceptually similar clusters (themes) regarding trust and respect, experience, accessibility, practical support, cultural diversity; tailored information, and awareness. The 'Trusting that I will be respected' cluster was rated most important, while the 'Practical support' cluster was rated least accessible. Disparity between responses was found based on ethnicity, language, disability, and screening attendance.

### Discussion

The findings can inform the development of local interventions to facilitate women's decision-making about breast screening by providing relevant support to help women access screening. An understanding of what support works for whom, in what circumstances, and in what context is needed, rather than a "one size fits all" approach.

### Take Home Message for Practice

Gaining the views from diverse women, especially those who do not speak English, remains important in developing services for an ethnically diverse population







## 18. Overdiagnosis

### Abstract topic

18. Overdiagnosis

**Abstract ID:** 261

### Presentation form

Lecture

Multimodal-ultrasound screening of chronic kidney disease(CKD) in high-risk patients with known cardio-renal-metabolic disorders and correlations with KDIGO assessment of renal function in primary healthcare.

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CKD is defined after KDIGO guidelines as abnormalities of kidney structure or function, present for more than three months, with health implications. CKD is classified based on cause, eGFR-category, and albuminuria-ratio(ACR).&nbsp;Diabetic Nephropathy was the leading cause of CKD followed by high BP and CVD, characterized in late stages by persistent or slight decreases in parenchyma and kidney sizes. We aimed to analyze the correlations of renal-tissue stiffness(Strain-Elastography), Doppler-parameters, US-morphometry(volume,axis-ratio), with clinical-biochemical indicators.

### Method

We did an USscreening on 2040 patients with DM,CVD, and BP. Patients were followed up with ultrasonography screening and laboratory assays twice a year. Renal-parenchyma-thickness, length(volume), kidney stiffness(elastography-used/Strain-Ratio-SR), Doppler-parameters and estimated-glomerular-filtration-rate(eGFR)/albumin-to-creatinine-ratio(ACR-values), were analyzed using Pearson-correlation and ROC-curve-analysis to assess the kidney function.&nbsp;

### Results

Our US screening, with an accuracy of 88%, found renal-elasticity(Strain-Ratio-SR) worsened progressively from CKD-Stage 3to5( $p=0.001$ ). The renal-stiffness, measured by strain-elastography, correlates well with albuminuria(ACR) and rapid renal deterioration in patients with CKD. A significant correlation was found between eGFR and both: Strain-Ratio ( $r=0.8013$ ,  $p=0,0001$ ) with parenchyma-thickness ( $r=0,7667$ ,  $p=0,0001$ ), and degree of kidney-dysfunction. The standard value(Doppler-US)for  $RI=0.5-0.7$ and  $RI>0.7$  in CKD.&nbsp;ROC-statistical-analysis of US methods confirmed a higher level of diagnostic accuracy of SR, $AUC=0,815,95\%CI:0,790to0,838$  and highest $AUC=0,88$ with all multimodal-US-support.

### Conclusions

Our multimodal-US screening suggests that ultrasonographic- parenchyma-thickness-measurements besides the renal-stiffness(SR)measured by elastography, and increasing-RI(DopplerUS) can be some





important imaging techniques for the follow-up care of CKD patients and could predict renal function deterioration.





## Abstract topic

18. Overdiagnosis

**Abstract ID:** 448

## Presentation form

Lecture

## Lung cancer screening in general practice, what can we tell our patients?

Frans Govaerts<sup>1)</sup>

<sup>1)</sup>Prevention, Domus Medica, Antwerpen, Belgium

### Background

The NELSON-study demonstrated a decrease in lung cancer related mortality after CT-scan screening of patients who are current smokers or heavy ex-smokers. Can we justify lung cancer screening for smokers and ex-smokers?

### Questions

Is sufficient scientific information available to counsel patients about lung cancer screening? Are the criteria of Wilson and Jungner fulfilled? Are these criteria relevant in the case of lung cancer screening in general practice?

### Methods

Starting from the NELSON-study and related literature following estimations are calculated: true positive and negative cases, false positive and negative screening results. The investigators of the NELSON-study will be contacted for additional information. Finally, lung cancer screening in the first line health care setting is tested against the criteria of Wilson and Jungner and the expected epidemiological trends.

### outcomes

The percentage of true/false positive and negative screening results. Each criterium of Wilson and Jungner will be evaluated to look if an appropriate answer is currently available.

### Discussion

What are the pro's and cons of lung cancer screening in general practice? Can we advise it for patients who are current smokers or (heavy) ex-smokers?

### Take Home Message for Practice

The basic information to counsel patients with a request for lung cancer screening.





### **Abstract topic**

18. Overdiagnosis

**Abstract ID:** 976

### **Presentation form**

Lecture

## **Do doctors and other health care professionals know overdiagnosis in screening, and how are they dealing with it?**

Veerle Piessens<sup>1)</sup>, Stefan Heytens<sup>1)</sup>, Ann Van Hecke<sup>1)</sup>, Emelien Lauwerier<sup>1)</sup>, Ann Van den Bruel<sup>2)</sup>, An De Sutter<sup>1)</sup>

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<sup>2)</sup>Public Health Primary Care, KULeuven, Leuven, Belgium

### **Background**

Overdiagnosis is the diagnosis of a disease that would never have caused any symptoms or problems. It is a harmful side effect of screening. Doctors and other health care professionals (HCPs) involved in screening play a key role in informing the public about the risk of overdiagnosis as one of the main harms of screening. If doctors are to provide nuanced information about screening, they must be well-informed about overdiagnosis and be willing to share this information with the public. This systematic review aims to provide an overview of all available research on HCPs' knowledge and perceptions of overdiagnosis due to screening and their willingness to discuss this risk with their patients or the public.

### **Method**

We systematically searched several databases for studies that directly examine HCPs' knowledge and subjective perceptions of overdiagnosis and hand-searched all abstracts from the annual conference on 'Preventing Overdiagnosis'. We analysed qualitative and quantitative findings separately in a segregated design for mixed-method reviews.

### **Results**

None of the 19 included publications reported HCPs' knowledge of overdiagnosis. HCPs' attitudes towards overdiagnosis seem to vary with how they view the benefits of screening, from emphasising its harmfulness to accepting it as a necessary evil of screening to minimising its importance. We will present more detailed results at the conference.

### **Discussion**

GPs frequently counsel their patients about screening or offer it themselves. It remains unclear to what extent they are aware of one of the most harmful side effects of screening.





## 19. CCH

### Abstract topic

19. CCH

**Abstract ID:** 361

### Presentation form

Lecture

## Preparing family medicine doctors to deal with planetary health issues: an integrative care approach

Oisín Brady Bates<sup>1)</sup>, Charlotte Scheerens<sup>2)</sup>, Natasha Frean<sup>3)</sup>

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<sup>2)</sup>CliMigHealth, Ghent University, Ghent, Belgium

<sup>3)</sup>Royal College of General Practitioners, London, United Kingdom

### Aim

Identify the public health data that will best equip GPs to deal with the health effects of climate change and prioritise record keeping in general practice

### Background

Climate change and environmental degradation constitute dire threats to human health. Integrative care approaches are required. Integrative care refers to a collaboration between integrative care and wider social disciplines.

Family medicine is ideally placed to interface with other healthcare fields and environmental disciplines.

This workshop would identify the integrative care data that would best equip GPs to practically tackle these health issues and would help to prioritise record keeping in general practice.

### Didactic Methods

Initial presentations summarising planetary health and integrative care. Next an audiovisual introduction to case vignettes. In small groups attendees will be encouraged to consider the cases from three perspectives:

GP perspective - What data is needed?

Patient perspective - What aspects of data do you want collected?

Public health perspective - What helpful data can the GP collect for you?&nbsp;

Then, as a large group we will share and map ideas to identify the top 4-5 themes for each section.

### Objectives Outcome

Improve family medicine physician awareness of planetary health.&nbsp;

Explore integration of public health-primary care approaches related planetary health data collection.

Reflect on tools that would help family medicine physicians to deal with planetary health issues

### Capacity Target audience

P/FM and allied health practitioners. Capacity 50.





### **Workshop leader bio**

The workshop is chaired by the European Young Family Doctors Movement (EYFDM) special interest group for Planetary Health.

### **Abstract topic**

19. CCH

**Abstract ID:** 402

### **Presentation form**

Lecture

## **The availability of continuing professional development and training resources on planetary health within family medicine in europe: a literature review**

Natasha Freeman<sup>1, ,</sup> Oisin Brady Bates<sup>2, <sup>1)</sup></sup>

<sup>1)</sup>North Central London North Central London Induction and Refresher Scheme, Health Education.England, London, United Kingdom

<sup>2)</sup>GP HSE Training Scheme, Trinity College Dublin, Dublin, Ireland

### **Background**

Family doctors are already required to address the profound physical and mental health impacts of climate change and environmental degradation. Training is required in order to equip family medicine doctors with the skills necessary to deal with these issues.

We will review the available literature regarding the accessibility of further teaching and training in Planetary Health for European Family Doctors. We will also appraise the availability of large banks of accessible information tailored to family doctors and use this search to form our own repository of Planetary Health Resources.

### **Didactic Methods**

Traditional lecture format with maximum 10 slides

Background, research methods, outcomes and discussion of the literature review

The Lit. review search strategy is informed by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) protocol

A virtual tour of the Planetary Health Repository

A 5 minute discussion for feedback and questions

### **Objectives Outcome**

Gain an understanding of available literature on planetary health and sustainable practices in General Practice

Identify areas of planetary health in General Practice where research and/or information is lacking

Inform an evidence-based repository for planetary health resources GPs to improve their knowledge on this subject and make informed choices.

### **Capacity Target audience**

GP/FM and allied health practitioners







## Capacity 50

Workshop leader bio

The workshop is chaired by the European Young Family Doctors Movement (EYFDM) special interest group for Planetary Health.

## Abstract topic

19. CCH

**Abstract ID:** 447

## Presentation form

Lecture

## Carbon footprint of GP in rural and urban areas: transport is a major source of emissions

Baptiste Marmouget<sup>1)</sup>, Arnaud Coustal<sup>1)</sup>, Emmanuel Prothon<sup>1)</sup>

<sup>1)</sup>Department of General Practice, Univ. Bordeaux, Bordeaux, France

### Background

Greenhouse gases (GHG) emissions need to be cut drastically in order to limit global warming to well below 2 degrees Celcius, according to the 2015 Paris Agreement. General Practice, as a professional activity, generates GHG. Most of it comes from transport: patient travel to the GP office, GP commuting, and home visits.

### Questions

What are the GHG emissions of transport related to general practice in urban and rural areas?

### Methods

We assessed the carbon footprint 12 general practitioners (GP), including 6 GPs in rural areas and 6 GPs in urban areas in Gironde (France), in 2022. Transportation modes and distances were collected for GPs and medical secretaries commuting, home visits, travel for continuing education. Data on patient travel to the GP office was collected for 204 patients. Data were translated into GHG emissions in tonnes of CO<sub>2</sub> equivalent (tCO<sub>2</sub>eq) per year, following the Bilan Carbone method.

### Outcomes

Average GHG emissions of transport was 10.5 tCO<sub>2</sub>eq per GP and per year, of which 81.3% for patient travel, and 9.3% for GP commuting. Home visits, continuing education and staff commuting represented 9.5% of transport emissions.

GHG emissions of transport was 3 times higher in rural areas (15.9 tCO<sub>2</sub>eq) than in urban areas (5.0 tCO<sub>2</sub>eq).

### Discussion

Transport sector represent a major source of GHG emissions of GP offices, especially in rural areas.

### Take Home Message for Practice

It is crucial to develop general practices close to where people live, and to promote low-carbon transport (walking, cycling, low-emission vehicles), to cut GHG emissions.





## 20. Workforce Planning

### Abstract topic

20. Workforce Planning

**Abstract ID:** 1005

### Presentation form

Science Slam

### Revisiting career paths: A cross-sectional study on GP graduates' career intentions before, and after, the arrival of COVID-19

Ivana Keenan<sup>1)</sup>, Michael O'Callaghan<sup>1)</sup>

<sup>1)</sup>Irish College of General Practitioners, Dublin, Ireland

The COVID-19 pandemic profoundly impacted the provision of primary healthcare worldwide, pressurizing general practice to deliver additional care and adopt new ways of working. As a result, workforce, and workload challenges in Irish general practice increased. Newly qualified Irish GPs had a significant role in the frontline workforce and aided the delivery of primary health care for patients during the pandemic. Considering the importance of general practice workforce planning, it is necessary to gain an in-depth understating of GP graduates' career-related plans. In addition, the assessment of whether or not their career plans have been changed because of the COVID-19 pandemic is timely and important.

To investigate GP graduates' career intentions, including employment, emigration, and workload before and after the COVID-19 pandemic.

This quantitative piece of research will use data gathered via cross-sectional online surveys at two-time points: in 2019 (prior to the COVID-19 pandemic); and in 2023– three years after the detection of the first COVID-19 case on our island. Collected data will be analysed using SPSS 27.

The 2019 survey reported that 9.7% of GP graduates at the time of the survey already emigrated and 15.9% definitely or possibly planned to emigrate. In total 36.6% of GP graduates worked part-time and 66.2% anticipated working part-time in five years' time. The data collection for the 2023 survey will take place in March 2023, and the analysis will be completed by May 2023 in order to allow comparison with the 2019 survey and further recommendations.





## Abstract topic

20. Workforce Planning

**Abstract ID:** 38

## Presentation form

1 Slide 5 minutes

## Extracurricular promotion of careers in General Practice: experiences from two UK medical schools

Sabia Dayala<sup>1)</sup>, Kevin McConville<sup>2)</sup>, Tal Wasty<sup>1)</sup>, Shehleen Arbab Khan<sup>1)</sup>

<sup>1)</sup>Division of Medical Education, University of Manchester, Manchester, United Kingdom

<sup>2)</sup>School of Medicine, University of Dundee, Dundee, United Kingdom

### Background

While there is variation across the United Kingdom, the GP workforce shows concerning, decreasing trends across the four nations. For example in England, numbers of qualified GPs have progressively declined resulting in a loss of 1806 full-time equivalent GPs since 2015. Resultantly, the GP workforce crisis has lowered morale and increased stress. We will focus on extracurricular actions taken in our institutes towards raising awareness of the diversity of GP roles and promotion of GP careers outwith the core undergraduate curricula.

### Target Group

Curriculum leads, developers and clinicians working in medical education with an interest in promoting General Practice/Family Medicine.

### Didactic method

Following introductions, we will report on the promotional activities implemented within our institutes, including evaluation and impact data. We will then facilitate, using the “World Café” participatory method, a discussion to allow participants to benefit from mutual learning to examine “next steps” in their institutions and identify the support, information and resources that would be required. We will share feedback and highlight ways forward.

### Objectives

- To share examples of our promotional activities for GP careers outside the curriculum including examples of evaluation and impact data
- To facilitate ideas for current practice among participants
- To equip participants to anticipate the barriers and enablers regarding delivery of similar events in their institutions including solutions to overcome challenges

### Estimated number of participants

40

Dr Dayala is a Senior Clinical lecturer.

Dr McConville is Head of undergraduate General Practice.

### Keyword suggestions

Recruitment, Retention, Future workforce, Promoting careers, Role-modelling





**Abstract topic**

20. Workforce Planning

**Abstract ID:** 515

**Presentation form**

1 Slide 5 minutes

## Implementation of an innovative program to expand residencies in Medicine of Family and Community as strategy to qualify Primary Health services

Fernando Erick Damasceno Moreira Fernando Erick<sup>1)</sup>, José Eudes Barroso Vieira<sup>1)</sup>, Paula Zeni Miessa Lawall<sup>1)</sup>, Maurício Gomes Fiorenza<sup>1)</sup>, Adriano de Oliveira<sup>1)</sup>

<sup>1)</sup>Primary Health Care, Secretary of State for Health of the Federal District, Brasília, Brazil

The scenario of expansion and qualification of Primary Health Care (PHC) in the Federal District, the Brazilian capital, brings great challenges for the consolidation of the Family Health Strategy model. As one of the initiatives to face the great heterogeneity concerning to the work processes of the different professional teams in this new model, the central management board of the PHC implemented an innovative program to encourage medical residencies in Family and Community Medicine (FCM).

With federal incentives added to its own resources, the Federal District Health Department increased, beginning in March 2021, about 190% of the scholarship value so that the residents would effectively integrate the Family Health teams. To guarantee the learning objectives, the program was structured with a preceptor responsible for up to 3 residents.

With the new program, we had an increase of 65 new FCM residents in the first year alone. Scheduled for another expansion in March 2023, the amount of new residents will reach 130. As they assume the role of services, it will support the service expansion, induce a new institutional culture, and in addition they could become potential effective doctors for the DF in the future. The program is in the implementation phase and has intersectoral actions among assistance, teaching, management and the community. It is believed that the investments made in this program are worth the possibilities of expanding offers, accreditation of new teams, improvement of indicators and consolidation of a parameterized model proportional to the size of the population.





## Abstract topic

20. Workforce Planning

**Abstract ID:** 973

## Presentation form

Lecture

## Workforce and workload in primary care: challenges and opportunities

Catarina Matias<sup>1)</sup>

<sup>1)</sup>UEMO - European Union of General Practitioners, Faculty of Medicine-Coimbra University, USF Coimbra Centro, Board, GP/FM, Coimbra, Portugal

### Background

There is an increasing complexity of GP's activity.

Answers to solve workload and workforce problems arise from the survey of needs: adequate size of patient's lists, allocation of human resources to the real needs of services, reduction of bureaucratic burden (efficient computerization and transfer of tasks that go beyond the scope of the profile of GPs to other professional groups, without prejudice to the necessary maintenance of the integrity of the medical act).

It is necessary to rethink the hiring model for options that allow the satisfactory exercise of care: for both doctors and their patients.

### Target Group

GPs, trainees and medical students.

### Didactic Method

Introductory presentation:

1 – Core issues of workforce and workload in primary care

2 – Possible solutions

A group discussion will take place (share experiences and learn from all attendees).

### Objectives

To share the challenges we face in workforce and workload. To discuss possible strategies to put into practice.

### Estimated number of participants

25-30

### Brief presentation of the workshop leader

Family doctor in USF Coimbra Centro. During training programme: VdGM's portuguese delegate (2013-2014); VdGM's preconference manager, 2014; member of the organizing committee of 19th WONCA Europe Conference in Lisbon, 2014.

Interested in GP/FM clinical, organizational and research aspects, takes part in medical organization's activities and presently, is UEMO's Secretary General.

Invited Assistant in GP/FM and PhD student - Faculty of Medicine of Coimbra's University, with the thesis theme: "Chronic Pain by Knee Osteoarthritis: Identifying Unmet Needs and Preferences in Both Patients and General Practitioners".





## 21. Physician Burnout

### Abstract topic

21. Physician Burnout

**Abstract ID:** 171

### Presentation form

WONCA Network Workshop

### GPs at risk for distress and burnout: is there any lesson to be learned for prevention? A joint workshop WWPMH-EURIPA

Ferdinando Petrazzuoli<sup>1,2,3)</sup>, Christos Lionis<sup>4)</sup>, Marilena Anastasaki<sup>4)</sup>, Virginia Peraki<sup>4)</sup>, John Wynn-Jones<sup>2,5)</sup>, Oleg Kravtchenko<sup>2)</sup>, Donata Kurpas<sup>2)</sup>, Özden Gökdemir<sup>2)</sup>, Nataša Mrduljaš-Đujić<sup>2)</sup>, Chris Dowrick<sup>6)</sup>, Veronika Rasic<sup>2)</sup>, Angelus Cyrus<sup>2)</sup>

<sup>1)</sup>EURIPA, Ruviano, Italy

<sup>2)</sup>The European Rural and Isolated Practitioners Association (EURIPA), 92200 Nully-sur-Seine, France

<sup>3)</sup>Center for Primary Health Care Research, Department of Clinical Sciences, Lund University, Malmö, Sweden

<sup>4)</sup>WONCA Working Party on Mental Health/Clinic of Social and Family Medicine, Faculty of Medicine, University of Crete, Crete, Greece

<sup>5)</sup>Rural and Global Health, Keele Medical School, Keele, United Kingdom

<sup>6)</sup>Working Party on Mental Health/Department of Primary Care and Mental Health, University of Liverpool, Liverpool, United Kingdom

<sup>7)</sup>WONCA Working Party on Mental Health/La Mina Primary Care Academic Centre, Catalan Institute of Health, University of Barcelona, Barcelona, Spain

### Background

The literature shows that residents and young general practitioners (GPs) with less experience, in smaller practices, and with more vulnerable patient populations are at a higher risk of distress and burnout. Being female, resident and working in rural settings also appears to be associated with higher levels of anxiety and depression. Old-fashioned coping strategies are associated with immediate apparent success but increased risk of developing high burnout in the long term, while the risk of high burnout is lower among the GPs who receive help. Burnout reported a crisis levels amongst GPs during the COVID-19 pandemic and they are still exposed in high levels in post-COVID-19 period.

### Target Group

Primary care practitioners and residents with an interest to discuss mental health issues relevant to the primary care workforce and raise ideas and proposals on how they can be managed.

### Didactic Method

3 short presentations by the participating networks will introduce the subject provide tips on how to mitigate the harmful effects of excessive workload especially in rural areas and residency programmes.







The audience will then be divided into three small groups, each led by a moderator. At the end, the outcomes will be summarised in a plenary session.

### **Objectives**

The overall aim of the workshop is to explore the strategies to address burnout and distress among primary care practitioners-residents and prepare of a position paper on the topic. By exchanging experiences, we can formulate recommendations for coping with this burnout crisis.

### **Estimated number of participants**

40 participants





## Abstract topic

21. Physician Burnout

**Abstract ID:** 180

## Presentation form

Lecture

## COVID-19 psychological impact in French GPs : a one year longitudinal study

Xavier Humbert<sup>1)</sup>

<sup>1)</sup>General medicine Department, Caen Normandy University, Caen, France

### Background

COVID-19 may have negatively impacted mental health of front-line healthcare workers, including general practitioners (GPs). The main objective of this study was to assess the psychological impact (stress, burnout and self-efficacy) of COVID-19 outbreak in lower Normandy GPs.

### Questions, Discussion Point

This was a longitudinal study carried out among GPs settled in Calvados, Manche and Orne departments. Four validated psychological self-assessment questionnaires were used: Perceived Stress scale (PSS), Impact of Event Scale-revised (IES-R), Maslach Burnout Inventory (MBI) and General Self-Efficacy scale (GSES). The initial evaluation took place in April 2020, and the second, in April 2021. They were sent by post.

### Content

The initial assessment included 331 respondents and the one-year follow-up, 158 responses. Mean PSS and MBI scores increased significantly at follow-up ( $p = 0.01$ , emotional exhaustion  $p < 0.0001$  and depersonalization  $p = 0.002$ ). Severe symptoms of burnout were found during the one-year follow-up in 42.4% ( $n=67$ ) and 53.8% ( $n=85$ ) of the participants for the emotional exhaustion and depersonalization scores (versus 31.2% and 45.5% at baseline,  $p=0.001$  and  $p=0.01$  respectively). Mean IES-R and GSES scores had not changed significantly at 1 year.

### Take Home Message for Practice

This longitudinal study with a one-year follow-up highlighted a negative psychological impact of COVID-19 in GPs. It is necessary to continue monitoring the psychological difficulties that health professionals may face, particularly in primary care.





### Abstract topic

21. Physician Burnout

**Abstract ID:** 210

### Presentation form

1 Slide 5 minutes

## The relationship of the COVID-19 pandemic with the level of burnout and wellness of family physicians

Merve Can Kanmaz<sup>1)</sup>, Ozden Gokdemir<sup>2)</sup>, Nilgün Özçakar<sup>1)</sup>

<sup>1)</sup>Family Medicine, Dokuz Eylül University/ Faculty of Medicine - TAHUD, İzmir, Turkey

<sup>2)</sup>Family Medicine, WONCA Working Party on Env - Izmir University of Economics / Faculty of Medicine, İzmir, Turkey

This cross-sectional analytical research aimed to reach at least 379 people with the sample calculation. A data form containing sociodemographic information, data form containing pandemic-related questions, Maslach Burnout Scale-health personnel (MBI-SP) form, and World Health Organization Well-Being Scale (WHO-5) were administered to the participants

A total of 529 physicians working in primary care throughout Turkey were reached. 73.7% of the participants had high levels of burnout in the emotional exhaustion subscale, 39.5% in the depersonalization subscale and 10.4% in the sense of personal accomplishment subscale.

Burnout was found to be significantly higher in young, those who didn't have children, those who smoked, and those who weren't satisfied with their profession. The scores of 74.1% of the FPs according to the well-being scale indicated poor quality of life. Well-being scores were significantly lower in young age, female gender, dissatisfied with their profession, smokers. The well-being scores of those who lacked personal protective equipment, those who needed to stay separately with their families after the pandemic, and those who lost a relative due to the pandemic were significantly lower. 41.0% of FPs had to stay in separate places with their families during the pandemic process. Infecting their family was the first concern about the pandemic.

In terms of well-being, the scores of the majority of physicians indicated poor quality of life. Our results reveal that important problems at this level should be investigated together with their causes.





## Abstract topic

21. Physician Burnout

**Abstract ID:** 214

## Presentation form

1 Slide 5 minutes

## Counting the hours of a Portuguese resident's life

Maria Beatriz Morgado<sup>1)</sup>, Ana Rita Ramos de Carvalho<sup>2)</sup>, Júlia Ribeiro<sup>3)</sup>, Carlos Menezes<sup>4)</sup>

<sup>1)</sup>USF Cova da Piedade, Almada, Portugal

<sup>2)</sup>USF Planalto, Santarém, Portugal

<sup>3)</sup>Centro Hospitalar Universitário do Algarve, Faro, Portugal

<sup>4)</sup>Centro Hospitalar Universitário de Lisboa Central, Lisbon, Portugal

## Background

Residency is characterised by increasing professional responsibility and workload. Previous studies have shown that Family Medicine (FM) residents are dissatisfied with the amount of time dedicated to non-clinical activities for curricular purposes.

## Questions

We aim to determine how Portuguese FM residents allocate their time for the main daily tasks and to evaluate their adequacy for maintaining a healthy lifestyle.

## Methods

We conducted a cross-sectional study and sent an anonymous online survey to FM residents in Portugal between August and November 2022. We assessed the time residents spend on basic needs (sleep, meal preparation/eating, personal hygiene, domestic chores and daily commuting), leisure time, working hours and tasks required to meet curricular objectives. We also analysed their time distribution and benchmarked it with healthy lifestyle guidelines.

## Outcomes

178 residents completed the survey. A median resident spends 11.6h/day accomplishing basic needs (including 7h of sleep); 1.5h/day on leisure activities (including 13 minutes/day of physical activity); 8.6h/day working and 2.4 additional hours performing curricular tasks. In total, residents work 11h/day 7 days a week.

## Discussion

FM residents do not meet international sleep and physical activity recommendations. They sleep 1h less per day and practice 3h less physical activity per week than recommended. They spend more time on curricular tasks than on physical exercise, leisure time and being with family and friends.

## Take Home Message

Residents do not pursue a healthy lifestyle. The FM training program in Portugal should be revised to be compatible with a balanced lifestyle.





### **Abstract topic**

21. Physician Burnout

**Abstract ID:** 512

### **Presentation form**

Lecture

## **Job motivation, empathy and presenteeism among primary health workers**

Sanda Kreitmayer<sup>1)</sup>, Nurka Pranjić<sup>2)</sup>

<sup>1)</sup>Family medicine, JZNU Dom zdravlja Tuzla, Tuzla, Bosnia and Herzegovina

<sup>2)</sup>Department for occupational medicine, Medical Faculty, University of Tuzla, Tuzla, Bosnia and Herzegovina

### **Introduction**

The perception of healthcare professional being obliged to come to work even if ill-stressed or otherwise unable to work adequately implies the existence of presenteeism. The study aims to determine the association between job motivation, empathy and presenteeism among primary HCW.

### **Methods**

The cross-sectional study included 406 out of a total of 570 employed HCWs in primary healthcare institution Tuzla (response rate=71.2%, 87%women and 34,2% physicians of them). The interview by the self-response of respondents voluntarily and concerning for to ethical provisions of anonymity was used. Questionnaire "Job motivation and the desire to go" were used to assess job motivation and empathy. The Stanford scale for Presenteeism estimated data of presenteeism.

### **Results**

Prevalence of job motivation was 37%, empathy 63% and presenteeism very high 86% among primary HCW were confirmed. We found a significant association between job motivation and empathy ( $\rho = -0.105$ ,  $P = 0.034$ ). Unexpectedly, we didn't determined the relationship between lack of empathy and presenteeism ( $P > 0.05$ ). Loss of empathy did not predict presenteeism ( $RR=0.900$ , 95%CI, 0.564 - 1.434).

### **Conclusion**

The high level of job motivation, high level of empathy and low frequency of presenteeism in the healthcare system can only prevail if the overall institutional policy directed to the empathic services provided to all patients and in all health services.





### **Abstract topic**

21. Physician Burnout

**Abstract ID:** 573

### **Presentation form**

1 Slide 5 minutes

## **Burnout in primary care: clinical practice implications**

Esther Tortola<sup>1)</sup>, Josep Vicent Climent<sup>1)</sup>, Estefania Perez<sup>1)</sup>, Mara Sempere<sup>1)</sup>, Claudia Vendrell<sup>1)</sup>, Maria Sales Soldado<sup>1)</sup>, Paulina Bueno<sup>1)</sup>

<sup>1)</sup>Primary Care Centre in the Department of La Ribera - Valencia (Spain), Primary Care, Valencia, Spain

### **Background**

Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job.

Currently the Burnout syndrome is considered as one of the most important psychosocial work-related disorders. Since January 2022, it has been included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon.

The main goal of our study is to estimate the prevalence of burnout syndrome in healthcare and social-healthcare professionals of a Primary Care Centre in Valencia (Spain).

As secondary goals we want to identify the associated socio-demographic and occupational variables and use MBI questionnaire and the relationship with each of the socio-demographic variables.

### **Method**

The design is an observational study which, by means of anonymous questionnaires, collected information about demographic variables and the risk of burn-out using the MBI questionnaire.

The sample was made up of 60 health professionals and socio-health professionals.

The variables studied are: sex, age, occupational category, emotional exhaustion, depersonalization, personal achievement.

### **Results**

The prevalence of suffering from burnout in the sample analysed (N=60) is approximately 30%.

High degree of emotional exhaustion is 35%, depersonalization 26.7% and personal achievement 43.3%.

### **Conclusions**

A higher risk related to socio-demographic factors such as gender, age or professional category has been demonstrated.

We believe it is important to implement prevention measures in our workspace.







## Abstract topic

21. Physician Burnout

**Abstract ID:** 954

## Presentation form

Lecture

## Mental health of general practitioners and family medicine specialists two years after the beginning of the COVID-19 pandemic: A European survey

Marija Zafirovska<sup>1,2</sup>), Aleksandar Zafirovski<sup>1,2,3</sup>), Kristien Coteur<sup>4</sup>), Jelena Danilenko<sup>5,6</sup>), Ljubin Šukriev<sup>1</sup>)

<sup>1</sup>)AGP/FM SEE, Skopje, Macedonia

<sup>2</sup>)University of Ljubljana, Medical faculty, Ljubljana, Slovenia

<sup>3</sup>)General hospital Jesenice, Jesenice, Slovenia

<sup>4</sup>)KU Leuven, Leuven, Belgium

<sup>5</sup>)Rīga Stradiņš University, Riga, Latvia

<sup>6</sup>)MFD Health Group, Riga, Latvia

## Background

The COVID-19 pandemic has led to a wide range of psychological and emotional problems, such as anxiety, depression, and burnout. This is especially relevant for general practitioners (GPs) and family medicine specialists (FMSs) since they experienced increased work-related stress.

## Questions

What are the levels of anxiety, depression and fear of COVID-19 among GPs and FMSs in Europe, two years after the start of the COVID-19 pandemic, and what factors might influence them?

## Methods

An anonymous online survey consisting of questions about sociodemographic and occupational data, the PHQ-9 score for depression, the GAD-7 score for anxiety and the Fear of COVID-19 scale, was distributed in 13 European countries.

## Outcomes

Out of 1724 participants, over ¾ were female, the average age was 47±12 years, and the majority worked in urban areas. On average participants scored mild depression on the PHQ-9 (6.33±5.43), mild anxiety on the GAD-7 (5.4±4.76), and 12.84±5.29 on the FCV-19.

## Discussion

The COVID-19 pandemic has significantly impacted the mental health of GPs and FMSs. Having had to close their practice during the pandemic had the most impact on increasing depression, whereas falling within an at-risk category for COVID-19 had the most impact on increased anxiety and fear.

## Take Home Message for Practice

By recognizing and comprehending the factors that have affected their mental health, we can put in place effective measures to help them successfully manage these problems.





## **Abstract topic**

21. Physician Burnout

**Abstract ID:** 968

## **Presentation form**

Lecture

## **Bureaucracy in primary care: strategies to deal with paper work overload**

Catarina Matias<sup>1)</sup>

<sup>1)</sup>UEMO - European Union of General Practitioners, Faculty of Medicine-Coimbra University, USF Coimbra Centro, Board, GP/FM, Coimbra, Portugal

### **Background**

Bureaucracy workload is growing in primary care and has a major impact on clinicians wellbeing and patient care. It is considered a factor for not choosing a career in family medicine and also a perceived barrier to quality of care. Many GPs are concerned and wish to achieve improvement and optimized strategies.

### **Target Group**

GPs, trainees and medical students.

### **Didactic Method**

Fifteen minutes introductory presentation about:

- 1 – Core issues of administrative overload;
- 2 - Cultural/national differences;
- 3 - Influence on GP's work;
- 4 – Possible solutions to the challenges raised.

Next step: organize 4-6 participant's small groups and follow a structured discussion about these topics.

Key-issues identified will be the starting point to develop strategic points for the future to support GPs.

### **Objectives**

Discussion about personal, local and health system strategies to deal with bureaucracy overload.

Organize a working group to develop and pursue the strategic points identified.

### **Estimated number of participants**

25-30

### **Brief presentation of the workshop leader**

Family doctor, working at USF Coimbra Centro. During training programme: VdGM's portuguese delegate (2013-2014); VdGM's preconference manager, 2014; member of the organizing committee of 19th WONCA Europe Conference in Lisbon, 2014.

Interested in GP/FM clinical, organizational and research aspects, takes part in medical organization's activities and presently, is UEMO's Secretary General.

Invited Assistant in GP/FM and PhD student at the Faculty of Medicine of Coimbra's University, with the thesis theme: "Chronic Pain by Knee Osteoarthritis: Identifying Unmet Needs and Preferences in Both Patients and General Practitioners".





# POSTERS

## 01. Sustainable healthcare

### Abstract topic

01. Sustainable Healthcare

**Abstract ID:** E001/ID12

### Time for a new definition of family medicine/general practice: the Göktaş definition

OLGUN GÖKTAŞ<sup>1)</sup>

<sup>1)</sup>FAMILY MEDICINE, ULUDAĞ UNIVERSITY FAMILY HEALTH CENTER, NILUFER/BURSA, Turkey

**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** The definitions made from the beginning of family medicine until today indicate very broad characteristics. With the latest WONCA Europe 2011 definition, the characteristics of family medicine have become quite clear. However, there is a need to add the individual characteristics of family physicians, who have a very comprehensive task today, to the definition.

**Questions:** Is the current definition of family medicine sufficient? Is there a need to define the individual characteristics of the family physician on the basis of duty? What will a new definition bring?

**Methods:** In addition to the definition of WONCA Europe 2011, the characteristics of the family physician on the basis of duty were suggested by Göktaş at the WONCA Europe 2018 conference held in Krakow, Poland.

**Outcomes:** The task-based characteristics of the family physician, his spiritual strength and personal agenda have been added to the definition. With this definition, the family physician will be able to have wider powers and decisions with the autonomy guaranteed.

**Discussion:** Since they must have good qualifications and a high level of responsibility, it is important to define family physicians as people with rights and freedoms, and to approach the individual with a guaranteed self-confidence. The Göktaş definition of family medicine protects the family physician by providing these characteristics on the basis of duty.

**Take Home Message for Practice:** With the autonomy guaranteed by the definition of Göktaş, the family physician will be able to have wider powers and decisions, and to provide quality service with self-confidence.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** E002/ID212

## Telephone pre-triage of care questions in general practice

Marjolein Kuylen<sup>1, a)</sup>, Jolin Lippens<sup>1, b)</sup>, Elisa Van Assche<sup>1, c)</sup>

<sup>a)</sup>WGC De Wille Willebroek, Willebroek, Belgium

**Focus of the abstract:** Continuous Medical Education (CME)

### Background

There are a lot of questions from patients for very various health care issues

The threshold to contact the GP for all kind of care questions is very low in Belgium

Not every health care issue needs a physical contact with a GP

Lots of care questions can be treated by other care professionals than GP's, like nurses, social workers, administrative supports, psychologists,...

### Question

How can we organize our practice so that we deal with the various care questions from patients as efficiently as possible without resulting in a physical contact with the GP for each request.

### Content

- In our primary care practice, every incoming care question is asked by telephone- A well-trained reception employee performs pre-triage by clarifying the demand for care according to the 'ice principle': Patients' ideas, concerns, and expectations (ICE) - The well described incoming care questions are viewed at fixed times during the day by one of the GP's. The GP decides that moment whether the care request can be resolved by telephone or whether physical contact is necessary- If the GP decides that physical contact is preferable, he/she will decide which care provider is most suitable for this: a nurse, a social worker, help with medical administration or a GP- Emergencies are always directly connected to the doctor at any time

### Take Home Message

The number of physical contacts with the GP can be limited without compromising in quality, provided there are sufficient, well-trained reception employees, practice nurses and a thorough multidisciplinary approach.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** E003/ID324

## Providing a Model of Acceptance of the Referral System From the Perspective of Patients

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**Focus of the abstract:** Research

**Introduction:** Referral system is one of the principles and foundations of primary health care services. One of the most important challenges and problems of the referral system is the lack of public awareness of its nature, services and benefits. The aim of this study was to provide a model for accepting the referral system from the perspective of patients.

**Methods:** This study was a mixed method that was conducted in three steps in 1400. The first step included the development of a questionnaire, the second step was a survey study, and the third step was the design of the acceptance model of the referral system from the perspective of patients. The statistical population included 384 patients covered by the Rural Insurance Fund referring to the Imam Khomeini Hospital Complex. The data were analyzed using SPSS v20 software. Also, Second-order Confirmatory Factor Analysis (S-CFA) was performed using LISREL v8.5 software.

**Results:** The results of confirmatory factor analysis showed that patient-centeredness, rules and regulations, responsiveness, coordination, security, accessibility, effectiveness, efficiency, personal beliefs and social influence significantly affected the acceptance of the referral system from patients' perspectives.

**Conclusion:** It is necessary for managers and policy makers before and during the implementation of the referral system to consider the factors affecting the acceptance of the referral system from the perspective of patients. For the appropriate implementation of the referral system, special attention should be paid to all the influencing factors so that patients can easy and convenient access health services anywhere and anytime.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** E004/ID329

## Theory-based blended learning program to integrate the fundamentals of self-management support in primary care: pilot study.

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**Focus of the abstract:** Research

**Background:** Self-management of chronic condition is complex but important. However, a supportive attitude and behaviour is hampered by a lack of awareness and knowledge among healthcare professionals. Before implementing specific support tools, it is time to clear up misunderstandings and to raise awareness of this concept. A blended learning program focussing on education and enablement of multidisciplinary teams was developed to strengthen self-management support in primary care.

**Questions:** What is the impact of a blended learning program on healthcare professionals' reaction, learning and behaviour towards self-management support in practice?

**Methods:** A learning program using self and peer learning strategies was created following the Absorb-Do-Connect model of Horton. The theoretical underpinnings include data from interviews, focus groups and brainstorm sessions, integrated in the BCW model of Michie. The learning program consists of four modules, combining online education, real-life reflection and discussion. A minimum of 24 professionals will be enrolled in this pilot study.

**Outcomes:** The impact will be investigated by applying Kirkpatrick's model of evaluation at the level of reaction, learning and behaviour, using a mixed-method approach. Evaluation will be performed by submitting an electronic survey. Additionally, participants' experiences will be collected through focus groups.

**Discussion:** Implementing self-management support is challenging, due to misconceptions and its underestimated value. Therefore, supporting self-management starts with acquiring knowledge and understanding.

**Take Home Message for Practice:** Raising awareness through conversation is the essential first step to establishing self-management support.







## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** E005/ID466

## Teaching GP/FM to different educational levels, incl. medical (physician) assistants: repurposing matters

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

There are different educational levels and courses in Bulgarian medical universities and faculties. GP/FM is tough to students in different educational levels and specialties (nurses, medical(physician) assistants, medical doctors, specialists in GP/FM, PhDs and certified specialists in CME courses).

Questions: Do we need one university teachers team for curricula development for all educational levels in GP/FM?

### Discussion Point

Program development and update with changes in the legal basis (laws, regulations, job description, accreditation etc.).

### Content

Curricula for different education levels in GP/FM are regularly updated according to the new realities and needs in healthcare and society. University teachers teach all of them, so they need to repurpose the lectures, seminars and practice having in mind the main role and tasks of every level. Medical assistant bachelor education has been established in Bulgaria 3 years ago. Since this year we teach medical assistants in GP/FM and primary care so we needed to repurpose the materials tough to reflect medical assistants' duties and required skills to help the GP. Here I present some specific points of teaching and repurposing the educational materials for this group of students.

### Take Home Message for Practice

Teams in GP/FM will be more effective and contribute to improved public health if the university professors target their efforts not only to the topic, but especially to the specific duties and required skills when training medical specialists, including medical(physician) assistants.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** E006/ID635

## Monitoring and evaluation of the referral system in the family physician plan

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### Focus of the abstract: Research

The urban family physician program was implemented in provinces in June 2012 to provide health services for the prevention, diagnosis and treatment of diseases and improvement of quality of life. Nearly ten years after the performance record, this study was conducted to monitoring and evaluation the urban family physician program.

**Methods:** On January 7, 2023, a search was conducted with the keywords “Referral system”, “Family physician”, “Health care center”, “Health levels”, and “Iran” in their title or abstract and MeSH. The databases of Medline, Web of Science, Scopus, SID, IranMedex, and Google Scholar were searched. In total, 10 full papers were reviewed.

**Results:** The weakness of the health team in the referral system from higher to lower levels, which has been confirmed by many other research. Despite the physician's recommendations to the patient to properly path, some doctors or medical treatment centers are appointed. Some people do not know enough about general physicians, and this has caused the reference system not to observe. Failure to cooperate between family physicians and level two specialists

**Conclusion:** The results of the study showed that many of the principles of the referral system from level one to higher levels and vice versa are not followed, which requires correction, training and intervention in this field. Considering the results obtained and the high rate of self-referral and the low rate of referral from general practitioners to referral centers, the need to review and modify the structure of the health service supply system is a necessity.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** E007/ID714

## Rising resistance: the misuse of antibiotics

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**Focus of the abstract:** Continuous Medical Education (CME)

### Introduction

Septic arthritis is an infection of a joint, usually caused by bacteria (*S. aureus* is the most common cause in adults), but it can also be caused by other microorganisms. Bacterial infection is often a destructive form of acute arthritis.

Septic arthritis is considered a medical emergency, where delay in treatment can lead to irreparable destruction of the joint.

### Case Description

A 70-year-old patient with multimorbidities suffered trauma on 3rd finger of her right hand. After 4 days of intense pain and increasing inflammatory signs sought a private doctor (12/14/2022), and was medicated for 8 days with amoxicillin / clavulanic acid. Due to the worsening of the symptoms, after 4 days, he went to the emergency service, was diagnosed with cellulitis and added ciprofloxacin.

On 20/12/2022, he returned to the emergency service, where he was admitted for empirical intravenous antibiotic therapy with piperacillin-tazobactam for 7 days. The microbiology revealed *S.aureus* and *S.oxacillin*.

On 01/02/2023, he went to the primary health center due to the worsening of local inflammatory signs, having been referred to the emergency room to rule out cellulitis or osteoarticular pathology. The patient was hospitalized again for intravenous antibiotic therapy (amoxicillin/clavulanic acid, piperacillin/tazobactam, vancomycin) and CT of the hand, which revealed the presence of osteomyelitis/septic arthritis.

### Discussion and Conclusion

The primary goal of antimicrobial treatment is to optimize clinical outcomes while minimizing unintended consequences of antimicrobial use.

Antimicrobial misuse is widespread and has potentially serious side effects.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** E008/ID774

## The progression of asymptomatic very severe hypertriglyceridemia for 5 years follow-up – a case report

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**Focus of the abstract:** Research

### Introduction

Severe hypertriglyceridemia is defined by triglycerides level greater than 1000 mg/dL. Hypertriglyceridemia is a risk factor for pancreatitis, especially very severe hypertriglyceridemia which is defined by levels over 2000 mg/dL.

### Case presentation

A 35-year-old overweight male engineer with promiscuous eating habits is non-alcoholic and a nonsmoker. Type 2 diabetes mellitus was diagnosed a decade ago without control. Both his parents have type 2 diabetes mellitus and hyperlipidemia.

Hypertension and severe hypertriglyceridemia were found 5 years ago. The triglycerides level dramatically dropped after fenofibrate and oral antidiabetic agents were given. His condition remained relatively stable in the following years. However, triglycerides level suddenly elevated to 7021 mg/dl 2 years ago. He refused any advanced treatments but just kept lifestyle modifications. Triglycerides level kept very high for half a year until gemfibrozil was given. He denied any abdominal pain, nausea, or vomiting which are typical features of acute pancreatitis. The level of amylase and lipase was normal. The result of abdominal sonography showed severe fatty liver. He has neither cardiovascular events nor pancreatitis during the 5-year follow-up despite still refusing insulin injections.

### Conclusions

It is rare that patients with very severe hypertriglyceridemia, for whom most previous studies suggested emergent treatment, don't suffer from acute pancreatitis. To the best of our knowledge, this is the first very severe hypertriglyceridemia case with a 5-year follow-up that has no obvious complications. We will keep educating the patient receives medical treatment with strict diet control to prevent complications.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** E009/ID776

## GPs: financial risk and protecting patients

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**Focus of the abstract:** Research

Primary Care Physicians in Europe: Navigating Financial Risk and Protecting Patients

**Abstract:**

For the past three decades, a confluence of forces- an aging population, increased health care costs, improved access to health care through innovation in medical technologies, high rates of cancer deaths and demands by patients for more choices and better quality care – have forced some European countries to rethink about their health care delivery systems (Quaye,2016: 1). Literature is replete with studies on how these new challenges are altering the nature of health care in publicly run health care systems. Much of the debate surrounds primary care physicians’ burnout, fragmentation of care and greater financial responsibility undertaken by physicians. What better way to gauge this trend than to ask a group of primary care physicians attending the just concluded WONCA Europe Conference in London 2022 at the Excel London Conference.

**Methods:** This research data come from a survey randomly distributed to GPs attending the WONCA 2020 conference. Hundred survey questions were distributed with a return rate of 55 percent.

**Results:** Of the survey respondents, 61.8 percent were male, 30.9 percent were female. All respondents (100%) identified themselves as GPs. 20 percent reported that their practice involved some payment in the form of a bonus. 71% were opposed to patients paying for health care. 80% were not in favor of market reforms. Majority of respondents reported general satisfaction with their work.

**Conclusion:** Study suggests that GPs are generally satisfied with their work and gatekeeping role.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** P001/ID78

## Employee Satisfaction Survey of Home Healthcare Workers in Japan

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**Focus of the abstract:** Research

**Background:** Improving patient satisfaction is a requirement in most healthcare facilities. Increasing employee satisfaction may be a powerful catalyst for increasing patient satisfaction. A few works of literature investigate the employee satisfaction level of home healthcare workers in Japan.

**Questions:** We conducted a staff satisfaction survey and investigated what items should be intervened to increase satisfaction.

**Methods:** This survey was a cross-sectional study. We set up a project team and created a self-administered questionnaire. The completed questionnaire consisted of 14 questions (Cronbach's alpha test is 86%) composed of 5 levels of the Likert scale. The questionnaire subjects were 89 staff members belonging to the Home healthcare support center of the Toyota Regional Medical Center. CS portfolio analysis was conducted to examine the satisfaction factors with the responses.

**Results:** There were 75 responses. The breakdown was thirty-three office workers, eighteen doctors, seventeen nurses, and seven rehabilitation therapists. As a result of the CS portfolio analysis, the items that should be improved at our center were "to create a workplace where people want to continue working," "to increase job satisfaction," and "to create an environment where they can work enthusiastically."

**Conclusion:** We conducted a questionnaire survey of the staff of home healthcare support centers in Japan and identified items that increase employee satisfaction. It may be possible to initiate interventions for these items and link them to activities that increase employee satisfaction.

**Take home message for practice:** Create and analyze a self-contained questionnaire to find intervention points for employee satisfaction.







## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** P002/ID296

## Assessment of the provision of family doctors in the Kyrgyzstan for the period 2000-2021

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**Focus of the abstract:** Research

**Assessment of the provision of family doctors in the Kyrgyzstan for the period 2000-2021.**

**Purpose:** to assess the provision of Kyrgyzstan with family doctors in the period 2000-2021.

**Material and methods:** data on family physicians personnel from the statistical collections "Health of the population and the activities of health care institutions of the Kyrgyz Republic" for 2000-2021 of the Republican Medical Information Center of the Ministry of Health of the country were studied.

**Results.** Until 1996, there were no family doctors in Kyrgyzstan. Since 1996, within the framework of the Manas Health Reform Program (1996-2006), the Family Medicine principles has been introduced in Kyrgyzstan. The training of family doctors in residency was started, as well as the retraining of narrow specialists in short-term (4-month) courses. By 2000, 191 people had completed residency in the specialty "family medicine", and in total there were 953 family doctors in the country with a population of 4.9 million people.

In 2021, for 6.694 million people of the country, the number of family doctors amounted to 2195. But, according to the approved load standard, their number should have been 3938, that is, there was a pronounced shortage of family doctors.

**Conclusion.** The quantity of family doctors in Kyrgyzstan in 2021 has increased significantly compared to 2000, however, there is a pronounced shortage of them, which requires an increase in the training of family doctors, as well as the adoption of measures to reduce the staff outflow and consolidate family doctors.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** P003/ID311

### The impact of the COVID-19 pandemic on primary health care practices and patient management in the Republic of Moldova- Results from the PRICOV-19 Survey

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**Focus of the abstract:** Research

The COVID-19 pandemic had an enormous impact on tertiary care. Less is known about the impact on family doctors (FDs), who had shifted tasks and adapted their practices to accommodate new services. We present data from FD practices collected during the pandemic from the Republic of Moldova, within the PRICOV-19 study. This study was a multi-country cross-sectional survey aiming to understand the challenges posed by the pandemic in primary care in Europe.

The questionnaire was designed at Ghent University and distributed between January and March 2021 to a convenience sample of FD facilities from 35 districts nationwide. Percentages and chi2 tests were performed to describe outcomes related to infrastructure, service delivery, staff role changes, and errors in clinical assessments.

32% of rural facilities reported having more than 2000 patients per GP and more than 68% of facilities in rural areas experienced limitations in the building infrastructure. Video consultations saw an increase in from 20% to 80% in urban areas. Errors in clinical assessments were more frequent in urban areas (20%) vs. rural areas (5%). 95% of respondents reported an increase in time spent giving information to patients, and 88% reported an increase in responsibilities with little difference between urban and rural facilities.

During the pandemic, the workload of FDs saw a significant increase, and practices met important organizational limitations. Adjustments to facility infrastructure and strategies to mitigate the workload in facilities need to be expanded, considering the different needs of FD facilities in urban and rural areas.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** P004/ID344

### Outreach work in Belgian primary care practices during COVID-19: results from the cross-sectional PRICOV-19 study to inform primary healthcare interventions to reach out to vulnerable populations

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**Focus of the abstract:** Research

**Background:** GPs are placed at the center of the health care system due to their vital role in reaching out to vulnerable populations during the COVID-19 pandemic. Nonetheless, they experience challenges to fulfill this role.

**Questions:** This study aimed to examine associations between practice characteristics, patient population characteristics and the extent of deprivation of practice area on the one hand, and the level of outreach work performed by these primary care practices (PCPs) on the other hand.

**Methods:** Belgian data, using an online survey in GP practices, from the international PRICOV-19 study were analyzed. Descriptive statistics and ordinal logistic regression analyses were performed. Four survey questions related to outreach work constitute the outcome variable. The adjusted models included four practice characteristics, two patient population characteristics and an area deprivation index.

**Outcomes and discussion:** Data from 462 respondents were included. First, the factors significantly associated with outreach work in GP practices are the size of the GP practice, the presence of a nurse, and the presence of a social worker or health promotor. Second, the extent of outreach work done by a GP practice is significantly associated with the social vulnerability of the practice's patient population. This social vulnerability factor differed with the level of medical complexity of the practice's patient population and with the level of deprivation of the municipality.

**Take home messages for practice:** It is necessary to address practice-level organizational factors to enhance outreach work in PCP and to support GPs in this task.





## Abstract topic

01. Sustainable Healthcare

**Abstract ID:** P006/ID500

## Awareness and attitude of Iranian family doctors towards Clinical Practice Guidelines

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**Focus of the abstract:** Research

**Introduction and purpose:** one of the important elements of the implementation of clinical guidelines is the knowledge and attitude of doctors towards the guide and its recommendations. Also, if clinical guidelines are to be effective and used, it is necessary for doctors to trust the process of development of clinical guidelines and the resulting final recommendations. This study was conducted with the aim of investigating the awareness and attitude of Iranian family doctors towards clinical guidelines.

**Methods:** In this descriptive-analytical study, 65 family physician specialists working in Iran's health system were selected by census method. A researcher-made questionnaire was used to collect data. Descriptive statistics analysis and Spearman and Pearson correlation coefficient were done using SPSS20.

**Results:** The findings of the study showed that 64% of family doctors were aware of the general clinical guidelines and 53% had a positive attitude. Only 23% of family doctors have read at least one clinical guideline in the last six months. There was no statistically significant difference between awareness and attitude with demographic characteristics, but a statistically significant relationship was observed between the university of study and awareness and attitude.

**Conclusion:** The results of the research showed that family doctors working in Iran's health system have an average awareness and attitude towards clinical guidelines. Therefore, it is recommended to implement a detailed program for training and holding retraining courses for evaluation, correct management and improvement of the quality of health services.





## 02. Shared decision making

### Abstract topic

02. Shared decision making

**Abstract ID:** E011/ID357

### Local health plan

Cristina Margusino Framiñán<sup>1,a)</sup>, CECILIA CURIESES<sup>1,b)</sup>, MARIA ISABEL GOMEZ FERNANDEZ<sup>1,c)</sup>, ALICIA VILANOVA RUMBAO<sup>1,d)</sup>, CRISTINA MARTIN GODINEZ<sup>1,e)</sup>, MARIA JOSE FEIJOO<sup>1,f)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

We present a proposal to improve Management in Primary Care Services in Galicia.

What?

Idea: to reconfigure the PRIMARY CARE (PC) model to go from being a "gateway" to being the backbone of the health system, enhancing each Service.

How?

Implement a management model focused on processes, which must be managed jointly between the team and management, establishing quality indicators that allow measuring their effectiveness and efficiency and establishing improvement actions regardless of the location of the PC SERVICE (PCS).

In each Service, the actions to be carried out that directly influence the management by processes to achieve the quality objectives will be analyzed. Once identified, the process MAP is designed for each equipment. This map will define the processes that will be carried out in the PCS and by the Health Area Management.

1. Working group.
2. Description of primary care service
3. Diagnosis of situation
  - Population health (population/territory health data and community resources)
  - Process analysis
  - Patient perspective
  - Professional perspective
4. Action Plan
5. Resources
6. Monitoring and measurement

**OBJECTIVES:**

Increase the level of health of the population, the quality of life and the well-being of the population of the primary care service on which the plan is drawn up

Empower communities for shared and informed decision-making





Improve the management of the primary care service and take into account all PCS

Develop a map of community assets for health

To develop the plan, the key tool is the coordinated work between the health and educational spheres and patients.







## Abstract topic

02. Shared decision making

**Abstract ID:** E012/ID539

## Community health needs assessment in Kosovo

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**Focus of the abstract:** Research

**Background & Aim:** The overall objective of this assessment is to improve capacities and skills of municipal health authorities for participatory and evidence-based planning of PHC services. The specific objective is to obtain perspective of the health care providers, community representatives and other relevant stakeholders, on the local public health issues and priorities.

**Method:** A mix of quantitative and qualitative data collection methods comprised of two stage process, consolidating two different perspectives on community health needs, namely that of Health Care Providers (HCP) and that of Community Representatives (CR).

### Results:

The vast majority of HCP identified **cardiovascular diseases/hypertension** and **diabetes** as main community health issues, followed by **cancer** and **respiratory diseases**.

Over three-quarters of HCP recognize **tobacco use** as the most prevalent risk factor among the community. **Lack of physical activity** and **obesity/overweight** are referred to as second and third risk factors among population

Regarding the aspects of health care services that needs to be improved, HCP overwhelmingly quoted **health education and promotion**. Provision of **quality service** is ranked as second and **access to PHC services** as third priority

Community representatives identified following key health related issues: insufficient health resources, lack of health management capacities, inappropriate practices, poor health literacy and unhealthy behaviors of the community, and unhealthy environment.

### Conclusion:

Tobacco use is regarded as most widespread risk factor across all municipalities.

Cardiovascular diseases/hypertension is identified to be the main community health problem

Health promotion/education is considered crucial for improvement of PHC services





## Abstract topic

02. Shared decision making

**Abstract ID:** E014/ID555

## Contraceptive journeys - how to better accompany our patients

Daria Gheorghe<sup>1,a)</sup>, Alessio Platania<sup>2,b)</sup>, Raisa Alvarez<sup>3,c)</sup>, Ana Cristina Franco Spinola<sup>4,d)</sup>, Ozden Gokdemir<sup>5,e)</sup>, Emmanuel Prothon<sup>6,f)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

Sexual health has been defined by the WHO as being a state of physical, emotional, mental and social well-being related to sexuality. The use of contraception when deemed necessary and appropriate information regarding contraceptive methods should be one of the core elements to build a flourishing sexual life. General Practitioners should have the necessary knowledge to accompany patients in the best way so as to choose a method that is suitable for them but the elevated number of options can be confusing.

### Target Group

General Practitioners and trainees

### Didactic Method

Introduction of all the different methods available will be explained (hormonal and non hormonal, including natural fertility awareness methods), educational models of physical methods like coils, implants, cervical caps, condoms, etc. will be provided to allow participants to touch and gain confidence on their use (30') Participants will be divided in small groups to discuss clinical cases trying to tailor contraceptive methods to the specific needs and desires of the patient.(25') Each group will present their results to the rest of the participants to share their learnings and foster discussion (20').

### Objectives

To present the different methods of female and male contraception available that GPs can suggest to their patients. To learn what can influence the prescription of a contraceptive, tailoring it to a patient's unique needs.

### Estimated number of participants

30-40

### Brief presentation of the workshop leader

Dr. Daria Gheorghe is a GP in Strasbourg, France. She published research regarding contraceptive behavior in migrant women in France.





## Abstract topic

02. Shared decision making

**Abstract ID:** E015/ID703

## Resin, garlic and water

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**Focus of the abstract:** Continuous Medical Education (CME)

**PRESENTED PROBLEM:** A 58-year-old male patient (smoker, alcoholism) came to our consultation for facial skin lesions of 3 weeks evolution (intense redness with increased local temperature and scaly surface). He does not take chronic medication and denies new treatments and application of topical substances. Also, he confirms no direct sun exposure, no systemic symptoms, no fever or other symptoms. He denies improvement with antihistamines and oral corticosteroids.

**MANAGEMENT:** Physical examination shows normal auscultation, erythema is observed in photo-exposed areas of the head and neck with increased temperature to touch and a scaly surface. We carry out virtual interconsultation with Dermatology attaching a photograph.

**OUTCOME:** In 2-3 days we get a response from the Dermatology department: It is oriented as suspicion of contact dermatitis or chronic actinic dermatitis. Treatment was prescribed with fluticasone propionate for 7 days followed by topical tacrolimus with progressive resolution of the symptoms. Epicutaneous tests are performed to determine the etiology of the condition that reveals hypersensitivity to Rosin that the patient actually had in his garden.

**DISCUSSION:** This clinical case is intended to highlight the importance of communication between Primary Care and Hospital Care to carry out a more comprehensive, fast and effective approach to our patients.

**WHAT WE CAN LEARN FROM THIS:** The Telemedicine tool helps us to make the intercommunication between care levels more fluid and fast. In this way we achieve diagnoses from a multidisciplinary point of view in shorten waiting times.





## Abstract topic

02. Shared decision making

**Abstract ID:** P007/ID62

### Infosaudemgf project - health literacy in the primary care

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Patient empowerment is essential to the practice of Family Medicine. The physician must provide information efficiently and based on the best clinical evidence. Information for health education is available in many sources but is dispersed and disorganized.

**Aim/Target group:** This project emerged to organize this information on an online digital platform, freely accessible to all physicians, for patients.

**Didactic Method:** The digital platform is formed by the free contribution of physicians who provide their scientific works. These are organized by multiple areas relevant to Family Medicine practice. This platform allows similar access to health professionals and ensures the quality of information with a group of Family Medicine experts that reviews all the works.

**Take Home Message for Practice:** By providing health education information in a prompt and organized method, this project is an incentive to the promotion of patient empowerment and health literacy, contributing to the best practice in Primary Care.





## Abstract topic

02. Shared decision making

**Abstract ID:** P008/ID795

## Narrative medicine workshop: book club style discussion of extract to understand cultural perspectives and ethical approach in health care

David Kerbel<sup>1,a)</sup>, Susan Hadley<sup>2,b)</sup>, Philip Rathbone<sup>1,c)</sup>, Annagret Hagenberg<sup>1,d)</sup>, Michael Drucquer<sup>1,e)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

**WORKSHOP 60min: Narrative Medicine: Book club style discussion of extract from The Spirit Catches you and you fall down.**

The Leicester medical book club was formed in 1998 following a medical humanities course. A group of medical educators, practicing and retired GPs meet every 6 weeks to discuss novels that have some medical theme. Authors take one into other peoples worlds. Insights & understandings enable clinicians to appreciate contexts of shared decision making. An example from our recent novel The Herd by Emily Edwards is understanding the nuances of MMR vaccine hesitancy in an Essex village. This is directly relevant to current COVID vaccine uptake and antivacciner movement.

Target Group: Readers - anyone interested in reading and discussing books with medical perspective.

Didactic Method: Introduction(5min), small group discussion(40min) of extract from The spirit catches you and you fall down, by Anne Fadiman, ending with group feedback and discussion(15min).

Objectives:

Experience the power of reading and discussion: example involves clash of cultural perspectives around seizures among Hmong immigrants and American health care.

Learning how to teaching medical ethics using a novel.

Estimated number of participants: 30 divided into 4 small groups

Workshop leader presentation

Appreciating the value of reading to enrich our human experience. Narrative medicine encourages us to view patient experience as a story enabling us to engage and connect. Novels allow us to use lens of a skilled novelist to explore nuances of scenarios, medical history, cultural understandings and ethics.

Recommended reading list from Leicester Medical Book Group.





## 03. Diagnosis

### Abstract topic

03. Diagnosis

**Abstract ID:** E018/ID17

### Mediterranean spotted fever: a case report

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**Focus of the abstract:** Continuous Medical Education (CME)

#### BACKGROUND

Mediterranean spotted fever is an acute infectious disease caused by *Rickettsia conorii* and transmitted by the dog tick.

After an incubation period of 1 to 3 weeks, the disease begins suddenly with high fever, joint and muscle pain. Skin lesions (exanthema with dark-colored eschar) may appear at the site of the bite

#### METHODOLOGY

Medical report of a 67-year-old female patient who was on vacation in the countryside, and after 3 weeks presented with fever and edema of the face. 48 hours before her admission to the hospital she noticed a tick on the front of her scalp, which she removed.

Physical examination: T 39 TA 156/70 mmHg

Erythematous-violaceous lesion on the frontal region of the scalp.

Laboratory tests: Hb 12.3 d/dL, Leukocytes 6790/mm<sup>3</sup>, CRP 3.78 mg/dL

#### RESULTS

With suspicion of Lyme disease/Mediterranean botonous fever, treatment was started with doxycycline 1 g IV.

During her admission: IgG anti rickettsia conorii 1/160 POSITIVE IgM anti rickettsia conorii <1/48 NEGATIVE

Patient improved during hospital stay. Discharged after 48 hours.

#### DISCUSSION

Diseases transmitted by rickettsias are frequent in Mediterranean countries. And should always be suspected in the presence of a tick bite, and appearance of symptoms (fever and skin lesions).

With the antecedents (to have been in contact with rural environment) and the physical examination is necessary to suspect and not to delay the treatment with doxycycline as soon as possible.







## TAKE HOME MESSAGES

It's not necessary the presence of the tick to initiate a treatment.





## Abstract topic

03. Diagnosis

**Abstract ID:** E019/ID34

## Behçet's disease – literature review

Snežana Knežević<sup>1, a)</sup>, Marijana Jandrić-Kočić<sup>2, b)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background.** Behçet's disease is an uncommon and complex condition that leads to chronic relapsing vasculitis and tissue inflammation. It can impair any organs.

**Questions.** How make it easier for professionals to establish the diagnosis of Behçet's disease?

**Methods.** We searched PubMed, Medline, and Cochrane for literature reviews, guidelines, randomized clinical trials, and meta-analyses published in the last five years, with the Mesh terms "Behçet's syndrome", "Retinal vasculitis", "Aphthous stomatitis" and "Primary healthcare", written in English. We obtained 963 results and selected 18 articles, on the relevance to the topic. A narrative review was performed.

**Outcomes and discussion.** The diagnosis of Behçet's disease is based on clinical (oral and genital ulcers, pseudofolliculitis, erythema nodosum, uveitis, articular, neurological, intestinal, and vascular) manifestations, with attacks progress and remissions and different symptoms. The most frequent first manifestation is oral aphthosis (82.1%). Genital aphthosis manifests as big and deep ulcers, with recurrent sequels and a lengthy healing phase. No laboratory test can be used to make the diagnosis. The pathergy sensitivity skin test is performed with three needle pricks and the administration of an ordinary saline solution. The test is considered positive if a papule or pustule forms surrounded by erythema and is read 24 hours later. The evidence base for treatment is limited and current treatment options range from symptomatic through non-biological and biological immunosuppressive drugs covering clinical manifestations.

**Take Home Message for Practice.** To rule out other disorders and facilitate quick multidisciplinary diagnoses, a thorough primary healthcare assessment and more education are essential.





## Abstract topic

03. Diagnosis

**Abstract ID:** E020/ID77

### Asymmetric Limb weaknesS - A case of AMS

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<sup>1)</sup>ACeS EDV - Feira/Arouca, USF Sudoeste, Santa Maria da Feira, Portugal

**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Amyotrophic lateral sclerosis (ALS) is a progressive and incurable neurodegenerative disease causing muscle weakness, disability and death. Most patients are men over 60 years old. Asymmetric limb weakness is the most common presentation, usually starting in the upper limbs. Diagnosis is clinical with exclusion of other possible pathologies and treatment is symptomatic.

**Clinical case:** 65-year-old man, medicated for hypertension, sought consultation in November 2019 due to less dexterity in his left hand. Hence, an electromyographic (EMG) study of the left upper limb was requested. In May 2020, in a surveillance appointment, he mentioned he didn't undergo the EMG due to economic conditions. For a week he had been walking with crutches because his lower left limb was stiffer. Physical exam showed spastic gait and decreased muscle strength in all limbs. Due to rapid worsening, the patient was urgently referred to Neurology. The neurologists also described atrophy of the left hypothenar eminence with a claw hand, fasciculations in the periscapular musculature and in thighs, little chest expansion, hyposthesia in stocking and hypertonia and spasticity in the left lower limb. At last, the Family Doctor (FM) issued a physiotherapy prescription and a report for the certificate of disability.

**Discussion:** This case highlights the importance of the FM that valued the patient's symptoms and allowed a correct referral. In addition, the FM is fundamental in the follow-up, and in the management of expectations and emotions of the patient and family, regarding an uncertain future and a progressive and incurable disease.





## Abstract topic

03. Diagnosis

**Abstract ID:** E021/ID100

### An undercover pancreatic adenocarcinoma. Focusing on the basics

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**Focus of the abstract:** Research

A 64 years-old woman consulted in primary care presenting diffuse abdominal pain, predominantly in the right hypochondrium, for about 6 months. She had no relevant medical or familiar history. She reported pain increase hardly controlled with analgesics, plus asthenia and weight loss in the last 2 months.

Physical exam revealed an epigastric mass, painful on palpation and not suggestive of hepatomegaly, along with skin paleness.

Blood test showed a cholestatic pattern (ratio ALT/AST = 2.8). Carcinoembryonic antigen was positive but Ca19-9 resulted negative.

Radiography showed bowel stool accumulation.

Consequently, abdominal CT and liver biopsy were performed. Both confirmed the presence of a 63mm adenocarcinoma located in the pancreatic tail, several diffused bilobar metastatic lesions, a mass-effect-related intrahepatic enlargement, and generalized vascular stenosis.

It was confirmed a diagnosis of an advanced stage adenocarcinoma of the pancreas tail, largely metastasized and not suitable for surgical resection.

Pancreatic cancer has poor prognosis overall, with a 5-10% five-year survival rate. However, survival time increases significantly if the tumor is caught very early and before metastasis, with up to a 10% of patients becoming disease-free, as stage I&II tumors can usually be resected.

Pancreatic tail cancer is uncommon and usually shows clinical symptoms lately when the tumor is too large. Therefore, when assessing nonspecific abdominal pain, focus should also be on cancer.

In front of an unclear semiology, a correct physical exam can help to reveal alterations, such as little masses, that lead to a proper differential diagnosis that includes early-stage cancer.





## Abstract topic

03. Diagnosis

**Abstract ID:** E022/ID102

## When life gives you limes, use sunscreen: a case report of Phytophotodermatitis

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

Phytophotodermatitis is a nonimmunologic, phototoxic reaction caused by exposure to plant-derived agents, specially furocoumarins, followed by UVA exposure. Although this is relatively rare in paediatric population, it has increased in the last years. We describe a lime-induced phytophotodermatitis case, appearing in two siblings.

**Presented problem:** A 6-year-old girl presented with a 5-day history of brownish linear plaques on the skin, accompanied by a burning sensation. After careful history taking, it was found the child had been cooking a lime pie and got posterior sun exposure. Her brother had similar lesions.

**Management:** The diagnostic hypothesis was explained to the family. Moisturising cream and sun protection were recommended.

**Outcome:** Both family members' lesions healed spontaneously after a month.

**Discussion:** Photosensitivity should be hypothesized in the case of a burn-like reaction of the sun-exposed skin, 12-36 hours after exposure. Its bizarre configurations can lead to a misdiagnosis of child abuse. Exhaustive history and physical examination are crucial. In this case, a slightly symptomatic hyperpigmentation appeared, consistent with previous reports. The treatment mostly relies on discontinuing the exogenous agent, avoiding sun for 8-72 hours and broad-spectrum sunscreen.

**Take Home Message for Practice:** Lime-induced phytophotodermatitis is a self-limited phototoxic eruption that is still weakly recognized. Its wide range of clinical presentation and the agents' ubiquity can lead to misdiagnosis. It is required to raise awareness to this disease to ensure safety of the patients and to tranquilize the family. As health gatekeepers, primary care physicians should be prepared to identify this illness.





## Abstract topic

03. Diagnosis

**Abstract ID:** E023/ID117

### Cardiac mass: an unexpected diagnosis

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**Focus of the abstract:** Continuous Medical Education (CME)

The echocardiogram is the preferred complementary means of diagnosis for the study of cardiac anatomy and physiology with the identification of structural or functional alterations. However, extracardiac masses can mimic intra-cardiac structures, especially in the left atrium.

81-year-old patient, with a history of hypertension and type 2 diabetes mellitus. A Echocardiogram was requested for reassessment of diastolic dysfunction and increased dyspnea on mild exertion. The echocardiogram performed revealed: “asymmetrical left ventricular hypertrophy, predominantly septal, conditioning a significant ventricular gradient, findings compatible with obstructive hypertrophic cardiomyopathy (...) oval, sessile, large mass – 52x48 mm, in the postero-inferior region of the left atrium, adjacent to the interventricular septum”. She was referred to a cardiology appointment where a cardiac computed tomography (CT) scan was requested. This exam revealed the following: “no coronary disease (CAD-RADS 1; Agatston 25); Large-volume hiatal hernia, conditioning extrinsic compression of the left auricle”. Currently followed in the cardiology department for hypertrophic cardiomyopathy, with subsequent screening of family members for this pathology.

In conclusion, the growing number of requisitions for an echocardiogram will result in an increase of incorrect diagnosis of cardiac masses. The patient in question only had increased dyspnea for physical effort, without dyspeptic symptoms. The compression of the left atrium can lead to symptoms that mimic congestive heart failure, due to impaired left diastole leading to pulmonary hypertension. Therefore, as highlighted by this case, extracardiac pathology such as hiatal hernia should be considered when evaluating cardiac masses demonstrated on echocardiography.







## Abstract topic

03. Diagnosis

**Abstract ID:** E024/ID125

## An unusual cutaneous manifestation

Sofia Machado<sup>1)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

Skin lesions are one of the main reasons for consultation in Primary Health Care (PHC), as well as one of the most challenging diagnoses. Their variety of presentations require a careful anamnesis and detailed physical examination in order to guide diagnosis. The present case portrays an unusual cutaneous manifestation of a chronic disease.

Male, 47 years old. Personal history: Obesity, hepatitis B and C, active smoking and alcoholism, and previous injection drug abuse. The patient presented to his Family Doctor (FD) due to pimples on the inguinal region, scrotum and penis with 6 months of evolution, with pruritus and whitish secretion. The patient presented violaceous, polygonal and flattened papules and plaques scattered over the hands, feet, back, penis and scrotum. An analytical study with HCV markers, VDRL and HIV was requested. The patient was treated with topical corticoids and antihistamines. He returned with no clinical improvement and, due to the suspicion of lichen planus (LP), was referred to Dermatology. In this consultation the diagnosis is confirmed.

LP is a chronic autoimmune mucocutaneous disease, affecting the skin, genital, oral mucosa, scalp and nails. Despite the exact unknown etiology, it is characterized by a cell-mediated immune response against epithelium antigens. Its epidemiological association with HCV infection has been reported, and HCV-RNA and anti-HCV antibodies have been isolated from the skin and oral mucosa of patients.

This case is a reflection of the importance of a detailed anamnesis and physical examination and a high index of suspicion with an uncommon pathology in PHC.





## Abstract topic

03. Diagnosis

**Abstract ID:** E025/ID132

## From blood donation to diagnosis - a clinical case

Viviana Barreira<sup>1)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

26 year old woman presents with recurring abdominal pain and diarrhea. Diagnostic testing was ordered, namely colonoscopy. While waiting on the previous results, the patient attempted to donate blood, having been rejected because of low platelet levels. Platelet levels remained low leading to a referral to Hematology that wasn't accepted, instructing the family doctor to search for auto-immune diseases and perform serologic testing. Meanwhile, the patient presents with right axillary pain and upon examination showed enlarged lymph nodes. Results from the previous testing showed a positive speckled ANA pattern with a 1:160 dilution. The patient was referred to Internal Medicine to study the possibility of an auto-immune disease. At the following consultation the patient presented with right wrist joint pain and bilateral shoulder pain and reported rash in photoexposed areas, as well as generalized pruritus. Specific blood work was performed showing positive lupus anticoagulant. According to SLICC ACR/EULAR 2019 for Systemic Lupus the patient scores 18 points. The presentation of lupus in this case through immune thrombocytopenia is a rare initial finding of Lupus. It is also important to keep in mind how important information from other specialties can be for our day-to-day investigations, as is clear with this case.





## Abstract topic

03. Diagnosis

**Abstract ID:** E026/ID181

## An uncommon cause of deep venous thrombosis

Javier Legrá Rodríguez<sup>1)</sup>

<sup>1)</sup>canarian health service, las palmas de gran canaria, Spain

**Focus of the abstract:** Continuous Medical Education (CME)

Case presentation

A 46-year-old healthy man, presented to our primary health center with a 12-hour history of left groin pain and swelling after running several kilometres. No antecedent of surgery, trauma or immobilization.

Physical Examination revealed a left limp. The left lower limb (LLL) was greater in diameter than the right and was warm and tender to touch especially in inguinal region. Slight redness at the calf muscle level with positive Homan's sign. Popliteal and pedal pulses were preserved.

The patient was referred to the hospital to rule out deep venous thrombosis. Laboratory tests showed high level of D-Dimer and further investigation revealed a May-Thurner Syndrome with thrombosis and ectasia of the left iliac vein.

May-Thurner Syndrome is a less known condition in which the left common iliac vein is compressed between the right common iliac artery and the underlying lumbar spine resulting in a higher incidence of thrombosis of the left iliac or iliofemoral vein. Usually affect women between the 2nd and 4th decades of life.

Conclusions

General practitioners should have a low threshold for investigating this syndrome, especially in young people with signs of chronic vascular insufficiency and/or repeated venous thrombotic events of the LLL, regardless of their risk factors.





## Abstract topic

03. Diagnosis

**Abstract ID:** E027/ID186

## Secondary depression- a case report

Javier Legrá Rodríguez<sup>1, a)</sup>, Odalis Barroso Deyne<sup>1, b)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

Case presentation

A previously healthy 52-year-old female reports mood disorder in the last two months, predominantly depressive symptoms: sadness, apathy, feelings of worthlessness, abandonment of rewarding activities and insomnia. Physical examination was unremarkable.

She was initially diagnosed with a depressive episode and after three months of follow-up in which different antidepressants (sertraline, mirtazapine) were tried, no significant results were achieved, so she was referred to the Mental Health Unit where, despite new changes in medication (venlafaxine and vortioxetine), the clinical symptoms persisted and extreme fatigue was added. This symptomatology led us to perform a blood test where calcium: 11.8 mg/dl, intact PTH: 188 pg/ml and phosphorus: 2.34 mg/dl. The Endocrinology service was consulted for suspicion of Primary Hyperparathyroidism (PHPT) which confirmed the diagnosis and as she was a candidate for surgery, a selective parathyroidectomy was performed. The anatomopathological diagnosis was parathyroid adenoma. Symptoms showed clear improvement after surgical treatment.

Take home message for practice

PHPT is the most frequent cause of hypercalcemia in primary care and the third most frequent endocrine disorder. As family physicians, we should suspect this disease, especially in women over 50 years of age with non-specific symptoms that we could misinterpret as day-to-day stress, due to age or as in this case in patients with depression refractory to treatment.





## Abstract topic

03. Diagnosis

**Abstract ID:** E028/ID231

## A new approach to encouraging the uptake of the national bowel cancer screening programme by primary care using innovative techniques

Lisa Haith<sup>1, a)</sup>, Carl Deaney<sup>1, b)</sup>, Rachael Hemingway-Deaney<sup>1, c)</sup>

<sup>a)</sup>General Practice, Marsh Medical Practice, North Somercotes, United Kingdom

**Focus of the abstract:** Continuous Medical Education (CME)

### Background

In 2019 the NHS published their strategy to improve outcomes for cancer through the NHS Long Term Plan. One of the goals is that by 2028 cancer diagnosis at stage 1 or 2 will increase from 50% to 75%; increasing survival for 55,000 people per year for a minimum of five years after they have been diagnosed. It has already been identified that survival is lower in deprived areas due to delayed diagnosis and treatment, poor access to care, low level of compliance and increased co-morbidities.

Bowel cancer screening for 60–74-year-olds in England is undertaken by the NHS with FIT tests automatically being sent out every 2 years. Abnormal tests are followed-up. However, non-responders are not contacted until their next test. It is of note that test results are returned to primary care.

### Question

Can primary care help to screen hard-to-reach groups of potentially socioeconomically deprived patients who are at risk from this disease helping create equality in the national screening programme?

### Approach

Eligible patients in the age cohort are identified through automated searches

Educational material regarding bowel cancer screening via videos and leaflets – these are promulgated to patients at risk

Surveying dissenting patients to establish their reason for non-participation

### Take Home Messages

Identifying cancer earlier through screening increases survival, reduces health inequalities and a provides better quality of life

Although the bowel screening is national, primary care can increase screening uptake

Using technology, we are able to deliver educational multichannel information to harder to reach patients





## Abstract topic

03. Diagnosis

**Abstract ID:** E028/ID231

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Lisa Haith<sup>1, a)</sup>, Carl Deaney<sup>1, b)</sup>, Rachael Hemingway-Deaney<sup>1, c)</sup>

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## Abstract topic

03. Diagnosis

**Abstract ID:** E029/ID240

## Reversible encephalopathie induced by high dose Trimethoprim-Sulfamethazole

Hassen Ben Abdeljelil<sup>1)</sup>

<sup>1)</sup>Hassen, Nyon, Switzerland

**Focus of the abstract:** Continuous Medical Education (CME)

The patient is a 69 year old male who was hospitalized for a early infection post spinal surgery (L3-L5 fixation) with multi-resistant Staphylococcus epidermidis following spinal surgery. Twelve hours after the beginning of the treatment with a high dose of TMP-SMX (14,5 mg/kg/day of trimethoprim and 70mg/kg/day of sulfamethazole) the patient began to show symptoms in the form of tremor as well as displaying ataxia, bilateral myoclonic jerks of the extremities at rest, asterixis, postural tremor and amnesia all signs of an acute on set encephalopathy. This was accompanied by an acute confusional state with agitation, including very vivid visual and auditory hallucinations. A neurological examination was is compatible with this diagnose. Laboratory studies did not show any abnormalities, apart from a lack of folic acid. An emergency cerebral MRI did not show any pathological evidence, nor exhibit any signs of a haemorrhage, any masses or areas of infarction.<sup>[1]</sup><sup>[SEP]</sup> A few hours after cessation of treatment, the symptoms ceased; the patient resumed normal behaviour and the tremor disappeared. This case is interesting because of two specific aspects: the speed of the onset of the symptoms presented and the rarity of the worsening neurological without correlation in imagery symptoms under lower doses than have been reported so far, in the available literature among cases of immunocompetent patients.





## Abstract topic

03. Diagnosis

**Abstract ID:** E030/ID247

### A case of bullous pemphigoid secondary to apixaban

Irene Bentoldra Boladeres<sup>1,a)</sup>, Clàudia Dasca Romeu<sup>2,b)</sup>, Anna Schonhofer Torras<sup>3,c)</sup>, Isabel Santsalvador Font<sup>1,d)</sup>, María José Calderón Ricci<sup>2,e)</sup>, Patricia Ruiz Villar<sup>1,f)</sup>, Rabee Kazan<sup>2,g)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** An 83-year-old man with atrial fibrillation in treatment with Aldocumar. On July 2021 was admitted for lower gastrointestinal bleeding with secondary anemia (colonoscopy and CT: diverticulosis and friable colonic mucosa without malignant lesions). On discharge, a change was made in the anticoagulant regimen (from Aldocumar to Apixaban) to improve the safety profile.

**Questions:** Two months later, the patient came to us for multiple pruritic bullous lesions with friable ulcers on the extremities and trunk. The patient explained that the condition began in the lower extremities, and later also associated lesions in the trunk and upper extremities.

**Methods:** It was carried out a teleconsultation to Dermatology department, who performed a biopsy/skin punch.

**Outcomes:** The biopsy confirmed the diagnosis: bullous pemphigoid. Treatment with high-dose corticosteroids was started, reaching 1 mg/kg with a slow but good evolution. According to Hematology department, it was decided to re-introduce acenocoumarol at a low deocoagulation dose (2-2.5 ratio) that the patient had always tolerated well. No new lesions emerged, and the present ones remained in the ulcerative or crusted phase that finally closed.

**Discussion/Take Home Message for Practice:** We present the clinical case of a patient with bullous pemphigoid secondary to Apixaban. This case is interesting to highlight the importance of the role of the family doctor in the diagnosis of this type of diseases. Moreover, the disease appeared even if the change in the anticoagulant regimen had been done two months before, so it is important to always keep in mind drugs as the cause of new-onset lesions.





## Abstract topic

03. Diagnosis

**Abstract ID:** E031/ID270

### Menopause as other conditions predictor

Slavica Conic<sup>1, a)</sup>, Milica Ljubisavljevic<sup>1, b)</sup>, Dragana Melentijevic<sup>1, c)</sup>, Veroslava Maksimovic<sup>1, d)</sup>, Tatjana Gajdasevic Radojkovic<sup>1, a)</sup>

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**Focus of the abstract:** Research

**Background:** As the ovarian function is decreasing causing menopause, the concentration of estrogen is falling. Apart from reproductive function, estrogen increases high-density lipoproteins (HDL) level, decreases low-density lipoproteins (LDL) level, prevents bone density loss, takes part in serotonin production.

**Questions:** to examine the onset of menopause before age 50, changes in lipoprotein levels, prevalence of osteopenia or osteoporosis and depression.

**Methods:** Anthropological measurements, laboratory tests, bone density scan (DEXA), PHQ9 questionnaire in women diagnosed with menopause before age 50

**Outcomes:** The examination included 34 women. One examinee (2.94%) fulfilled the criteria for premature menopause (before age 40), 9 women (26.47%) had early menopause (before age 45) and 24 examinees had the onset of menopause from the age of 45 to the age 50. 14 women (41.17%) were overweight (BMI 25-29.9) and 3 women (8.82%) were obese (BMI>30).

16 examinees (47.06%) had increased LDL level. DEXA was done in only 16 women, due to lack of scanners. 7 of them (20.56%) were diagnosed with osteoporosis. Osteopenia was established in 8 women (18.75%). Only one woman who was scanned had normal bone density.

We diagnosed depression in 8 persons (23.53%). 4 more examinees (11.76%) had PHQ score>10 but refused further psychiatric evaluation.

**Discussion:** There was high prevalence of preobesity and increased LDL, which are risk factors for cardiovascular disease. Almost all of women that underwent DEXA had pathological findings.

**Take home message for practice:** Menopause might be cardiovascular disease predictor. DEXA should be done regularly as screening in menopausal women.





## Abstract topic

03. Diagnosis

**Abstract ID:** E032/ID275

### Covid-19: cause or early discovery factor of disseminated tuberculosis

Joana Filipa Carneiro de Moura<sup>1, a)</sup>, Maria João Coelho<sup>1, b)</sup>, Luís Queirós<sup>1, c)</sup>, Ana Rua<sup>1, d)</sup>, Luisa Pinho Dias<sup>1, e)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

COVID-19 presents initial symptoms similar to those of other viral infections and those of Tuberculosis, making the differential diagnosis harder. For this reason, during the pandemic, Tuberculosis was neglected, with consequent under-diagnosis or delay, with the emergence of potentially more serious cases.

A 45-year-old patient, with no relevant medical history, was diagnosed with SARS-CoV2 infection, whose main symptoms were: fever, cough and dyspnea. Due to the persistence of the symptoms for more than 3 months, associated with weight loss, auxiliary diagnostic tests (EAD) were requested, revealing “medium-volume pericardial effusion”, “diffuse pulmonary micronodular-type pattern” and “thyroid with several nodular formations with a solid/cystic nature, suggesting that they represent residual granulomas”. The patient was hospitalized and performed new EADs which showed: “splenic infarction”, “hepatosplenic hypodense nodules”, “hypoechoic right jugulo carotid adenopathy 18x8mm” and “left supraclavicular adenopathy 17x9mm”. The latter was biopsied, revealing: “necrotizing process in the context of Mycobacterium tuberculosis infection”, with molecular biology confirming this result. Therefore, a diagnosis of disseminated/miliary tuberculosis with pulmonary, thyroid, cervical, splenic, hepatic and pericardial involvement was made. A conventional regimen of anti-tuberculous drugs was started with subsequent follow-up at the Center for Pneumological Diagnosis. The treatment was uneventful until its completion.

COVID-19, by increasing susceptibility to new infections, may have predisposed the patient to Mycobacterium tuberculosis infection or may have led to the reactivation of existing latent tuberculosis. Although there are indications that COVID-19 may have a negative impact on the clinical course of tuberculosis, further studies are required.





## Abstract topic

03. Diagnosis

**Abstract ID:** E033/ID298

### Prevalence of diabetic retinopathy among patients with diabetes mellitus in Zayed military primary care centre in the United Arab Emirates

Shayma Alshehhi<sup>1)</sup>

<sup>1)</sup>Zayed military hospital, Abu Dhabi, United Arab Emirates

**Focus of the abstract:** Research

#### Abstract

**Aim:** To measure the prevalence of diabetic retinopathy among patients with diabetes mellitus in ZMPCC and to find out how the condition relates to socio-demographic, health and lifestyle.

**Method:** A cross sectional study which was carried out in ZMPHCC during the period of 2016 to 2017 to find out the prevalence of diabetic retinopathy in patients with diabetes mellitus (DM). A sample of 231 randomly selected diabetic patients of ZMPCC was used, inclusive of all genders. The data was collected by use of questionnaires which included two sections: socio-demographic, health and lifestyle.

**Result:** The prevalence of Diabetic Retinopathy (DR) in patients with diabetes mellitus (DMT2) is 10.2%. Lifestyle is an important contributing factor to the acquisition of diabetic retinopathy. It is perceived more in patients who always have perceived stress (11.8%), smoke daily (13.6%), exercise for <150 minutes per week (15.4%), dyslipidemia (11.5%) and whose diet is mixed (11.9%). P values are 0.973, 0.405, 0.260, 0.168 and 0.905 respectively.

**Conclusion:** There is an association between lifestyles and the control level of diabetes mellitus and developing diabetic retinopathy. We are currently doing a screening programme for DR in ZMPHCC in diabetic patients and then depending on the result, patients are asked to follow up in the ophthalmology department. Furthermore, plans need to be put in place for patient education and lifestyle advice.





## Abstract topic

03. Diagnosis

**Abstract ID:** E034/ID342

## What to treat first; the chicken or the egg?

Roberto Larrea Pajares<sup>1, a)</sup>, Lucia Casedas<sup>1, 2, b)</sup>, Blanca Macias Aguarón<sup>2, c)</sup>, Irene Ara Bielsa<sup>2, d)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

Background: 78 year old female patient with chronic bronchitis and asthma, with multiple recent hospital visits due to respiratory infections, arrives at the emergency room with a worsening of her basal dyspnea in recent days. Patient explains that she also has dysuria and increase of urinary frequency. Upon exploration pulmonary exploration shows crackles at the bases of both lungs and urinal dipstick test was positive for nitrates, leucocytes and bacterial flora. Chest X-ray revealed blunting of the costofrenic angles, suggesting pulmonary edema and blood analysis showed a ProBNP levels 6500 ng/L. Patient was treated with an increase of furosemide 40 mg 1 every 8 hours, ipratropium/salbutamol inhaler once every 12 hours for 7 days, and cefuroxime 250 mg every 12 hours for 7 days. Patient's dyspnea returned to original status after a week with treatment and urinary symptoms disappeared upon ending antibiotic treatment

Questions; When treating a patient with multiple acute pathologies, what should be the focus of the treatment?

Method; To answer the question, a case study of a patient treated in the emergency room at a GP clinic was analyzed.

Aim: to understand that pluripathological patients, who present with multiple symptoms of different organ systems need to be treated together after careful examination.







## Abstract topic

03. Diagnosis

**Abstract ID:** E035/ID356

### Long-standing cough, a diagnostic challenge

Clàudia Dasca<sup>1,2, a)</sup>, Irene Bentoldrà Boladeres<sup>3, b)</sup>, María José Calderón Ricci<sup>1, c)</sup>, Patricia Ruiz Villar<sup>3, d)</sup>, Shaaron Rojas<sup>3, e)</sup>, Anna Schonhofer Torras<sup>4, f)</sup>, Vanessa Linares<sup>1, g)</sup>, Rabee Kazan<sup>1, h)</sup>, Ignacio Alvarez Fernandez<sup>3, i)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

A 38 years old male Pakistani patient, with no relevant medical or familiar history, that came to primary care complaining of a chronic cough for the last 6 months. He also had a 2kg weight loss and night sweats.

Physical exam showed sinus tachycardia with normal respiration.

Analysis of QuantiFERON-TB test were positive. Chest x-ray showed mediastinal enlargement and right-body high density, compatible with tuberculosis (TB)/sarcoidosis.

Further study with PET/CT confirmed mediastinal hypermetabolic adenopathies. Besides, an endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) found Mycobacterium tuberculosis complex in the mediastinal lymph nodes.

A diagnosis of ganglionic tuberculosis was confirmed. The patient received standard TB treatment during 6 months with a satisfactory clinical evolution.

TB is a common infectious disease which still have a high morbidity rate worldwide and causes mortality in underdeveloped countries. Its eradication requires prevention, early diagnosis and effective treatment of infection and disease.

TB typically manifests with pulmonary infection. However, it can affect other areas of the body. Extrapulmonary TB can be challenging to diagnose, and EBUS is required to have a certain diagnosis. As in this case, thoracic lymph nodes are the most common regions where extrapulmonary TB can develop.

In primary care, it is important to carry out a detailed history of the patient and a correct physical examination for the early inclusion of TB in the differential diagnosis. Additionally, this early clinical suspicion is essential to properly manage TB, including patient isolation and diagnosis and/or treatment of contacts to prevent further infections.





## Abstract topic

03. Diagnosis

**Abstract ID:** E036/ID358

### If everything is good, why am I so tired ?

Jesus Martin Treviño Theriot<sup>1, a)</sup>, Miren Copihue Goñi Villanueva<sup>1, b)</sup>, José Luis Torre Zorrilla<sup>1, c)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

#### Background

69 year-old man asked for medical advice because of tiredness. He lived at home with his wife and was able to do and manage all his activities by himself. Smoker (15 packs/year) and was diagnosed with Diabetes, Hypertension and High Cholesterol level.

#### Questions / Discussion Point

Before the consultation, he was admitted to the Emergency Room (ER) due to pain, with a head and right arm injury because a stumble while walking around the village. By that time, he had been feeling more tired than usual. A Head TC and, spine X-rays and a blood test were done. Only a subgaleal hemorrhage in the right frontal area of the head was confirmed.

#### Content

At consultation, we noticed an hypoventilation of the right lung and we performed a POCUS lung exploration that showed a disruption on the lung parenchyma and what seemed to be a lung effusion. We reviewed the X-rays performed days before and we noticed in the dorsal spine X-Ray a small opacity on the right side of the thorax. We decided to send him back to the ER. He was admitted to the Respiratory Service and a lung cancer T4N3 was diagnosed.

#### Take Home Message for Practice

A systematic clinic exploration and a systematic review of the x-rays should always be performed even if the main reason of consultation is the post traumatic pain.





## Abstract topic

03. Diagnosis

**Abstract ID:** E037/ID374

### Coxiella burnetii seroconversion?

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<sup>a)</sup>Centro de Salud San Anton, Cartagena (Murcia), Spain

**Focus of the abstract:** Continuous Medical Education (CME)

**Background and aim:** A 69-year-old man with fever of four days of evolution, general condition impaired, headache, generalized myalgia and weight lost of 8kg in the last month.

**Clinical features:** HTA, ex-smoker. Rheumatic involvement of the mitral valve. Chronic treatment with Apixaban 5mg every 12h and Nebivolol 5mg every 24h.

**Physical examination:** No neurological focus. Good constants; 38\_ fever. Pharynx, cardiopulmonary auscultation, abdomen and lower limbs without alteration.

**Method:** ECG: normal. Analytical: Elevation of acute phase reactants (PCR 9.6), leukocytes 12.111, Neutrophils 74.4%, platelets 66000 (confirmed). Anodyne coagulation. Sediment and negative urine culture. Serology of Coxiella IgM +, IgG +. Other serologies (hepatitis B, C, HIV, Borrelia, Herpes simplex, CVM, VEB, Chickenpox, Brucella, Legionella, Mycoplasma, Sifilis, Bartonella, Leishmania) negative. Rx thorax and abdomen without alterations. Transesophageal echocardiography: IM grade II / IV without complications.

Treatment with doxycycline and hydroxychloroquine showing clinical and analytical improvement.

**Diagnosis:** Fever Q.

**Differential Diagnostic:** Fever of unknown origin. Pharyngo-tonsillitis due to M.Pneumoniae. Infectious endocarditis. Malaria. Other zoonoses (Brucellosis, Listeriosis, Leptospirosis).

**Discussion:** Q fever is a zoonosis of universal distribution. The clinical presentation includes severe forms with a poor prognosis. From Primary Care is essential clinical suspicion and it is recommended that all patients with endocarditis and negative blood culture, or with prolonged fever, granulomatous hepatitis or atypical pneumonia, be carried out a serological study (titers isolated by IF IgM greater than 1:50 e IgG greater than 1: 200 show a specificity of 100%).





## Abstract topic

03. Diagnosis

**Abstract ID:** E038/ID379

## Disease due to deposition of calcium pyrophosphate crystals: about a clinical case

Rita Costa<sup>1, a)</sup>, Luís Afonso<sup>1, b)</sup>, Pedro Oliveira<sup>1, c)</sup>, Ana Águeda<sup>2, d)</sup>, Miguel Guerra<sup>2, e)</sup>, Margarida Oliveira<sup>2, f)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

### Framework

Calcium pyrophosphate deposition disease (CPPD) is an arthropathy with a heterogeneous clinical spectrum where calcium pyrophosphate crystals are deposited in cartilage and other joint tissues. Patients may present with intermittent mono/oligoarthritis, chronic polyarthritis, osteoarthritis with atypical locations or be asymptomatic.

### Clinical Case Description

71-year-old male patient with a history of T2DM, AHT, acute myocardial infarction, dyslipidemia, hepatitis C, BPH, kidney transplant, tonsillectomy, obesity. Ex-smoker. Medicated with cyclosporine, pravastatin, enalapril, metformin, azathioprine, methylprednisolone and sertraline. The user, already medicated with methylprednisolone, was referred to a Rheumatology consultation for complaints of intermittent migratory episodes of joint pain/swelling with associated functional limitation.

During the consultation, he described, for about 15 years, episodes of pain, swelling and joint redness of short duration, with migratory locations, with variable intercritical periods. At the beginning of the episode, he was taking oral methylprednisolone, with resolution of the complaints. The rheumatological examination and the requested analytical study did not show any significant alterations. The radiographic examination showed: bilaterally perihumeral calcifications; calcifications in the triangular ligament bilaterally; periarticular calcifications of several metacarpophalangeal joints; calcification of the pubic symphysis and knees, meniscal calcifications.

### Discussion

In CPPD presenting with acute intermittent arthritis, gout and septic arthritis are the main differential diagnoses. The gold standard for definitive diagnosis is evaluation of synovial fluid by microscopy with polarized light. If it is not possible to obtain a sample of synovial fluid, radiography can demonstrate the existence of peri-articular calcifications in locations characteristic of CPPD.





## Abstract topic

03. Diagnosis

**Abstract ID:** E039/ID389

### Tumid lupus: a benign and misleading disease

Andreia Maciel<sup>1, a)</sup>, Júlia Neves<sup>1, b)</sup>, Ana Rute Carreira<sup>1, c)</sup>, Mónica Reis<sup>1, d)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Tumid lupus erythematosus (TLE) is a highly photosensitive form of cutaneous lupus erythematosus. It's a rare but benign disease that normally presents with urticarial papules and plaques, in UV-exposed areas, without scaling, dyspigmentation or scarring. UV-induced skin damage, smoking and immune dysregulation may be implicated on the development of TLE lesions.

**Case description:** A 29 year old, non-smoker woman presented with small erythematous and non-scaling urticarial plaques in the malar area. She had nonspecific colitis previous history. Physical exam revealed no other lesions or abnormalities. Topical corticosteroid, antibacterial and antifungal therapy were prescribed, with no clinical response. Anti-nuclear antibody, complete blood count and complement tests were within normal range. Skin biopsies showed superficial and deep perivascular and periadnexial lymphocytic infiltration, with mucinous dispositions, suggesting TLE diagnosis. Remission was achieved with oral antimalarial treatment and photoprotection.

**Discussion:** TLE's diagnosis is based on clinical manifestations and histopathologic findings. It's a skin-limited disorder that responds to photoprotection and topical treatment or oral antimalarial therapy, with relapses and spontaneous remissions, particularly during summer season. Age of onset is often around 30 to 40 years.

**Conclusion:** Affected patients should be reassured about TLE's benign nature and its rare correlation with systemic erythematosus lupus. Awareness of its clinical course and histologic findings may lead to higher diagnostic rates and better management of this misled disease.





## Abstract topic

03. Diagnosis

**Abstract ID:** E040/ID397

## Doctor, my mum has balance problems!

Anna Schönhöfer Torras<sup>1, a)</sup>, Shaaron Rojas Atachao<sup>1, b)</sup>, Claudia Dasca Romeu<sup>1, d)</sup>, Irene Bentoldrà Boladeres<sup>1, d)</sup>, Laia Escayola Escamilla<sup>1, e)</sup>

<sup>1)</sup>Hospital Universitari de Terreassa, Barcelona, Spain

**Focus of the abstract:** Continuous Medical Education (CME)

### Background

76-year-old female patient with a history of allergy to ibuprofen and tramadol, hypertension and dyslipidemia under medical treatment, and colon cancer in 2021 (treated surgically). She reported a 6-months-duration mixed urinary incontinence (urge and stress incontinence) that failed medical treatment.

### Questions

The patient came to our consulting room for gait deviation. Accompanied by her son, he explained that in recent months the patient presented balance problems, with multiple falls without major trauma. Physical examination revealed an ataxic gait. We asked about the patient's cognitive status, and the son reported he had detected progressive impairments in memory.

### Methods

Given the guiding symptoms obtained during the interrogation that suggested Hakim-Adams triad, blood tests and preferred cranial computed tomography (CT) scan were carried out.

### Outcomes

The CT scan showed enlarged lateral ventricles, confirming the diagnosis of Normal Pressure Hydrocephalus. The case was discussed with neurosurgery and the patient was referred to the outpatient clinic in the following weeks for evaluation of a ventriculoperitoneal shunt placement.

### Discussion and Take Home Message for Practice

We presented the clinical case of a patient with Normal Pressure Hydrocephalus. This case is interesting to underline the importance of a good anamnesis, following symptoms and guiding signs, in order to reach the diagnosis. It should also be borne in mind that the natural history of diseases does not always follow a straight line, so it is necessary to be aware of new symptoms as they appear.







## Abstract topic

03. Diagnosis

**Abstract ID:** E041/ID405

### Parotid gland tuberculosis: a dilemma diagnosis

Mariana Soares<sup>1, a)</sup>, Raquel Estebainha<sup>2, b)</sup>, Alexandra Martins<sup>1, c)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

#### Background:

Tuberculosis (TB) is an infection caused by *Mycobacterium tuberculosis* that primarily affects the lungs. Although TB can harm many organs, involvement of the head and neck is extremely rare and implication of the salivary glands is even rarer. In fact, the parotid gland TB is reported in less than 200 cases in literature worldwide. It is usually presented as an unilateral swelling or abscess involving the parenchyma of the gland being frequently confused with cancer or autoimmune illnesses. Early diagnosis is challenging due to the absence of systemic signs and symptoms of the infection. Since imaging studies are frequently non-specific, the diagnosis requires histological confirmation.

#### Case Description:

A 47-year-old female was presented with gradually increasing swelling in the right parotid region for one month associated with mild pain. On local examination, a well-defined unilateral mass of 4 cm × 2 cm was found. The patient was treated with antibiotics for two weeks, with no improvement. Ultrasound-guided fine needle aspiration cytology, CT scan and MRI were inconclusive. A biopsy was performed and the histopathological examination revealed the diagnosis of parotid TB. The patient started a six-month therapy regiment divided into two months of rifampicin, isoniazid, ethambutol and pyrazinamide, followed by four months of rifampicin and isoniazid. Follow-up after six months showed full resolution of the swelling.

#### Discussion:

TB should be considered in the differential diagnosis of any patient presenting with a swelling in the parotid gland. When treated properly, the prognosis is good and surgery is rarely required.





## Abstract topic

03. Diagnosis

**Abstract ID:** E042/ID426

### Parotid gland tuberculosis: a dilemma diagnosis

Mariana Soares<sup>1, a)</sup>, Raquel Estebainha<sup>2, b)</sup>, Alexandra Martins<sup>1, c)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

#### Background:

Tuberculosis (TB) is an infection caused by *Mycobacterium tuberculosis* that primarily affects the lungs. Although TB can harm many organs, involvement of the head and neck is extremely rare and implication of the salivary glands is even rarer. In fact, the parotid gland TB is reported in less than 200 cases in literature worldwide. It is usually presented as an unilateral swelling or abscess involving the parenchyma of the gland being frequently confused with cancer or autoimmune illnesses. Early diagnosis is challenging due to the absence of systemic signs and symptoms of the infection. Since imaging studies are frequently non-specific, the diagnosis requires histological confirmation.

#### Case Description:

A 47-year-old female was presented with gradually increasing swelling in the right parotid region for one month associated with mild pain. On local examination, a well-defined unilateral mass of 4 cm × 2 cm was found. The patient was treated with antibiotics for two weeks, with no improvement. Ultrasound-guided fine needle aspiration cytology, CT scan and MRI were inconclusive. A biopsy was performed and the histopathological examination revealed the diagnosis of parotid TB. The patient started a six-month therapy regiment divided into two months of rifampicin, isoniazid, ethambutol and pyrazinamide, followed by four months of rifampicin and isoniazid. Follow-up after six months showed full resolution of the swelling.

#### Discussion:

TB should be considered in the differential diagnosis of any patient presenting with a swelling in the parotid gland. When treated properly, the prognosis is good and surgery is rarely required.





## Abstract topic

03. Diagnosis

**Abstract ID:** E043/ID450

## Why serologic testing for food allergy (sIgE) in general practice is not recommended

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background** Patients request their general practitioner regularly for serology to examine whether their complaints are caused by food allergy.

**Questions** Is it useful to test for specific immunoglobuline E (sIgE) to diagnose or exclude food allergy in general practice? What is the diagnostic accuracy of sIgE for food allergens, compared to double-blind placebo-controlled food challenge (DBPCFC, golden standard)?

**Methods** We performed a systematic literature search for systematic reviews (SR) and randomized controlled trials (RCT). We determined a limit for clinical relevancy for sensitivity ( $\geq 80\%$ ) and specificity ( $\geq 97\%$ ). Because the prevalence of food allergy in general practice is unknown, we estimated it on 25%, which gives limits for PPV ( $\geq 90\%$ ) and NPV ( $\geq 93\%$ ).

**Outcomes** We found 5 SR's and an additional 47 RCT's for the most common food allergies (nuts, egg, milk, peanut, wheat and soy). The results varied a lot between the studies, possibly due to differences in study design. The sensitivity in combination with the specificity and estimated PPV and NPV for extract and components of food allergens were in almost all studies lower than the limits we determined in advance.

**Discussion** We conclude that the diagnostic accuracy is too low to diagnose or exclude food allergy in general practice. Especially the PPV was very low. Raised sIgE represents sensibilization for the concerning food allergen, not necessarily food allergy. Low sIgE does not exclude the presence of a food allergy.

**Take Home Message for Practice** Do not perform serologic sIgE to diagnose or exclude food allergy in general practice.





## Abstract topic

03. Diagnosis

**Abstract ID:** E044/ID457

Covid-19 or not Covid-19?

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**Focus of the abstract:** Continuous Medical Education (CME)

22 y.o. patient complains: Vomiting (3 times), nausea, loose stools, palpitation. A.morbi: Considers himself sick from 01.09,21, when vomiting appeared after fast food. A.vitae: Gastric ulcer, allergy, long-term use of Montelukast and Cetirizine. Epidemiological anamnesis: Arrived from India 28.08.21, RT PCR test negative - 26.08.2. Vaccinated – July 2021. Physical examination: Vital signs: T – 37.4 °C BP – 90/60 P – 135 RR – 18 SaO<sub>2</sub> – 96-98. Skin-clean. ENT-runny nose. lymph nodes: submandibular lymph nodes are not enlarged, painful on palpation. Heart-COR tones are clear, rhythmic, pulse is 135 per '. BP-90/60. Lungs-no wheezing over the lungs. Abdomen -Soft, acute abdomen excluded. What would be your preliminary diagnosis?  
On the way of hospital: rush, itching, finger swelling.

lab results:

Express test covid-19 – negative

RT PCR – negative

SARS-COV2 IgG – 4.82 (+)

SARS-COV2 IgM – 1.21 (+)

CBC: Hb-137 g / l

Plateletes: 170x10<sup>9</sup> l

WBC: 15.53x10<sup>9</sup> l

ERS: 33 mm / h

CRP - 200 mg / l

ALT (SGPT) - 71.3

AST (SGOT)-113

Creatinin - 348 μmol / l

Total bilirubin - 38 μmol / l

Direct - 13.78

Procalcitonin - 36.35 ng / ml

D-Dimer - 6.6 mg / l

NT-proBNP -1003.5

Chest X-ray – inhomogenous opacities seen in bilateral lung fields.

Ds:Covid-19 (ICD10 U07.2), severe. Sepsis. Respiratory failure. ICU therapy. Airlifted. DS from India: Sepsis. Multi organ failure. Bilateral pneumonia. Myocarditis. Thrombocytopenia. Mucositis.





Respiratory failure.

What would you suspect on the onset of the symptoms and Why?

What is the algorithm for patients suspected Covid-19?

What would be the final diagnosis in your country? Covid-19 or pneumonia?





## Abstract topic

03. Diagnosis

**Abstract ID:** E045/ID502

### Recurrent sleep medication prescriptions among primary care patients with type 2 diabetes: an observational study of real-world registry data

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**Focus of the abstract:** Research

**Background:** Around 16% of all patients with type 2 diabetes (T2D) uses sleep medication long-term. To date, there is little knowledge on the long-term use of sleep medication in a primary care setting. The aims were to investigate the prevalence of recurrent sleep medication prescriptions and to elucidate the most often prescribed sleep medications in a Finnish primary care T2D population.

**Methods:** We examined patients who had been diagnosed T2D between 2011 and 2019 in a primary health care center in Rovaniemi, Finland (n=4,508, average age: 69.9 years). All the data were collected from patient records, and recurrent sleep medication was defined as at least two prescriptions after T2D diagnosis. Comparisons between patients who had and had not been prescribed recurrent sleep medication were made using Chi-square and Kruskal–Wallis tests.

**Results:** A total of 28.1% of patients had been prescribed recurrent sleep medication. These patients were slightly older (p<0.001), were more likely to be female (p<0.001), and had more likely been diagnosed with depression (p<0.001) than those patients without recurrent prescriptions. Benzodiazepine-like medication, melatonin, and mirtazapine were most often prescribed (to 56.9%, 44.4%, and 35.8%, respectively). Sleep disorder was diagnosed only among 22.0% of patients with recurrent prescriptions.

**Discussion:** Recurrent sleep medication prescriptions are common among primary care T2D patients. It may be that sleep disorders are underdiagnosed in relation to this. Primary care clinicians should carefully estimate the need for sleep medication when treating T2D patients' sleep problems and emphasize the diagnostic patterns of sleep problems.







## Abstract topic

03. Diagnosis

**Abstract ID:** E046/ID510

## When a lipoma turned in a lymphoma: a case report

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**Focus of the abstract:** Continuous Medical Education (CME)

Primary cutaneous B-cell lymphoma (PCBCL) is defined as a lymphoma originating in the skin where, at presentation and up to 6 months after diagnosis, is no evidence of extracutaneous disease. Primary cutaneous follicular center lymphoma (PCFCL) accounts for 40% of PCBCL and is the most common type. Generally, lesions are confined to a localized area with dimensions of 2.5 to 15 cm. They can be present from a few months to years before turn in a start fast growing tumor. Systemic spread is rare.

50 years old male comes to a medical consultation due to the appearance of a mass in the back of the right arm for about two years. In the last six months it increased in size and start itching. He denies symptoms B. On physical examination, a spindle-shaped mass measuring about 6 cm, mobile and without associated skin lesions was identified. An ultrasound was requested and referenced for excision. Pathological anatomy revealed lymphoproliferative disease. After a study, he was diagnosed with PCFCL.

The present clinical case reinforces the importance of a careful anamnesis and physical examination. The nodule could be a simple lipoma that would not require any intervention. Its growth, associated with pruritus and the fusiform presentation alerted us to another possible diagnosis. The diagnosis of PCFCL can easily go unnoticed, which is why it is important for the general practitioner to be aware of this pathology to consider it as a differential diagnosis.





## Abstract topic

03. Diagnosis

**Abstract ID:** E047/ID525

### Acute urinary retention in pregnancy: a case report

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**Focus of the abstract:** Continuous Medical Education (CME)

Acute urinary retention (AUR) during pregnancy can occur in any of the trimesters, but is more frequent between the 10th and 16th week.

A 32-year-old female patient, IIIGP, medicated with iodine, folic acid and lansoprazole, went to the Emergency Department (ED), 14 weeks and 5 days pregnant, on 06/24/2021 due to difficulty urinating for 3 days, associated with pollakiuria. On physical examination she presented a bloody urine test strip. Regarding the speculum examination, the cervix was difficult to access because it was positioned anteriorly; on vaginal examination, the cervix was very anterior and the uterine body occupied the posterior cul-de-sac. The following day, he returned to the ED due to difficulty urinating associated with continuous pelvic pain. She had a large bladder and 1000cc of clear urine was drained. She was observed again and a urine bacteriological test was performed, which was found to be negative. One 06/29/2021 she return to the ED for the fourth time, referred from another hospital, catheterized due to urinary retention. On 07/02/2021, she resorted to the ED again due to pollakiuria and lumbar discomfort. The speculum examination showed an anteriorized cervix that was mobilized with inferior traction associated with mobilization of the uterine body towards the upper pelvis. The patient had multiple consultations at the Family Health Unit, where teaching was carried out on how to carry out self-testing.

To minimize AUR-related complications, it is essential that health professionals are alert to these situations.





## Abstract topic

03. Diagnosis

**Abstract ID:** E048/ID540

### Lung, skin, and bone marrow involvement in VEXAS syndrome: a case review

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**Focus of the abstract:** Continuous Medical Education (CME)

The increase in the availability of next generation sequencing (NGS) techniques have allowed for identification of some somatic mutations as the cause of adult-onset autoinflammatory diseases. An example is VEXAS (vacuoles, E1 enzyme, X-linked, autoinflammatory, somatic) syndrome, first reported in December 2020.

A 65-year-old man was admitted to the hospital presenting pneumonia, requiring high flow nasal cannulas. During admission the patient suffered from neutrophilic dermatitis and cytopenia (macrocytic anaemia, leucopenia, and thrombocytopenia). In addition, positivity of autoantibodies (ANA and ANCA) and IgA deficit was assessed. A PET-CT scan showed lung and bone marrow inflammation, persisting one month after discharge. Bone marrow aspiration (BMA) was performed, identifying vacuoles in the cytoplasm of erythroblasts and granulocytes. Furthermore, UBA1 mutation was assessed in the bone marrow sample, pointing towards an acquired mutation.

After months of testing, VEXAS syndrome diagnosis was reached, meeting the clinical and cytological criteria (pneumonia that turned out to be alveolitis, pancytopenia and neutrophilic dermatitis, as well as BMA results). As it continues to be a relatively new disease, there is no consensus on the exact clinical manifestations, but it seems that both autoinflammatory and myelodysplastic features are present in most patients. There is no specific treatment for this disease, nevertheless symptomatic treatment can be provided. This case's patient continues in follow-up, to monitor further clinical complications.

**Take Home Message for Practice:** Development of NGS and advances in the understanding of autoinflammatory disorders allow for identification of new diseases that represent a challenge in clinical practice.





## Abstract topic

03. Diagnosis

**Abstract ID:** E049/ID551

## Fever in a 44 year-old woman coming from a neuroendocrine pancreatic carcinoma

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**Focus of the abstract:** Research

Reason for consultation: fever

Personal history: no allergies. Degenerative disc disease L2-L3 and L5-S1 disc herniation. Surgical history: uterine septum resection.

Chronic treatment: iron, IUD.

Patient profile: 44-year-old woman comes for a 2-month musculoskeletal pain in the lumbar area with irradiation to the right lower limb that wakes her up at night, with fever of 37.5°C for 2 weeks, nocturnal, accompanied by sweats and for which she has received antibiotic treatment, without improvement. Weight loss of 5kg in the last months.

Physical examination: Febrile 37.6°C. Stable. Glasgow 15. CA, PA and ABD: without alterations.

Lumbar spine: apophysalgia in T12-L1 vertebrae. Pain of the lumbar-dorsal paravertebral musculature. Limitation to all movements. Positive Lasegue and Bragard in both limbs. Distal strength and sensibility preserved. Pedial pulse present.

Complementary tests:

-Blood tests: glucose96, urea15, creatinine0.79, protein7.53, albumin3.77, Calcium9.3, Potassium3.9, total bilirubin0.17, sodium132, GOT50, GPT27, GammaGT 263, FA260, LDH203, CRP18.47, red cells3.1, hemoglobin8.2, hematocrit25.3, platelets160, leukocytes10.65, neutrophils8, lymphocytes1.81, monocytes0.73.

-Chest-lumbar X-ray: no infiltrates

-Abdominal ultrasound: liver with focal, bilobar, isoechogenic lesions, with hypoechogenic halo (3cm), suspicious of metastasis. Mild splenomegaly.

-Abdominal MRI: metastatic liver. Solid 5x4cm tumor with necrosis in the pancreatic body and tail compatible with adenocarcinoma. Alterations of osteoclastic metastases in the bone marrow of the vertebral bodies T12-L1.

-Thoracoabdominal-CT: liver and bone metastases, with mass in the pancreatic tail-body.

-Pathology: large cell neuroendocrine carcinoma of pancreas.

Diagnosis: large cell neuroendocrine carcinoma of the pancreas + liver and bone metastases

Treatment: cisplatin+etoposide+nivolumab





## Abstract topic

03. Diagnosis

**Abstract ID:** E050/ID554

### Secondary hypertension causes nowadays: do we always consider ruling it out?

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**Focus of the abstract:** Continuous Medical Education (CME)

Hypertension is one of the most common diseases attended in primary care centers due to the increase of life expectancy.

The purpose of this report is to review the clinical clues suggesting a secondary hypertension paying attention to drugs and stimulant drinks, especially in young patients based on a clinical case of a 30-year-old patient who was attended through phone call during COVID times because of headache and high blood pressure measured three times in different days. Consequently, was diagnosed as hypertensive and treatment was introduced before an extensive anamnesis, physical examination and counseling was performed. This clinical case forced the medical team to revise secondary hypertensive causes and protocols.





## Abstract topic

03. Diagnosis

**Abstract ID:** E051/ID588

### Let's not take our eyes off hyponatremia: Adequate diagnostic and therapeutic approach to the most prevalent ionic disorder

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**Focus of the abstract:** Research

Hyponatremia is underestimated by healthcare personnel. The main objective was to characterize patients diagnosed of hyponatremia.

**Methodology:** Descriptive retrospective and cross-sectional study that included 104 patients with hyponatremia evaluated in two hospitals of the Andalusian Health System between september 2021 - december 2022.

**Results:** 56.4% were female, 67.2±12.3 years. Baseline natremia was 122.7±6.4mmol/L (103-132), 65.4% were hypoosmolar and the remaining euosmolar, 49% (n=51), 39.4% (n=41) and 11.5% (n=12) were hypovolemic, euvolemic and hypervolemic respectively, 14.4% (n=15), 41.3% (n=43) and 44.2% (n=46) were mild, moderate and severe respectively and 95.2% (n=99) chronic. The 83.7% were symptomatic. TSH and basal cortisol were measured in less than one third of patients. The most frequent causes were extrarenal losses followed by renal losses (diuretics, renal failure and osmotic diuresis), hypoaldosteronism due to antidiuretic resistance, syndrome of inadequate antidiuretic hormone secretion, adrenal insufficiency and potomania, in this order. The treatment administered was inadequate in 17.1% of hypovolemic cases and in 10.3% of euvolemic cases. Although there were cases of overcorrection, no osmotic demyelination syndrome developed. The last natremia measured was 131.4±5.7 mmol/L (122-148) with 52% hyponatremia, of which 80.7% at discharge and 19.3% before death.

**Conclusions:** Hyponatremia should be characterized according to plasma osmolality, volemia, severity and chronicity. In addition, pharmacological treatment (especially diuretics and psychotropics), underlying pathologies, urinary sodium, urinary osmolality and basal cortisol are fundamental to identify the cause. Treatment should be directed to the etiology. Medical discharge should be performed once normonatremia has been achieved.







## Abstract topic

03. Diagnosis

**Abstract ID:** E052/ID602

## Chronic sphenoid sinusitis masquerading itself as migraine - a clinical case

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**Focus of the abstract:** Continuous Medical Education (CME)

### BACKGROUND

Chronic sphenoid sinusitis (CSS) - a disease with atypical symptoms with an incidence of 2.7% of all sinus infections and medication is usually inactive. Only 21% of patients are referred to an otorhinolaryngologist (ENT) - this prolongs adequate diagnosis and management of CSS as it may have debilitating consequences.

**DIDACTIC METHOD** – Case Report

### RESULTS

28-year-old female presented with a 7- year history of complicated migraines. Physical and laboratory findings and CT and MRI scans obtained from the initial inspection were normal. During treatment, the patient continued to have 11 - 24 attacks per month with no effective response to medication. New symptoms emerged – impaired jaw function, pain and swelling of the right zygomatic region. When the patient was referred to maxillofacial surgeon - MRI was performed which revealed temporomandibular joint rupture, sphenoidal sinuses (SS) appeared the same as before. The patient was referred to the ENT. During examination – the view of the nasal cavity and sinus openings were limited, the findings were considered normal. ENT repeated a CT which revealed mucosal thickening and full opacification of right SS. Sphenoidotomy was performed. After the procedure migraine attacks have been fully resolved.

### CONCLUSIONS

CSS is often diagnosed radiologically through CT or MRI, as symptoms are nonspecific. If a headache is not responsive to various treatments and there is no access to CT or MRI through primary care, referral to ENT should be considered for further investigation to rule out sinus infection.





## Abstract topic

03. Diagnosis

**Abstract ID:** E053/ID637

## Cyclic vomiting syndrome, a great unknown in Primary Care

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**Focus of the abstract:** Continuous Medical Education (CME)

**TITLE:** Cyclic vomiting syndrome, a great unknown in Primary Care.

### BACKGROUND:

22-year-old chronic cannabis female user with migraines and an appendectomy medical record. She consulted weekly for 9 months due to intense headaches, generalized abdominal pain and several episodes of incoercible vomits. Physical examination was not conclusive. Blood tests with hepatic profile and amylase were not altered. Helicobacter Pylori was ruled out. Abdominal ultrasound was performed, and no acute pathological alterations were observed. She was referred to the Digestive Service where a gastroscopy was performed resulting on the diagnosis of esophagitis without this being able to justify the symptoms. The patient was referred to the Neurology Department. Headaches were treated with amitriptyline without improvement. Treatment with Nonsteroidal anti-inflammatory drugs and antiemetics was also unsuccessful.

### QUESTIONS:

Can chronic cannabis use explain the symptomatology of this patient?

### METHODS:

Systematic database review on the possible relationship between this causative agent and the clinical situation.

### OUTCOMES AND DISCUSSION:

The results highlight the existence of "cyclic vomiting syndrome", as an underdiagnosed disorder whose prevalence has increased in adults. It is a functional gastrointestinal disorder characterized by uncontrollable recurrent episodes of nausea and vomiting followed by asymptomatic periods. One of the main causes is chronic cannabis use.

### TAKE HOME MESSAGE FOR PRACTICE:

This clinical case report enables clinicians to learn about this pathology and to point out the importance of considering functional disorders, which are increasingly present in primary care.





## Abstract topic

03. Diagnosis

**Abstract ID:** E054/ID639

## Early diagnosis is an important prognostic factor in oncologic pathology: Time is life!

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### **Focus of the abstract:** Research

We describe the clinical case of a 60-year-old man, with no toxic habits and a personal history of well-controlled hypertension and pathological grief due to the death of a family member 1 year ago. He initially consulted primary care for nervousness, dry cough and atypical chest pain, with no clinical pathological data and negative antigenic test for SARS-CoV-2. Subsequently, he consulted again for worsening atypical chest pain and was diagnosed with anxiety and anxiolytics were prescribed. However, he reconsulted 6 more times due to persistence of symptoms and associated dorsalgia, dyspnea, asthenia, low mood, insomnia, sweating and weight loss, being attributed to anxious-depressive syndrome, so antidepressants were associated. Finally, 20 months after his first consultation, he was admitted to the ICU for obstructive shock secondary to cardiac tamponade in relation to a large mediastinal mass. Complementary tests revealed an undifferentiated malignant mediastinal malignancy with pulmonary, adrenal and cerebral metastases and primary adrenal insufficiency. Despite achieving hemodynamic stabilization by pericardiocentesis, he died before the definitive histological diagnosis necessary to define the therapeutic approach.

**Discussion:** The diagnostic delay was mainly due to therapeutic inertia, focusing on the condition as a mood disorder. Despite the unfavorable clinical evolution, no differential diagnoses were proposed and no complementary tests were requested.

**Conclusion:** In the clinical suspicion of psychiatric pathology, organicity should always be ruled out first. Basic complementary tests are indispensable tools to diagnose multisystemic pathology, especially if it is progressive and persistent. Early diagnosis, especially of oncologic pathology, determines prognosis and treatment.





## Abstract topic

03. Diagnosis

**Abstract ID:** E055/ID643

### Soft tissue pathology: management from primary care

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**Focus of the abstract:** Continuous Medical Education (CME)

A 34-year-old woman presents to her Primary Care physician due to the apparition of one auricular mass, a retroauricular mass and a painless left cervical adenopathy. She reported that the lesions appeared six months ago. She did not report asthenia, weight loss, fever or other symptoms. No other findings were found on physical examination.

A blood test only revealed eosinophilia and elevated IgE (117 Ku/l). Kidney function was normal (creatinine 0.8 mg/dl).

Additional medical tests were requested (a neck and facial CT which confirmed the existence of a 1.3 x 1.7 cm retroauricular nodule and another 0.5 cm diameter preauricular nodule). The patient was referred to an otorhinolaryngologist, who ordered a biopsy which was defined as “angiolymploid hyperplasia with eosinophilia” and concluded that the diagnosis was Kimura disease.

From the point of view of the Primary Care physician, the differential diagnosis of subcutaneous masses focuses on several diseases: cutaneous cylindroma, Angiolymploid hyperplasia with eosinophilia, Kimura disease, primary cutaneous CD8+ T-cell lymphoma.





## Abstract topic

03. Diagnosis

**Abstract ID:** E056/ID658

## Manchester triage, when green turns orange

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Acute myocardial infarction is a life-threatening condition, causing tissue damage, usually due to blockage in one or more of the coronary arteries. Symptoms of NSTEMI and STEMI are the same. Days to weeks before the event, about two thirds of patients experience prodromal symptoms, including unstable or crescendo angina, shortness of breath, and fatigue.

**Case Report:** 52 years old patient, came to Primary Care, and given the color green on triage. He complained of chest pain and epigastric pain that appeared on the previous day during dinner, disappeared after sleeping and reappeared at breakfast, on the following day had a Endoscopy scheduled. History of several family members that died suddenly before the age of fifty; he is a heavy smoker and takes medication for high cholesterol, antidepressant and a proton pump inhibitor. On the previous month he went to the Hospital with similar complains, where was performed, Bloodwork (with Troponins) ECG, Eco-Cardiogram, Chest X-Ray and Holter, all normal except cholesterol. On Physical exam no alterations were noted except belching and eructation. A ECG was performed and subtle elevation V4,V5,V6 was noted, on the blood work CK and Troponins were elevated. Cardiology was contacted and treatment was started, while patient waited for evacuation by helicopter to a cardiac center with catheterization on a different island.

**Discussion:** However, discomfort may be mild about 20% of acute MIs are silent. Patients often interpret their discomfort as indigestion, particularly because spontaneous relief may be falsely attributed to belching or antacid consumption.





## Abstract topic

03. Diagnosis

**Abstract ID:** E057/ID684

## A difficult pleural effusion diagnosis: case report

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**Focus of the abstract:** Research

### Background

Pleural effusion is a common pathology with different etiologies. Prognosis depends on the etiology. An accurate diagnostic is necessary.

### Questions / Discussion Point

How to determine a pleural effusion etiology?

### Content

80-year-old man, with hypertension and a previous lacunar stroke. At a primary care consultation, he complains of dyspnea on minor exertion and occasional easy fatigue. No cough, fever, chest pain, orthopnea or weight loss. On examination, absent breath sounds in the lower right hemithorax and godet bimalleolar edema. Chest radiography identified hypotransparency in the right lung base with obliteration of the costodiaphragmatic recess.

Analytical examination without findings. Diagnostic thoracentesis has a 50cc yellow serous fluid output. On biochemical examination, according to light criteria, it is exudative suggestive. However, the serum-pleural-albumin-gradient  $>1.5\text{g/dL}$  classifies it as transudative.

Negative bacteriological, mycobacteriological and fungal examinations. Negative cytology.

Patient undergoes a transthoracic echocardiogram without findings. NT-proBNP 28. Heart failure was ruled out.

Thorax computerized tomography observes a ground-glass densification area in the right upper lobe, with cisural densification and extensive ipsilateral pleural effusion, with an area of adjacent perihilar consolidation. To evaluate these changes, patient undergoes fiberoptic-bronchoscopy: no changes are observed in the bronchial tree.

### Conclusion

Exudative and transudative pleural effusion differentiation is the initial step in the etiologic diagnosis. In this case, it can effectively be an exudate with no determined etiology after a detailed clinical history and correct diagnostic procedure with biochemical analysis of pleural fluid, requiring pleural biopsy, to exclude other etiologies like idiopathic pleuritis, a possible diagnosis.







## Abstract topic

03. Diagnosis

**Abstract ID:** E058/ID696

### A case of erythema nodosum

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**Focus of the abstract:** Continuous Medical Education (CME)

A 25 years old man presented with a 2weeks history of painful erythematous lesions on both shins after streptococcalinfection. He was afebrile. Physical examination revealedlesions clinically suggestive of erythema nodosum on theextensor parts of both lower legs. Laboratory test showed anelevated erythrocyte sedimentation rate (37 mm/h,) and C-reactive protein (25 mg/l, ). Chest X-ray was normal withoutlung hilar nodules.

The patient was given antibiotics and prednisone a dose of 40 mg per day. He had a response with complete resolution skin lesions in a few days.

The erythema nodosum is a septal panniculitis withoutvasculitis that is characterized clinically by the appearance of inflammatory and painful cutaneous nodules that affectpredominantly to the pretibial surface of the low extremities, though it can appear in other locations. It is most common in women, in spring time associated with streptococcal infection.

It resolves without skin ulcerations spontaneously within a few weeks. Skin symptoms may be associated witharthralgia, fever, and weakness.

Erythema nodosum can be the first sign of a systemic disease. such as infections, inflammatory diseases, neoplasia, or drugs. The most common etiological factor of erythema nodosum isinfectious agents, especially streptococcal ( MycobacteriumTuberculosis less common). Skin lesions appear usually 2–3 weeks after pharyngitis. Sarcoidosis is the second mostcommon etiological factor. The most common skin manifestation of inflammatory bowel diseases is erythemanodosum. Many cases are idiopatic.

Making an accurate diagnosis will allow the physician to treatthe underlying cause and determine an optimal therapeuticstrategy.





## Abstract topic

03. Diagnosis

**Abstract ID:** E059/ID698

### Avoidant-restrictive meals and life (about an ARFID clinical case)

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**Focus of the abstract:** Continuous Medical Education (CME)

Avoidant-restrictive food intake disorder (ARFID) is characterised by avoidance or restriction of food intake that negatively affects physical health of the individual (weight loss, nutritional deficiencies) or has significant impairment in important areas of functioning. This behaviour is normally associated with lack of interest in eating, avoidance of certain foods or concern about consequences of eating (choking, vomiting). It's not motivated by preoccupation with body image.

#### Problem

An apparently healthy, 19-year-old woman mentions that since childhood she is extremely selective and feels repelled of certain foods. She only eats bread, crackers, milk and cereals, pureed soup, grated fruit and roasted chicken. Meals have always caused distress, affecting her family and social life. As a child, she had nutritional deficits and regarding her eating pattern, it was always undervalued. Physical examination: no alterations, except BMI 19kg/m<sup>2</sup>.

#### Management

The family doctor established the diagnosis of ARFID and referred the patient to the specialty of Psychiatry.

#### Outcome

The patient adhered to a multidisciplinary plan and attends multiple consultations: (psychiatry, psychology, speech therapy, nutrition) and a support group.

#### Discussion

It is important to recognize ARFID diagnosis since it can easily be devalued. Fear and shame can keep these conditions hidden for years, causing suffering and worsening the prognosis. Thus, one should actively search for it, in case of growth alteration or history of feeding difficulties.

#### What we can learn

*The family doctor must be aware of this diagnosis, know how to value changes in dietary patterns and refer early to specialized treatment.*





## Abstract topic

03. Diagnosis

**Abstract ID:** E060/ID711

### Hypercobalaminemia - an accidental finding or a reason for screening?

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**Focus of the abstract:** Continuous Medical Education (CME)

Hypercobalaminemia is often asymptomatic as an occasional finding in blood analyses. Its research presents specific indications, starting with the study of the decrease in blood line counts or other alterations in hemogram. This is often related to various liquid neoplasms and may work as a predictor of their evolution.

The aim of this study was to evaluate where hypercobalaminemia is important for diagnosis and approach of diseases with an important impact. Research was made in MEDLINE/Pubmed databases, searching for articles in English and Portuguese, with keywords hypercobalaminemia, vitamin B12, screening, by combining these and related articles.

Blood vitamin B12 elevation occurs because of an exaggerated production, modification of its degradation mechanisms or increased supply. It can range from malignant blood diseases such as chronic myelomonocytic leukemia, myelodysplastic syndromes and acute leukemias, but also liver disease (hepatocellular carcinoma or other solid cancers) with poor prognosis if detected in late stages, as well as kidney disease or autoimmune disorders.

Although associated with those situations, routine research is not justified yet, since it only accounts for a small proportion of cases of those uncommon pathologies, requiring a cost-benefit study. However, its elevation in some diseases may take in consideration a malignant evolution: not being a screening marker, but a prognostic one.

In conclusion, the early assessment to etiology of B12 hypervitaminosis is important, as we look for possible neoplasms or rapidly evolving pathologies: it has an important prognostic value and its early detection allows for early intervention in the underlying condition.





## Abstract topic

03. Diagnosis

**Abstract ID:** E061/ID724

### Underneath a patient's clothes...A case of psoriasis

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**Focus of the abstract:** Research

**Introduction** - Psoriasis is an immune-mediated inflammatory disorder that affects mainly the skin but may exhibit a variety of manifestations.

**Presented problem** - Female, 60 years-old, history of high cholesterol. The patient scheduled an appointment, reporting sadness, anhedonia and social isolation. Upon questioning, the patient admits feeling ashamed of her looks, trying to cover all her body with clothes, because of skin lesions she had for over 30 years, for which she applied topical corticosteroids. Upon observation, the patient had hyperkeratotic non-pruritic lesions covering the torso, scalp, elbows, legs and nails. Given the extent of the lesions, she was medicated with topical betamethasone plus calcipotriol for the body lesions and topical pimecrolimus for the lesions on the face. Because she never sought a consultation with a dermatologist, she was referred to the hospital. The patient returned eight weeks later, referring a significant improvement with the treatment prescribed. The patient noted that, when she was called for the hospital appointment, she was already feeling better, being discharged in the first appointment. Also, regarding her mental symptoms, the patient related some improvement, saying she regained the energy to do her professional and social activities, no longer feeling ashamed by her looks.

**Conclusion:** The symptoms that the patient relates are often not the ones having a bigger impact on her life. It is important that the family physician recognizes the symptoms that are sometimes difficult to talk about.





## Abstract topic

03. Diagnosis

**Abstract ID:** E062/ID725

### PFAPA syndrome - a challenging diagnosis

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**Focus of the abstract:** Continuous Medical Education (CME)

PFAPA Syndrome (Periodic fever with aphthous stomatitis, pharyngitis and adenitis) represents the most frequent cause of recurrent fever in European children, being an auto-inflammatory disease characterized by frequent, regular bouts of fever consequent to stomatitis, pharyngitis and/or cervical adenitis. The etiopathogenesis remains unclear, although a multifactorial origin under a polygenic background represents the most accepted hypothesis. Without any ethnic/racial predilection, PFAPA Syndrome mostly affects children 1-4 years, with flares roughly ceasing by ten years. We present a case of a four years-old male evaluated multiple times in the context of primary health care and pediatric emergency service due to fever. The febrile episodes, occurring monthly, were characterized by a temperature above 38.5°C, accompanied by tonsillar exudates and/or aphthosis of the buccal mucosa, with average duration of 4-7 days, with spontaneous resolution. After investigation, alternative diagnoses were excluded, establishing, based on the presentation, the diagnosis of PFAPA. Due to the symptomatology, therapy with oral corticosteroids was started, with complete clinical resolution, favoring the diagnosis. The PFAPA Syndrome comprises one of the most frequent periodic fever syndromes. With a benign and self-limited nature, the early diagnosis is crucial to avoid iatrogenic measures and institute therapy to symptomatic relief. Despite the above, it remains a somehow unknown pathology to the medical community. The description of this case intends, therefore, to alert health professionals to the diagnosis of PFAPA Syndrome in children with relapsing fever, which are commonly subjected to inappropriate and invasive therapies, with a quaternary prevention perspective.





## Abstract topic

03. Diagnosis

**Abstract ID:** E063/ID730

## Outpatient management of community-acquired pneumonia

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**Focus of the abstract:** Continuous Medical Education (CME)

A 54-year-old woman with no pathologic history of interest or drug allergies consulted the emergency department of the primary care center for general malaise of eight days' evolution and a persistent, barely productive cough. She reported the onset of symptoms with odynophagia, now resolved, and fever, which has persisted between 37.5°C and 38°C since then. Last night he presented tachycardia, detected with a watch at 100 beats per minute. He denies headache, diarrhea or vomiting. No shivering or rib pain.

Good general condition. Hemodynamically stable. Afebrile. Sat O<sub>2</sub> 97% aa. On physical examination, cardiac level is anodyne and respiratory level highlights hypophonesis in the right base, without crackles or rhonchi.

Chest X-ray was requested, showing middle lobe condensation. A diagnosis of community-acquired pneumonia was made, and the CRB-65 scale was calculated to be 0. Amoxicillin 1 gram every 8 hours and symptomatic treatment was started, with control in 48 hours.

Community-acquired pneumonia causes significant morbidity and mortality in adults, leading to a high rate of hospitalizations and use of health resources. Adequate clinical assessment based on basic history and physical examination data is essential to classify the patient according to prognostic factors. In clinical settings where a BUN measurement is not readily available, a CRB-65 score can be used instead. The use of CRB-65 scores is similar to that of CURB-65, so that 0 points implies that the patient is appropriate for outpatient therapy.







## Abstract topic

03. Diagnosis

**Abstract ID:** E064/ID754

### A case of pregnancy cholestasis recognized in routine pregnancy follow-up in primary care

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**Focus of the abstract:** Continuous Medical Education (CME)

**Introduction:** Intrahepatic cholestasis of pregnancy is a liver disease characterized by diffuse pruritus and increased serum bile acids in the second half of pregnancy. It is important because it can lead to serious obstetric complications.

**Case Presentation:** A 27-year-old, 35-week pregnant 4th pregnancy applied to the Family Health Center when she was called for follow-up. In her second pregnancy, she has a history of miscarriage and is being followed up due to Sjögren's diagnosis (anti Ro+). No problem was encountered in the pregnancy follow-ups. When asked if she had any problems with her pregnancy, she mentioned that her legs had been dry and itchy in the last days. The itching features were greatly increased at night. On the physical examination, her skin was dry, the other system examination was normal. There was no additional positive symptoms in her history. We recommended her to be humidified and a blood biochemistry tests was planned. The patient, who also reached the obstetrician at that time, applied to us with the result of fasting bile acid. In her examinations, ALT was 50U/L(0-35), and fasting bile acid was found to be 18µmol/L(0-10). The patient was referred to a gynecologist with a preliminary diagnosis of gestational cholestasis. Ursodeoxycholic acid was started and her pregnancy was terminated by C/S at 38 weeks. Mother and baby are in a healthy condition.

**Discussion:** When widespread itching is detected in pregnant patient, intrahepatic cholestasis of pregnancy should be kept in mind due to possible complications.





## Abstract topic

03. Diagnosis

**Abstract ID:** E065/ID773

## Incidental finding during FAST Extended in a multiple trauma patient

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

Focused Abdominal Sonography for Trauma (FAST) is a sonographic free-fluid detection protocol recommended by the Adult Trauma Life Support (ATLS) guidelines as the initial imaging technique for trauma patients. In the last 2 decades, an extended-FAST (E-FAST) protocol including thoracic examination to exclude pneumo- and hemothorax was introduced.

### Methodology

A 35-year-old female patient, was admitted in an Emergency Room with a multiple trauma from high-energy frontal car-car traffic accident, she was the driver. She showed thoraco-abdominal trauma.

An extended FAST was performed that ruled out hemoperitoneum, hemothorax, and hemopericardium, but in which a mobile mass was detected in the left atrium without hemodynamic compromise.

### Results

In the observation room, a bedside clinical ultrasound showed a non-hypertrophic or dilated left ventricle with preserved systolic function without segmental contractility abnormalities. The right cavities were not dilated and normally functioning.

A slightly dilated left atrium was observed, within which a rounded mass of 24 x 23 mm (area 6cm<sup>2</sup>) was observed, with heterogeneous echogenicity, with a broad implantation base at the level of the interatrial septum without observing obstruction of the inlet of the pulmonary veins or wobble toward mitral valve, which is free. There is no invasion of adjacent structures.

### Discussion

This is an incidental finding of a solid tumor in the left atrium, vascularized, highly suggestive of Cardiac Myxoma. Regardless of the initial reason for consultation, patient was referred to cardiac surgery for evaluation.

### Take home messages

An Extended FAST can also show important incidental findings during a patient assessment.





## Abstract topic

03. Diagnosis

**Abstract ID:** E066/ID783

## Is it an association between kidney tumors and diabetes mellitus or it is just a coincidence?

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**Focus of the abstract:** Continuous Medical Education (CME)

### Introduction

Kidney cancer represents about 2% of cancers. Smoking, obesity, hypertension are risk factors in kidney cancers but diabetes mellitus is discussed as a risk factor too.

Holistic care is one of the family medicine principles

As a family doctor and specialist in diabetes I try to approach the patient as a whole

### Case presentation

I report three cases of adult patients (2 men, 1 woman) who are monitoring for type 2 diabetes mellitus, in treatment with diet and oral antidiabetic drugs biguanide, who were diagnosed with kidney solid tumors. The diagnosis was accidentally. Patients had recommendations for abdominal computer tomography as screening for pancreatic tumors.

Two of them are overweight, one is obese. One is ex smoker, the other two are smokers

None of them had urinary complaints at the moment of diagnosis. They don't have kidney pathological changes on abdominal ultrasound.

### Discussion:

As three of my diabetic patients were diagnosed with kidney tumors I wanted to check if it is a coincidence or a predisposition for these tumors in patients with diabetes

Epidemiological studies show that there is a high risk of cancer in patients with diabetes mellitus including kidney cancer. Studying literature I found reviews and studies that show this association. There are discussed mechanisms involved in tumor development but further studies are necessary.

### Conclusion:

This presentation shows that there is an association between kidney tumors and diabetes mellitus.

A patient comprehensive approach is very important in order to identify comorbidities and treat them properly.





## Abstract topic

03. Diagnosis

**Abstract ID:** E067/ID822

### Association between clinical findings and the presence of lumbar spine osteoarthritis imaging features: a systematic review

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**Focus of the abstract:** Research

*Introduction-* Spinal osteoarthritis is difficult to study and to diagnose, partly due to lack of agreed diagnostic criteria. This systematic review aims to give an overview of the associations between clinical and imaging findings suggestive of spinal osteoarthritis in patients with low back pain (LBP) to take a step towards agreed diagnostic criteria.

*Methods -*We searched MEDLINE, Embase, Web of Science and CINAHL from inception to April 29th 2021 to identify observational studies in adults that assessed the association between selected clinical and imaging findings suggestive of spinal osteoarthritis, in the general population or any clinical setting. Risk of bias was assessed using the Newcastle Ottawa Scale and quality of evidence was graded using an adaptation of the GRADE approach.

*Results-* After screening 7902 records, 33 studies met the inclusion criteria. High-quality evidence was found for the longitudinal association between LBP intensity, and both disc space narrowing and osteophytes, for the association between the presence of spinal morning stiffness and disc space narrowing, for the association between LBP-related physical functioning and lumbar disc degeneration, and for the lack of association between LBP-related physical functioning and Schmorl's nodes.

*Conclusion-* There is high- and moderate-quality evidence of associations between clinical and imaging findings suggestive of spinal osteoarthritis. However, the majority of the studied outcomes had low or very low quality of evidence. Furthermore, clinical and methodological heterogeneity was a serious limitation, adding to the need and importance of agreed criteria for spinal osteoarthritis, which should be the scope of future research.





## Abstract topic

03. Diagnosis

**Abstract ID:** E068/ID827

## Diagnosis as work in progress - a "House call" clinical case

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

112-house-call for a 19-year-old female patient, presenting seizures. Healthcare centre medical team difficultly reached the house (rural area, bad localization) and found the patient still having generalised seizures, being unconscious. No personal history of epilepsy. No response after first medical support measures, patient presented low blood oxygenation (79%), HR 120 bpm, undetectable BP, started fever. Medical backup was requested, vital emergency ambulance came, midazolam administrated with no response, intubation was unavoidable and she was referred to hospital. She continued with seizures for 3 days, first attempt of desintubation failed, a lot of tests were run in order to get to the right diagnosis.

### Questions

How can we improve our house medical assistance in a situation like this? Is there easy to calm down the relatives in order to obtain valuable information at the right time?

### Methods

Patient's medical records data.

### Outcomes

Final diagnosis: epilepsy. Complications during hospitalization: pneumonia (*Pseudomonas*) and left-vocal-cord granuloma. She'd probably had mild-symptoms before, but no diagnosis, or treatment. She was released after 3 weeks, with anticonvulsant treatment, well-responsive.

### Discussion

Differential-diagnosis: bacterial, viral or fungal infections, ovarian teratoma, possible brain-tumor, drug intoxications, autoimmune-encephalitis.

### Take-Home Message for Practice

Sometimes it's difficult to control every aspect of a house-call emergency, anamnesis might be biased by the relatives' emotional status.

A hospitalised patient is not on trial, they might not tell you always "the truth, the whole truth, and nothing but the truth", this is your job to find out.





## Abstract topic

03. Diagnosis

**Abstract ID:** E069/ID836

## A case of a male patient with the complaint of persistent acne on the nose: case report

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**Focus of the abstract:** Continuous Medical Education (CME)

### Introduction

Skin cancer is one of the most common cancers in the world. Basal cell carcinoma (BCC) usually appears as a small, shiny pink or pearly-white lump with a translucent or waxy appearance. It can also look like a red, scaly patch. There's sometimes some brown or black pigment within the patch.

### Case Presentation

A 41-year-old male patient applied to his primary health care center due to acne on his nose. Physical examination is notable for a white man with fair skin. The lesion on the patient's nose is round, pearly, flesh colored papule with raised border.

### Management

The patient was treated for acne-like lesions and the lesion was followed up. There was no regression in the lesion of the patient who used the treatment regularly for 2 weeks. The excisional biopsy of the patient who was referred to dermatology revealed basal cell carcinoma.







## Abstract topic

03. Diagnosis

**Abstract ID:** E070/ID841

### Doctor, why am I urinating gas?

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**Focus of the abstract:** Continuous Medical Education (CME)

**Introduction:** Urinary discomfort is frequent reason of visiting primary care centers. This case report about a patient with persistent urinary discomfort.

**Personal Background:** Male, 53 years old. No allergies and toxic habits, lumbar hernia intervened.

**Case description:** He attended with right lumbar pain radiated to periumbilical area. First suspicion being kidney colic.

**Physical examination:** Good general condition, auscultation heart and lungs preserved, soft, depressible abdomen, no mass, megalias or pain on palpation, negative bilateral kidney percussion.

**Differential Diagnosis:** Urinary Tract Infection, Urethritis, Prostatitis, Enterovesical Fistula

**Evolution:** abdominal X-ray with abundant stools and calcification in bladder area, abdominal ultrasound with grade I steatosis without obstructive uropathies. It does not improve with anti-inflammatory. He begins with urinary discomfort and perianal pain with occasional bleeding and constipation. Urine strip with leukocyturia and hematuria and urine culture with positive E-coli result and urethral exudate with positive Morganella Moganella. Treated with antibiotic therapy, high-fiber diet and liquids. He continued with urethral discharge and pneumaturia and we referred to Urology Service. Urinary ultrasound with 9mm microliathiasis and requested CT scan on suspicion of enterovesical fistula. Due to persistence of the urinary symptoms, he went to the hospital emergency, in a cystoscopy finding fecaluria and a hole in the posterior wall of the bladder confirming Enterovesical Fistula secondary to diverticulitis uncertain temporality. Actually waiting for surgery.

**Conclusion:** rare disease, unknown incidence (estimated 1/3000), in patients with diverticular disease 2-18% and Croh's disease 1%. male/female ratio 2-3/1, at 60-70 years of age.

**Keywords:** Pneumaturia, Diverticulitis, Enterovesical Fistula





## Abstract topic

03. Diagnosis

**Abstract ID:** E071/ID851

## Eosinophilic esophagitis: a case report.

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Eosinophilic esophagitis is a disorder characterized by a tissue infiltration of eosinophils at the esophageal level. It is most prevalent in children, but still present in adults, affecting mainly young men. The most frequent symptoms are: intermittent dysphagia or food bolus impaction.

**Methods:** Case report.

**Outcome:** A 25-year-old male attended his GP after presenting sensation of a foreign body in his throat, he indicated that it had begun after starting eating. After examining the patient we observed an intense hyperemia of the pharynx. He was treated for a possible allergic reaction with I.V.drugs improving his condition. He later returned with a new symptom dysphagia, we referred him to the hospital emergency department.

A gastroscopie was performed and food bolus was observed and dissolved, all other tests came back normal and he was discharged with pantoprazole.

A week later he returned after not responding to the treatment. After reviewing his medical history, he eventually referred similar episodes of dysphagia for the last 15 years, which have increased in recently.

We referred him to the gastroenterology department where a new gastroscopie was performed, observing an esophagus area with weak granular mucosa. Suggestive of eosinophilic esophagitis, a biopsy was required to confirm the diagnosis.

**Conclusion:** In primary care it is always important to review with our patients medical history and not overlook any of the symptoms however insignificant they might seem. An early diagnosis is crucial for a correct treatment plan enabling us to improve our patients quality of life.





## Abstract topic

03. Diagnosis

**Abstract ID:** E072/ID853

## Choosing medicines wisely can change your life

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**Focus of the abstract:** Continuous Medical Education (CME)

86-year-old woman diagnosed with Herpes Zoster treated with Valacyclovir and ibuprofen, for lesions on the scalp. The daughter comments dizziness, Bradilalia and lack of balance.

Neurological physical examination confirmed disorientation and Bradilalia. Previously patient's situation was good, she was autonomous. Blood count, basic biochemistry and skull CT scan are requested.

Haemography: slight eosinophilia, biochemistry: significant increase Cr: 2.8, (previous: 0.56) K: 6.8 CT skull: non-acute intracranial pathology, Abdominal Eco: normal

Therefore infection is ruled out due to absence of symptoms, acute neurological pathology is ruled out due to CT findings. ARF is proposed: NTIA for drugs: valaciclovir + NSAIDs. Drugs are discontinued and parenteral hydration is initiated. This improved Cr numbers and the Neurological symptoms.

NTIA can have many causes such as drugs taken. ARF should be considered in this patient with worsening renal function, discarding other causes. The intake of ibuprofen and valaciclovir was confirmed with the withdrawal of the drug and the normalization of renal function

The importance of the role of a general practitioner who knows the normal general health of their patients.

Previous baseline analytical data is of vital importance; it allows you to know acute alterations to intervene quickly.

Make better use, as well as a more rational use of NSAIDs, taking into account the age of the patient.

Do you always prescribe analgesics?

When prescribing NSAIDs you take into account the adverse effects?

You use the risk-benefit balance method, when prescribing a drug





## Abstract topic

03. Diagnosis

**Abstract ID:** E073/ID854

### Hemochromatosis: a case report.

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Hemochromatosis is a disease caused by the accumulation of iron in the body. It can be primary also know as hereditary and secondary or acquired.

Primary hemochromatosis is due to a mutation in the HFE gene on 6th chromosome, the transmission is autosomal recessive and more common in Caucasian males.

Secondary hemochromatosis has several causes: hemolytic anemia, HCV hepatitis, liver disease from multiple blood transfusions, aceruloplasminemia, neonatal hemochromatosis.

**Methods:** Case report.

**Outcome:** A 64-year-old man attended his GP because of abdominal pain. His medical history is as follows type 2 diabetes mellitus, hypercholesterolemia, ex-smoker, ex-moderate drinker.

The patient refers epigastric pain, heartburn and asthenia for several weeks all associated with pain in the right hypochondrium. Because of these symptoms the paciente mas prescribed PPI and antacids to alleviate the digestive symptoms. Additional tests were requested.

Blood test presented elevated transaminase, iron, ferritin and transferrin; a TSI of 92%, hyperchromic macrocytic anemia, leukopenia and thrombocytopenia. Also a negative viral serology.

Abdominal ultrasound shows incipient liver disease with splenomegaly.

A referral was made to study a posible hemochromatosis. A gastroscop was performed observing a esophageal varix and signs suggestive of chronic gastritis. The genetic study of hemochromatosis came back positive.

Treatment began with phlebotomies every 14 days.

**Conclusion:** The importance of an early diagnosis while there are still no complications, an the initiation of an early treatment plan improves the prognosis of this disease and reduces the affects on out patients life expectancy equaling it to that of healthy individuals





## Abstract topic

03. Diagnosis

**Abstract ID:** E074/ID866

## Blastocystis Hominis as a cause of chronic diarrhea in developed countries

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**Focus of the abstract:** Research

### BACKGROUND

Case 1: 56 years - old, hypertensive. He has mild diarrhea of a month's evolution.

Case 2: 46 years - old, controlled hypothyroidism. Intermittent diarrhea for 7 months.

There was no epidemiological history of travel or work in contact with feces.

### QUESTIONS

Is the cause of diarrhea blastocystosis?

When treat with drugs?

### METHODS

Physical exploration.

Blood and stool tests.

### OUTCOMES

Physical and analytical assessment is performed to rule out other causes of chronic diarrhea, both infectious and non-infectious. Positive stool parasites are obtained for Blastocystis Hominis.

In case 1, symptomatic treatment was carried out, after 2 weeks the diarrhea and the parasite in the stool sample had disappeared.

In case 2, the same as in the previous case is carried out, but after 2 weeks the diarrhea persists, so treatment with metronidazole is carried out for 5 days, the symptoms improve, and the parasite disappears from the feces in the control carried out at 2 weeks after finishing antibiotic.

### DISCUSSIONS

Blastocystis Hominis is a protozoan, intestinal parasite. Its pathogenicity is not fully known: most patients are asymptomatic, other times it is related to diarrhea or other gastrointestinal problems. It is necessary to make a differential diagnosis with other causes that produce the same symptoms. Most patients improve without the need for antibiotic therapy. In those with severe and prolonged symptoms, treatment with nitroimidazoles may be considered.





### TAKE HOME MESSAGE FOR PRACTICE

Blastocystis Hominis has a high prevalence in developing countries, but we must not forget it in our environment.







## Abstract topic

03. Diagnosis

**Abstract ID:** E075/ID869

## Q fever as a differential diagnosis of non-periodic recurrent fever in a rural área

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**Focus of the abstract:** Research

### BACKGROUND

32-year-old woman, nurse. She lives in a town with cattle farms (in a cattle town).

For a year after childbirth, she began febrile episodes of 5 to 6 days, arthromyalgia without another symptoms, up to 9 times. Asymptomatic between episodes.

### QUESTIONS

What is the origin of the fever? What examinations can we perform?

### METHODS

Physical and gynecological evaluations.

Blood test, chest radiology.

Echocardiography

### RESULTS

In episodes, blood test with elevated ESR and PCR.

Rest of blood analysis, chest radiology and gynecological evaluation: normal.

On suspicion of recurrent fever, the analytical study was extended, obtaining a positive IgM serology to coxiella Burnetti.

Echocardiography and cardiological examination to rule out endocarditis in the chronic phase of the disease, normal.

The treatment with doxycycline was not effective, so she presented 2 more episodes of fever again. The same treatment was applied in the next symptomatic phase, since then without new episodes and in the serological follow-up a decrease in the antibody titer was observed.

### DISCUSSION

Q fever is a zoonosis produced by Coxiella Burnetti. The acute phase can be subclinical and go unnoticed. The chronic phase can appear months to years after the primary infection. Pregnancy can act as a trigger for chronification, as the case that we present.





### **TAKE HOME MESSAGE FOR PRACTICE**

Not allways can we find an epidemiological precedent that explains the passage from animals to humans, this is possible because the spores containing Coxiella can move with the wind and cause infection at a distance.





## Abstract topic

03. Diagnosis

**Abstract ID:** E076/ID875

## Improve diagnosis the paresthetic notalgia, a great unknown

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**Focus of the abstract:** Research

### Background:

52-year-old woman, allergy to nickel and parabens. For 2 years, he has had a hyperpigmented macular lesion with poorly defined edges in the left scapular area with pruritus that does not interfere with sleep. No dorsalgia or radiculopathy today or in its history.

### Objectives:

Decrease the underdiagnosis of paraesthetic notalgia: identifying your main clinic as

Hyperpigmented macular injury in the back with pruritus.

Rule out if there is a secondary cause

Optimise treatment: of the symptoms and the cause if it exists.

### Methods:

Physical exploratiob

Blood analysis

Referral to dermatology

### Results:

Blood analysis with normal results except for a decrease in vitamin D. In dermatology clinical diagnosis of paraesthetic notalgia that improves with topical corticosteroid treatment and urea gel for the shower. The study was not extended because there was no suspicion of dorsal radiculopathy.

### Discussion:

Paraesthetical notalgia is a frequent neurological and dermatological disorder, although underdiagnosed. It predominates in middle-aged women with dorsal back involvement in the form of pruritus, sensory alterations and hyperpigmentation. Sometimes it is associated with neurological pathology of the back (trapment or trauma of the spinal nerves emerging between D2 and D6) and with multiple endocrine secondary neoplasia , which need to expand the study. Multiple treatments have been tested with variable results (antihistamines, corticosteroids, capsaicin, gabapentinoids, botulinum toxin)





**Practical message:**

Doctors should know this dermatological pathology that can be mild, but sometimes it can relate to a more serious pathology that needs more specific treatment.





## Abstract topic

03. Diagnosis

**Abstract ID:** E077/ID885

## Evaluation of post Covid-19 Dyspnoea in primary care

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**Focus of the abstract:** Research

### Background

Patients with Covid-19 pneumonia may present with dyspnea long after the resolution of the acute infection.

### Questions

It is uncertain whether the radiological findings correlate to the symptom of dyspnoea on reevaluation after the resolution of infection.

### Methods

We evaluated 61 patients from 6/22 to 12/22, three to six months after hospitalization for Covid-19-pneumonia in the local hospital. The radiological findings on admission, on examination and dyspnoea were evaluated. Patients had no other past medical history of dyspnoea.

### Outcomes

61 patients were evaluated (54.1% male). 19.7% up to 50y of age, 45.9% 50-69y and 31.1% 70+. Radiographic findings on admission were classified as small(39.3%(<30%)), medium 57.4%(30-50%) and large 3.3%(>50% of lungs infiltrated), and on examination as clear(21.3%), residual(52.5%), mild improvement(19.7%) and stable(6.6%). 36.1% had dyspnoea on exertion, associated with older age ( $p=0.038$ ), radiology on admission ( $p$  for trend=0.004) and on evaluation ( $p$  for trend=0.002). The predictive value of both imaging findings, revealed a trend for increased risks for dyspnoea with worsening of the imaging findings (RR 6.9 to 10.590 for evaluation and significant for admission RR 7.9 and 20 respectively ( $p=0.015$ ))

### Discussion

We observed a clear correlation between imaging findings and post Covid-19 dyspnoea, even in a small sample.

### Take Home Message for Practice

Radiological findings, even without clinical findings can predict the prolongation of shortness of breath in patients after Covid-19 pneumonia.





## Abstract topic

03. Diagnosis

**Abstract ID:** E078/ID890

## Head screams what heart shuts up

Roser Ros Barnadas<sup>1, 2, a)</sup>, Nuria Aranda Garcia<sup>2, b)</sup>, Carlos Millan Vinuesa<sup>1, 2, c)</sup>, Josep Giraladó Rius<sup>1, d)</sup>, Marta Soler Costa<sup>2, e)</sup>, Antonio Asensi Zapata<sup>2, f)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

### BACKGROUND:

Foramen ovale is a fetal structure that closes after birth; it remains open as a patent foramen ovale (PFO) in 25% of the population, most of them remain asymptomatic.

There is an association between PFO and cryptogenic stroke in young patients. The frequency of PFO in people with cryptogenetic stroke is 60%, if they have migraine aura increases to 93%.

Percutaneous PFO closure in patients ≤60 years of age with cryptogenic stroke is the most effective treatment.

**QUESTION:** Can an adult under 60 years of age and without risk factors have an ischemic stroke?

### METHODS:

**A 53-year-old woman who consulted for intense holocranial headache and a right upper homonymous quadrantanopia for the past 10 days.**

As the symptoms did not improve with triptans and the visual disturbance was different from her usual auras, she decided to consult her family doctor who, upon suspicion of a stroke, sent her to the hospital emergency.

### OUTCOMES:

Cranial CT scan: recent ischemic lesion in the territory of the left posterior communicating artery (PCOM).

Transesophageal echocardiogram revealed a PFO; bubbles were administered observing their passage into the left cavities with the Valsalva, absence at rest.

**DISCUSSION:** The patient was discharged with acetylsalicylic acid 100 mg/day; currently pending percutaneous closure of the PFO.







**TAKE HOME MESSAGE FOR PRACTISE :** Patients under 60 years of age without risk factors who have suffered a stroke, a PFO will be suspected as the first option, especially if they suffer from migraine with aura.





## Abstract topic

03. Diagnosis

**Abstract ID:** E079/ID894

## Doctor I have a hernia

Roser Ros Barnadas<sup>1, a)</sup>, M. Asunción Altaba Barceló<sup>1, b)</sup>, Josep Giraladó Rius<sup>2, c)</sup>, Nuria Aranda Garcia<sup>1, d)</sup>, M Isabel Gonzalez Saavedra<sup>1, e)</sup>, M Reis Isern Alibés<sup>1, f)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:**The health plan of Catalonia includes that all primary care teams have an ultrasound scanner and family doctors trained in ultrasound. Non-Hodgkin's lymphoma in Spain has an incidence of 12.3 cases per 100,000 males/year and 10.8 per 100,000 females/year. It is the seventh tumor in mortality.

**Question:** Can ultrasound speed up the diagnosis?

**Methods:**Clinical case: 70 year old asymptomatic woman consults for a groin bulge of two months evolution. Pathological history: Ex-smoker, Sjögren's syndrome, hypothyroidism, hysterectomy 20 years ago for myomas. Examination:superficial lump of 4 cm indurated in the right groin, normal blood tests, soft tissue ultrasound: Mass of 4 x 6 cm heterogeneous, irregular and vascularized. Referred to the hospital where a biopsy was performed and a diagnosis of low grade b lymphoma with diffuse pattern was made. Thoracic and abdominal CT: voluminous adenopathic conglomerate in the right groin compatible with lymphoma, without other affectations, confirmed by PET CT. treatment: rituximab + radiotherapy **Discussion:** 19 days passed from consultation to pathological diagnosis.The immediacy of the ultrasound study accelerated the diagnosis and treatment.

The availability of ultrasound scanners in primary care clinics and of doctors trained in this technique speeds up diagnosis. It is convenient to have time to perform ultrasound scans as well as support of consultant radiologists.

**Take home message for the praxis:** In the case of a non-painful and indurated lymphadenopathy, an urgent study should be carried out, which can be started in primary care or referred as a priority.





## Abstract topic

03. Diagnosis

**Abstract ID:** E080/ID895

### This is not my leg

Sara González de la Mano<sup>1, a)</sup>, Jorge Ávila<sup>1, b)</sup>, Miren Ibarra<sup>1, c)</sup>, Fernando Perales<sup>1, d)</sup>, Gloria Rodríguez<sup>2, e)</sup>, Jesús del Castillo<sup>3, f)</sup>, Pablo Natael Puertas<sup>4, g)</sup>, Liliana Rondón<sup>1, h)</sup>, Sergio Chamorro<sup>1, i)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

A 13-year-old boy, with no previous pathologies, comes to the Primary Care Pediatrics consultation because for a few weeks he has had a lump in the medial region of the thigh. He denies previous trauma, fever or other symptoms.

On physical examination, he presents a painful hard-consistency tumor, approximately 20 centimeters long, without erythema or increased temperature associated.

We perform an ultrasound in the Primary Care office, identifying a hyperechogenic image with isoechoogenicity that respects to the bone in the femoral diaphysis, with proximal growth and perilesional edema.

The initial diagnosis is a possible osteochondroma, which is later confirmed with a simple X-ray, so we refer the patient to the Pediatric Trauma Service to complete the study.

Osteochondroma is the most common benign bone tumor, appearing in most cases before twenty years, with higher incidence in males. The most frequent location is in the metaphysis of long bones around the knee, and the most frequent form of presentation is asymptomatic, being a casual finding. The most frequent diagnostic method is X-rays, according to the characteristics of the tumor, although ultrasound, computed tomography and especially magnetic resonance imaging can be useful in doubtful cases or lesions on infrequent locations.

Ultrasound is a cheap and accessible diagnostic method. In this case, thanks to its presence in the Primary Care consultation, we identified that it was a bone lesion and we made a precise diagnostic approach. It could be also useful for the study of complications such as thrombosis or secondary bursitis.





## Abstract topic

03. Diagnosis

**Abstract ID:** E081/ID900

### My neck is different

Jorge Avila Robustillo<sup>1, a)</sup>, Sara González de la Mano<sup>1, b)</sup>, Miren Ibarra<sup>1, c)</sup>, Fernando Perales<sup>1, d)</sup>, Pablo Natanael Puertas<sup>1, e)</sup>, Teresa Giner<sup>1, f)</sup>, Liliana Rondon<sup>1, g)</sup>, Sergio Chamorro<sup>1, h)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

A 65-year-old man, ex-smoker for 40 years, without known allergic drug reactions, presented with a **tumor** in the right submandibular región with progressive growth, for the last 4 years. He denies fever, pain, skin redness, drooling, or other symptoms. Not constitutional syndrome.

On physical examination, a tumor was detected in the right submandibular region, 3-4 cm in diameter, mobile and painless, with soft consistency. No palpable lymphadenopathy in the cervical region.

At the health center, we performed an ultrasound, finding a 1.8x3 cm mass with well-defined edges at the level of the right parotid gland, with heterogeneous content and positive color Doppler imaging inside.

We referred the patient to Otorhinolaryngology with preferential character to continue the study. After an initial assessment, a parotid ultrasound with Fine-Needle-Aspiration was requested, as well as a parotid Magnetic Resonance Imaging, confirming the diagnosis of bilateral and multicentric parotid Whartin tumor. Finally, a right suprafacial parotidectomy was performed.

It is a benign tumor, most frequently located in the parotid. It is the second most common tumor of this gland, being bilateral in 5-14% of cases and multifocal in 2% of cases. A significant association with smoking has been demonstrated.

The objective of this case is to show the growing importance of ultrasound in the primary care consultation, allowing a first diagnostic approach and, depending on the results, take decisions for diagnosis and treatment.





## Abstract topic

03. Diagnosis

**Abstract ID:** E082/ID904

### Dorsal pain, is it a red flag?

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**Focus of the abstract:** Continuous Medical Education (CME)

**Title:** Dorsal pain, red flag?

**Background:** Dorsal pain with mechanical characteristics is a daily issue in primary care. However, some signs and symptoms can alert us about all hypothetical contrasting causes of it (it's obvious the fact some of them suppose big deal to patients lives)

Diverse symptoms and imaging analysis act as a guide towards diagnosis but also as influential distractors if global context of patients and the feedback to the most common treatments are not carefully analyzed.

**Method:** the case of an 83-year-old woman with active follow-up since 2014 for cardiovascular risk factors with suboptimal control who inquire about two month old dorsal pain.

A year and a half of follow-up later, pain remains unchanged despite the treatments. After months of instability and frequent falls, our patient consulted because of a big effort to drag the right leg (hang up with no possibility of standing up) the fact was she was not able to walk, which, in less than a week, would become a complete spinal cord injury with paralysis of legs and sphincter incontinence (ASIA A).

**Results:** dreadful progression of a common dorsal mechanic pain to a complete spinal cord injury it's motivated by a dorsal meningioma (they account for 7.5% of the total and 46% of intradural tumors).

**Objective:** discern between the multiple explanation of back pain different from musculoskeletal in order to avoid delays in diagnosis and treatment.





## Abstract topic

03. Diagnosis

Abstract ID: E083/ID906

## Traveler's zoonose: management of imported subcutaneous myiasis lesions

MARIA MALLART RAVENTOS<sup>1, a)</sup>, Nuria Pla<sup>1, b)</sup>, Angels Vicente<sup>1, c)</sup>, Nuria Vidal<sup>1, d)</sup>, Ruth Ortega<sup>1, e)</sup>, Daniel Tarrés<sup>1, f)</sup>, Josep Figa<sup>1, g)</sup>, Ariadna Planas<sup>1, h)</sup>, Raquel Jimenez<sup>1, i)</sup>, Marta Raset<sup>1, j)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

We present our experience removing myiasis larva lesions: erythematous papules with a central pore containing the larva from infected travelers returning from West Africa. The larvae could be removed by firm digital pressure. Surgical removal was not necessary. Myiasis is a zoonose infection with the larval stage of flies (maggot). Usually they are animal parasites and occasionally infect humans. Myiasis geographical distribution occurs throughout Sub-Saharan Africa and Central and South America. Dogs are an important domestic reservoir.

African Furuncular myiasis is due to the tumbu fly, *the Cordylobia Anthropophaga*.

This fly lay eggs on the ground and laundry .

Eleven travelers from Catalonia, Spain, visited a friend in Senegal, West Africa. Nine of them were infected. We removed 16 furuncular myiasis from different parts of the body. The maggot penetrates the skin, previous lesion is not necessary. The diagnosis are the typical lesions associated with a sense of movement, and one air hole. When in doubt, the surface of the lesion should be covered with glycerine to stop the oxygen supply and the mature larvae will come out to breathe.

All patients had not sought advice prior to their travels and did not receive vaccines, immunizations nor Malaria risk guidance. We recorded a video to teach health professionals the proper and not aggressive larva extraction.

Sleeping on beds raised above the floor and shaking off or ironing the clothes is sufficient to prevent being infected.

Pre-travel assessments and guidance provided by Primary Health Care are essential for risk prevention.







## Abstract topic

03. Diagnosis

**Abstract ID:** E084/ID922

## Not all alterations in calprotectin levels are related to inflammatory bowel diseases

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**Focus of the abstract:** Continuous Medical Education (CME)

Authors: Gisela Tibau Ingles, Enric Arroyo Cardona, Maria Rovira Bruna, Maria Azema Rovira, Maria Alejandra Arce, Meritxell Munné Torra, Xavier Salvia Noguera, Lucía Trilles Ortega.

Work center: Primary care department, University Hospital Mútua de Terrassa

### **Background and Questions:**

A 62-year-old woman, with a history of major depression, comes to primary care presenting with intense fluctuating epigastralgia of 2 weeks of evolution with 2 episodes of rectorrhagia and unrelated to ingestion. She denies nausea, vomiting, GERD, altered stool rhythm or weight loss.

### **Management:**

Physical examination revealed painful palpation in epigastrium and hypogastrium. Rectal examination showed no abnormalities. A blood test was performed with no remarkable findings. Stool examination showed fecal calprotectin 2085.3mg/kg and Ag H.Pylori 29'4.

### **Outcome**

The diagnosis of H. Pylori infection was confirmed and the patient was treated with Pylera for 10 days.

### **Discussion**

H.Pylori infection is one of the most frequent infections and we must take into account that its form of presentation is very varied. Our patient concomitantly presented with depression and given the short time of evolution, it could have interfered with the clinical first impression.

### **What we can learn from this/open questions:**

Although calprotectin is a marker that is usually associated with inflammatory bowel diseases, it is important to keep in mind that its alteration may be due to other pathologies of the digestive system. When a patient presents with nonspecific digestive symptoms, we should perform general examinations to consider all possible etiologies.





## Abstract topic

03. Diagnosis

**Abstract ID:** E085/ID826

## Oral manifestations as indirect clinical markers of the virological status of HIV-infected patients - literature review

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**Focus of the abstract:** Research

**Background:** Candidiasis, hairy leukoplakia, periodontal disease and Kaposi's sarcoma are classified as lesions strongly associated with HIV/AIDS. Oral manifestations that arise as a consequence of immunologic decline remain very prevalent.

**Question:** The aim of this review is to verify if the development of these lesions is triggered by an increase in HIV viral load.

**Methods:** A bibliographic search was performed using the PubMed/MEDLINE primary database. For this purpose, the following keywords were used: "HIV viral load", "candidiasis, oral", "hairy leukoplakia, oral", "sarcoma Kaposi, oral", "Herpesvirus 8, Human" and "Periodontal Diseases". The limits established were: studies performed in humans (> 18 years), in English, Portuguese, French and Spanish. Only 64 of 272 results were considered of potential interest. After applying the inclusion and exclusion criteria, 23 were eliminated. The 41 accepted publications obtained a positive evaluation in the CASP assessment tool and were considered in this review.

**Outcomes:** HIV viral load was strongly associated with the prevalence of oral candidiasis and hairy leukoplakia in the majority of studies. All forms of periodontitis (strongly associated with HIV) were increasingly prevalent the higher the HIV viral load. A direct and independent association between HIV viral load and Kaposi's sarcoma occurrence was observed in some studies.

**Discussion:** The results obtained from this review allow us to deduct with some level of assurance that the presence of new onset oral manifestations is an indicator of the HIV-infected patient virological status.





## Abstract topic

03. Diagnosis

**Abstract ID:** E086/ID936

### Feasibility study of Montreal Cognitive Assessment (MoCA) administrated by a videoconference call - A randomized crossover study

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**Focus of the abstract:** Research

**Background:** Telemedicine holds great potential to promote healthcare. Montreal Cognitive Assessment (MoCA) is a brief screening tool for identifying mild cognitive impairment.

**Question:** To evaluate the agreement between MoCA administrated face-to-face and using videoconference call.

**Methods:** A randomized crossover study of patients (65+ years) admitted to the geriatric rehabilitation department in a large tertiary medical center during 2021-2022. Every patient was evaluated twice within 10 to 20 days between evaluations. To avoid learning effect, two alternative MoCA versions were used. Intraclass Correlation Coefficient (ICC), Kappa, Weighted Kappa, and Bland-Altman plot were applied to evaluate the agreement between the administration methods. Patients' characteristics were collected to identify potential predictors for low agreement.

**Outcomes:** Forty-four patients were included in the study (median age 83 years, IQR 76-87, 70% females). Excellent agreement was observed in the total MoCA score (ICC 0.889). Moderate to substantial agreement was observed in subsection scores (Kappa ranged 0.436-0.686), excluding language subsection where a fair agreement was observed (Kappa 0.331). Anxiety was associated with difference between administration methods ( $p=0.006$ ). In patients with anxiety ICC was lower (0.757) compared to patients without anxiety (ICC 0.919). No other variables were associated with a difference between administration methods.

**Discussion:** The regular form of MoCA can be administrated using videoconference call to identify mild cognitive impairment, whereas previous studies suggested using only the telephone versions of MoCA (T-MoCA).

**Take Home Message for Practice:** MoCA by videoconference call may be provided both during emergencies and routine medical care, especially in patients without anxiety.





## Abstract topic

03. Diagnosis

**Abstract ID:** E087/ID939

## Arterial hypertension - A usual diagnosis made in an unconventional way

João Castro<sup>1, a)</sup>, Joana Coelho<sup>1, b)</sup>, Vítor Rego<sup>1, c)</sup>, Isabel Loureiro<sup>1, d)</sup>, Raquel Marques<sup>1, e)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

Introduction:

The Diagnosis in Medicine follows, as a rule, a natural flow that begins with the anamnesis followed by a complete objective examination. Sometimes it is necessary to carry out Complementary Diagnostic Exams, which may show us alterations that, otherwise, it would not be possible to detect.

Description:

56-year-old patient with a personal history of: rhinitis and thyroid nodule. No usual medication. He goes to the consultation in 2022, for a "routine consultation".

Objective examination without major alterations, blood pressure of 120/70mmHg.

Later ends up bringing prescribed exams. Of note is the echocardiogram which described: "dilation of the left auricle. Slight hypertrophy of the interventricular septum. Grade I left ventricular diastolic dysfunction."

Due to these alterations, and even with normal blood pressure values, an Ambulatory Blood Pressure Monitoring (ABPM) was requested.

ABPM: "Normal mean systolic blood pressure values during the day and increased during the night, increased diastolic values during the day and night. There was no blood pressure drop at night (+5.3% for systolic and +4.7% for diastolic) - "Inverted Dipper" Pattern, that is, Nocturnal Arterial Hypertension.

Advised later on lifestyle changes, proper diet, regular exercise, salt reduction and weight loss. Lercanidipna was introduced at night.

Discussion:

Hypertension is a common pathology in clinical practice, however there are some rarer "variants". It is therefore important to be alert for changes that may indicate this pathology.

Conclusion:

We should always give priority to anamnesis and objective examination, however, sometimes targeted Complementary Exames becomes necessary for the diagnosis.





## Abstract topic

03. Diagnosis

**Abstract ID:** E088/ID945

### Paget's disease - an incidentaloma

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**Focus of the abstract:** Continuous Medical Education (CME)

**Introduction:** Sometimes we come across variants that aren't related to the patient's main complaints, though show us some problems that would otherwise be silent. This is what usually happens with the diagnosis of Paget's disease, also known as osteitis deformans, a chronic, common bone disorder that is usually silent.

**Case description:** A 55-year-old male with history of: BPH, dyslipidemia, obesity and renal cysts.

This patient resorted to consultation several times with some complaints of mechanical hip pain, without major functional disability. For monitoring his renal cysts, an opportunistic renal CT was performed, in which the following was detected: "...a gross trabecular aspect is more evident in the right iliac, which in non-oncological patients is admitted to translate Paget's disease." For the follow-up, it was requested a bilateral hip x-ray, that shows: "discreet signs of bilateral coxarthrosis, without compromising the amplitude of the joint interlines." and a sacroiliac x-ray, that shows: "A gross corticotrabeular pattern of the iliac bones and sacrum is observed, suggesting a picture of Paget's disease of the bone." Analytically: Alkaline Phosphatase: 160; Vitamin D= 23.4; PTH=114.

Therefore, a rheumatology consultation was requested, where the study was complemented and it was confirmed the disease and started treatment with zalendronic acid.

**Discussion:** Paget's disease is usually a silent disease, the diagnosis is often made occasionally, so it's important, when faced with any change, have a high degree of suspicion, and take proper action.

**Conclusion:** in clinical practice is important to expect the unexpected.





## Abstract topic

03. Diagnosis

**Abstract ID:** E089/ID960

## Relationship between hematuria and pharyngotonsillitis

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**Focus of the abstract:** Continuous Medical Education (CME)

A 15-year-old male presented to the emergency department with odynophagia and fever of 37.8°C of 24 hours of evolution, associated with vomiting of food on one occasion, denying diarrhea; he was treated with Amoxicillin. She returned the next day with macroscopic hematuria without other associated symptoms. He had no relevant previous medical history.

Physical examination showed slight arterial hypertension (150/70mmhg) and erythematous oropharynx and tonsils, without exudates. Laboratory tests showed prerenal acute renal failure (GFR: 29) and proteinuria not in nephrotic range and in urine sediment erythrocytes 50-100/camp. In search of etiology, streptotest was positive, anti-neutrophil cytoplasmic antibodies (ANCA) with negative result and a renovescial ultrasound without alterations.

The diagnosis of streptococcal pharyngotonsillitis complicated with nephritic syndrome is concluded.

In general, pharyngotonsillitis usually has a good prognosis, but complications include sinusitis, otitis media, meningitis, endocarditis, streptococcal toxic shock syndrome and glomerulonephritis.

Post-streptococcal glomerulonephritis and IgA glomerulonephritis were part of the differential diagnosis, they present with hematuria, the first with a latency period between the infection and the glomerular involvement associating hypocomplementemia, whereas the second usually presents in outbreaks together with the infection and with normal complement. The definitive diagnosis is made with biopsy. Although in our case it was not confirmed, it demonstrates the importance of keeping it in mind in daily practice and the challenge it implies.







## Abstract topic

03. Diagnosis

**Abstract ID:** E090/ID967

### 3 A's Stenosis - aortic stenosis, angor, anemia - a case report

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**Focus of the abstract:** Continuous Medical Education (CME)

Aortic stenosis(AS) is the most common valve disease and it's an important cause of morbidity and mortality in the elderly. After the onset of symptoms, the prognosis is reserved- 2-3 years of meansurvival.

Case Report: Man 80y, with hypertension and dyslipidemia; moderate AS (2014) and iron deficiency anemia. In a consultation, he reported retrosternal pain and tightness for small and medium efforts, with progressive worsening since 4 months ago. The pain lasted <5 minutes and was relieved in a few minutes with rest. In the physical examination: systolic murmur grade IV/V in the aortic focus and radiates to the carotid arteries. Stress test was performed- positive for myocardial ischemia; the echocardiogram revealed severe AS and the clinical analysis revealed iron deficiency anemia (Hb 7.8g/dl). After that, he did an endoscopy and colonoscopy (normal) and a coronary angiography that revealed coronary artery disease (CAD). Due to the chronicity and the difficulty in controlling the anemia, he was referred to gastroenterology to do a capsule endoscopy which revealed angiodysplasia in the small intestine.

Discussion: Angor is one of the most characteristic symptoms in severe AS. In this case, the association of AS, anemia and CAD enhanced the worsening of the clinical condition. Studies suggest a higher incidence of angiodysplasia in cases of AS. This association is called Heyde Syndrome.

Take Home-Message: The articulation and cooperation between the different levels of healthcare are very important for the best and most effective clinical guidance, where the GP plays a key role in the identification, diagnosis and guidance, and in clinical and therapeutic follow-up and surveillance.





## Abstract topic

03. Diagnosis

**Abstract ID:** E091/ID981

## When the answer is in the mattress – a case report

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**Focus of the abstract:** Continuous Medical Education (CME)

### Introduction

The bed bug is a blood-sucking human parasite that is found worldwide. In developed countries, this insect often hide in the cracks and crevices of mattresses, bed frames, and other nearby structures. Bed bugs generally bite in a linear pattern on exposed areas of skin. When a reaction occurs, the lesions are most commonly 2 to 5 mm red, itchy bumps.

### Case Report

A young female, 24 years old, came to an appointment due to the appearance of many skin itchy weals around a central punctum, which involved mainly the upper body and arms, but also the face, hands, legs and external genital area.

The prescribed treatment was a 2 week oral prednisolone and bilastine, with improvement of the lesions. After finishing the treatment, the lesions reappeared.

10 days later, she went to the dermatology emergency department where a diagnosis of scabies was made. A compound of permethrin was prescribed, which she applied once a week for 3 weeks. With this treatment the patient had an improvement in the itching but still maintained some lesions.

The patient saw an insect on her sheets and came to an appointment showing the picture of it. Realizing it was a bed bug, she was advised to hire an experienced pest control professional, buy a new mattress and bed and stay away of the house. She went to her cousin's house for 2 weeks, where the lesions and itching disappeared.

### Discussion

Every patient has a social environment that should be investigated.





## Abstract topic

03. Diagnosis

**Abstract ID:** E092/ID1011

### Resurgence of diphtheria cases in refugees in Europe: a clinical update by means of two clinical cases from a reception center for asylum seekers

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**Focus of the abstract:** Continuous Medical Education (CME)

There is a strong rise in diphtheria cases in Europe in young, mostly male, refugees mainly coming from Syria and Afghanistan who lived in precarious circumstances for a long time. This resurgence can possibly have major public health implications. Diphtheria is a rare infectious disease usually caused by toxin-producing *Corynebacterium Diphtheriae*. It can present itself in a cutaneous, respiratory or mixed form. Respiratory diphtheria is a potentially life threatening disease which can lead to airway obstruction due to formation of pseudo-membranes. Cutaneous diphtheria causes diffuse ulcers which are difficult to heal, primarily on exposed limbs. Diphtheria infections can be difficult to recognize due to strong resemblance to other infectious diseases and, in the cutaneous form, concomitant infections with streptococcal and staphylococcal infections. Diagnosis must be confirmed with cultures from the cutaneous ulcers or from oro- and nasopharyngeal swabs. Preventive measures via contact and sometimes droplet isolation are necessary in suspected cases. When confirmed, treatment is possible with macrolide antibiotics and in the respiratory form administration of antitoxins. Here, we discuss the clinical features of diphtheriae accompanied by of 2 clinical cases from a reception center for asylum seekers in Belgium.





## Abstract topic

03. Diagnosis

**Abstract ID:** P009/ID150

## Clinical profile of patients with heart failure with reduced ejection fraction at primary health center Canaletes. Barcelona

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**Focus of the abstract:** Research

### BACKGROUND

Heart failure is a prevalent, multifactorial disease that is increasing due to the aging of the population and the presence of cardiovascular risk factors. Adequate diagnosis and treatment is important given that mortality is close to 50% in the 5 years following diagnosis.

### OBJECTIVES

1. To determine the clinical characteristics of patients with RHFpEF at the Primary Health Center Canaletes
2. To identify the main treatments of patients with ICFer in the primary Health Center Canaletes.

### METHODOLOGY

Review of the medical records of patients diagnosed with heart failure with reduced ejection fraction at the CAP Canaletes until December 31, 2022.

Results were analyzed using PSPP program.

### OUTCOMES

48 patients were obtained. 29 (60.4%) were women. The mean age was 78 +- 7.41 years.

Causes: Ischemic heart disease 22 (45.8%), Valvular 10 (20.8%), Other 16 (33.4%).

Initial EF: 36.27% +- 9.45%

Comorbidities: High blood pressure 32 (66.7%), Diabetes mellitus 17 (35.4%), Dyslipidemia 19 (39.6%), Chronic renal insufficiency 12 (25%), Chronic obstructive pulmonary disease 12 (25%), Atrial flutter 19 (39.6%), Sleep Apneas Hyponeas Syndrome 3 (6.25%), Microalbuminuria 12 (25%).

Treatments:

ARNI: Yes 21 (43.7%) No 27 (56.3%)

Betablockers: Yes 35 (72.9%) No 13 (27.1%)

ISGLT2: Yes 25 (52.1%), No 23 (47,9%)





ARM: Yes 24 (50%) , No 24 (50%)

## CONCLUSIONS

The main cause of HF with reduced EF is ischemic heart disease.

The main comorbidity was high blood pressure.

The average ejection fraction at diagnosis was 36.27%.

In this study: 43.7% used ARNI; 72.9% beta-blockers; 52.1% ISGLT2 and 50% mineralocorticoid receptor antagonists.





## Abstract topic

03. Diagnosis

**Abstract ID:** P010/ID202

### Effectiveness of management of adult patient with bronchial asthma at the primary health care level in Bishkek, Kyrgyzstan

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<sup>a)</sup>Department of Family Medicine of Postgraduate Education, Kyrgyz State Medical Academy named after I.K.Akhunbaev, Bishkek, Kyrgyzstan

**Focus of the abstract:** Research

#### Effectiveness of management of adult patient with bronchial asthma at the primary health care level in Bishkek, Kyrgyzstan

**Background and purpose:** Bronchial asthma (BA) is one of the most common chronic respiratory diseases in adults. Implementation of modern diagnostic and treatment approaches have led to excellent treatment and control results in recent decades. However due to the COVID-19 pandemic, the quality of asthma management has declined. The objective of this work was to assess the frequency, clinical, functional features of asthma and to evaluate the effectiveness of asthma management for patients at the primary healthcare level in Bishkek.

**Methods:** Assessment included collection of medical history and clinical data, determination of control status by ACQ (Asthma Control Questionnaire), spirometry performance.

**Results:** 98 patients with a confirmed diagnosis of bronchial asthma were examined (men - 26, women - 72, average age 49,55±16,3 years). There was a significant predominance of patients with uncontrolled asthma - 75 (76,5%), whose ACQ averaged 2.4±0.8, compared to patients with controlled asthma. The FEV1 of uncontrolled asthma was reduced to 64.6±21.4% (significantly different from the group of patients with controlled asthma. Patient awareness was revealed to be low in understanding disease control methods amongst all patients.

**Conclusion:** Bronchial asthma management at Bishkek primary health care does not meet required guidelines. The implementation of new approaches as telemedicine monitoring/follow up in non-emergency cases will be relevant to improve the management of asthma patients at the primary care level in Bishkek.







## Abstract topic

03. Diagnosis

**Abstract ID:** P011/ID372

## When “the flu” is something else...: a case report

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

Leptospirosis is a widespread zoonotic and potential life-threatening disease. Human infection occurs by accidental contact with urine from infected animals (specially rats, but also dogs, cows...) or with contaminated water/food/soil. Azores Archipelago has been considered an endemic area due to his temperate rainy climate and large cattle industry.

### Content

33-year-old man, livestock worker (cattle), without any relevant past medical history, with one week history of low back pain, asthenia, anorexia, nausea, vomiting and intermittent fever (in the beginning 3 days of fever, then symptomatic improvement and again fever for a few more days + worsening of the symptoms described above). Physical examination was normal except fever and urine test with haematuria and proteinuria. With these symptoms he was referred to the hospital with a diagnostic hypothesis of leptospirosis. At hospital admission, he presented high CRP and elevation of creatinine, transaminases and LDH levels. Leptospirosis was confirmed. He started a treatment with doxycycline 100mg twice a day and clinical improvement was achieved in the first days of treatment.

### Discussion

Leptospirosis is a disease characterized by flu-like symptoms, mostly unspecific. Some clues were crucial in the management of this case: patient’s occupation and biphasic pattern of the symptoms. This case emphasizes the broad range of conditions that Family Doctors should be familiar with and their decisive role in disease prevention.

### Take Home Message

A good anamnesis remains an essential tool to achieve a correct diagnosis. We should always integrate patients’ symptoms in their sociocultural environment.





## Abstract topic

03. Diagnosis

**Abstract ID:** P012/ID406

## Acute heart failure as a complication of covid 19

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**Focus of the abstract:** Continuous Medical Education (CME)

### INTRODUCTION

Acute Heart Failure (AHF) is a progressive disease with multiple episodes of decompensation, associated with many comorbidities. In Portugal, as in the world, AHF is a prevalent disease responsible for 1 hospitalization in every 28 minutes and 1 death in every 3,8 hours.

Recent studies have shown that 1 in each 3 covid patient can have AHF as a covid complication.

### CASE DESCRIPTION

A 42 year-old man, smoker, BMI 21, without significant medical history was diagnosed with SARS COVID 19 in January 2021. It was a mild disease without need of hospitalization. One year later, he complained of extreme fatigue. An ECG, chest X-ray and blood tests were requested. The results only showed hypercholesterolaemia, for which statin was started.

Given his persistent symptoms, we decided to request an ECG with stress test, Holter, echocardiogram.

The echocardiogram showed dilated left ventricle, moderate septal hypertrophy, remaining wall slightly hypertrophic, suspicion of posterior wall hypokinesia and ejection fraction 49%. Given these findings, Ramipril and aspirin were prescribed. Scintigraphy was also done and did not show any abnormalities.

In March 2022 we refer to smoking cessation and cardiology team who increase Ramipril dose, and carvedilol and spironolactone were commenced.

### DISCUSSION

This case emphasizes the importance of detecting comorbidities following COVID, even in young patients without many risk factors.

Family doctors once again are the cornerstone in the early detection of such comorbidities, preventing poor outcomes and worsening prognosis.





## Abstract topic

03. Diagnosis

**Abstract ID:** P013/ID467

### Embryonic vestiges in adulthood. Unraveling a case of a fake inguinal hernia

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**Focus of the abstract:** Continuous Medical Education (CME)

A 40 years old woman who came to the primary care complaining of a painful swelling in the right groin for a year. She had no relevant medical or familiar history.

#### *Management*

Physical exam revealed a mass that was painful on palpation and movements, and worsening under valsalva maneuvers.

An abdominal echography was performed, resulting in a possible coxofemoral synovial cyst.

The study was extended with an MRI which revealed a 20mm<sup>3</sup> unilocular cyst.

#### *Outcome*

A diagnosis of a hydrocele in the right canal of Nuck was confirmed.

#### *Discussion*

Nuck cysts are a rare abnormality in female genitalia caused by a failure of the Nuck canal to close after birth.

These cysts frequently mimic the symptoms of inguinal hernia, and are detected and treated in early ages. Therefore, very few cases of Nuck cysts have been reported to date in adult females, probably in part due to the frequent misdiagnosis. However, prognosis is overall good after surgical treatment.

#### *What we can learn from this/open questions*

The similarity with the inguinal hernia makes it mandatory to consider Nuck's canal abnormalities in the differential diagnosis of pain/swelling in the groin or labia majora of adult females.

Besides, due to the extremely low incidence, it is important for clinicians to be generally aware of the possibility of female hydroceles.

Well-targeted physical examinations plus high-resolution imaging (ideally MRI) should be performed as per protocol in front of inguinal swelling.





## Abstract topic

03. Diagnosis

**Abstract ID:** P014/ID668

### Temporal arteritis: report of a case

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**Focus of the abstract:** Research

#### BACKGROUND:

Temporal arteritis, or giant cell arteritis is a multisystemic disease characterized by vasculitis, which usually affects large and medium-sized vessels with predisposition to cranial arteries, particularly to the temporal artery.

#### CASE REPORT:

A 77-year-old man consulted for myalgias, and arthralgias on his shoulders and neck for 2 weeks. Paracetamol before meals was prescribed by his family doctor without objectifying improvement. One month later, the patient consulted again for one-side sudden vision loss and was referred to the emergency room. Initially, he was evaluated by the Ophthalmology department without objectifying abnormalities. On examination his temporal arteries were tender. No other positive signs were found. The laboratory results were: ESR 124 mm/h and C-reactive protein 50 mg/L. Methylprednisolone 1 gr intravenous during 3 days was given and the patient recovered the vision. A few days later, ultrasonography revealed an anechoic perivascular halo surrounding the temporal artery. The results of the histopathological study from the biopsy showed features of temporal arteritis. The patient was sent home with treatment with prednisone 60 mg/day.

#### DISCUSSION:

The most frequent symptoms of temporal arteritis are new headaches, visual disturbances, symptoms of polymyalgia rheumatica and jaw claudication. Prompt recognition of the disease and early initiation of glucocorticoid therapy can prevent vision loss in the affected eye or new visual deficits in the contralateral eye.

#### CONCLUSION:

Temporal arteritis is an uncommon disorder in primary care. The systemic manifestations are varied and nonspecific; in addition, the progressive development of the symptoms makes the diagnosis difficult.





## Abstract topic

03. Diagnosis

**Abstract ID:** P015/ID708

## Osteochondroma

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**Focus of the abstract:** Continuous Medical Education (CME)

Introduction:

A 16-year-old male, with no previous conditions, consulted for the appearance of a lump in the anterosuperior area of the right leg without any trauma or fractures.

Aim of the poster:

Review a relative common bone tumor

Discussion:

On physical examination, palpation revealed a 5 cm painfulness lesion in the proximal third of the right lower limb. An X-ray showed a benign bone tumour compatible with an osteochondroma peroneum. An MRI scan completed the study, showing an excurrent lesion with medullary communication in the fibula, and peripheral enhancement due to bone immaturity (according with age). There were no signs of malignant degeneration, soft tissue lesions or cortical destruction. No secondary local complications, except for a very discreet muscular oedema distal to the lesion. In view of these findings, radiological control was maintained for the time being.

Conclusion:

Osteochondromas are benign lesions of the metaphysis of long bones with a very good prognosis. Most cases are incidental findings on radiographs; in other cases they appear as a non-painful lump. Symptomatic cases are due to compression of adjacent structures (fractures, bursitis, arterial or venous thrombosis, aneurysms/pseudoaneurysms...), mainly the popliteal artery, the common peroneal nerve and the posterior tibial nerve. Plain radiography is the first test to be performed, with MRI being the best method for studying morphology and complications. Treatment is conservative, observation by annual X-rays and clinical examination. If changes occur, MRI is performed. Surgical treatment is only indicated in symptomatic cases or in cases of malignant transformation.





## Abstract topic

03. Diagnosis

**Abstract ID:** P016/ID846

## Covid-19 Infection and Sudden Sensorineural Hearing Loss: What is the evidence?

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**Focus of the abstract:** Continuous Medical Education (CME)

Studies show the involvement of several systems after infection with Covid-19.

The etiology is unknown, but there is currently increasing evidence of cases of sudden sensorineural hearing loss (SSNHL) in patients with Covid-19, and this review aims to clarify this relationship.

Inclusion Criteria (PICO): Population: adults with COVID-19; Intervention: development of SSNHL after Covid-19 infection; Comparison: adults who had Covid19 and didn't have SSNHL; Outcome: incidence of SSNHL.

Research was performed using systematic reviews (SR) and meta-analyses (MA), during 2022. The following MESH terms were applied: "Covid-19", "Sudden Deafness" and "Sudden Hearing Loss" in the PubMed, National Guidelines and Cochrane databases library. To assign levels of evidence (LE) and strengths of recommendation, the American Family Physician's Strength Of Recommendation Taxonomy (SORT) scale was used.

Of the 12 articles initially found, 2 articles were excluded after reading the title and 5 after reading the abstract.

Five articles were selected: 3RS and 1RS and MA (1NE1 and 3NE2) and 1 non-systematic review (1NE2).

There is a positive trend in the relationship between covid-19 and SSNHL, however, they question the mechanisms and its pathophysiology. Tinnitus is a very prevalent symptom in SSNHL and viral infection is one of the considered causes of cochlear destruction.

The evidence is inconsistent (SORT B). There are few studies on this topic, however, most have a positive relationship. More investigations are needed to study the etiology of SSNHL.

The scarce literature and lack of robust studies are the limitations of this review.







## Abstract topic

03. Diagnosis

**Abstract ID:** P017/ID867

## Crossing glances on priapism

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**Focus of the abstract:** Continuous Medical Education (CME)

**Didactic method:** clinical case

**Presented problem:** A 41 years old Caucasian man, who searched medical care at the Health Center, complaining of a painful penile erection that last around five hours. Priapism is a rare pathological condition which is characterized by a painful and persistent erection without any sexual desire. Most cases of priapism are due to a failure of blood to drain out of the penis, also known as ischemic priapism. Intense pain caused by ischemia occurs at about 4 hours after. Major common causes are related to pharmacological due to treatment of erectile dysfunction, as well as hematological diseases such as sickle cell anemia, and more rarely, leukemia.

**Management:** After further examination at the local health center the patient was immediately referred to the emergency department of the main hospital. He was observed by a specialist and underwent local measures to solve the issue. After blood test examination, the patient showed leukocytosis with neutrophilia.

**Outcome:** The analytical findings referred him to the Hematology service, where he was diagnosed with chronic myeloid leukemia in the chronic phase.

**Discussion:** In leukemia, a raise in the number of leukocytes is associated with increment in blood viscosity, which favors the occurrence of thromboembolic phenomena, that can trigger priapism by causing venous and arterial stasis in the cavernous bodies.

**What we can learn from this:** Such case reveals that the presence of priapism can be the first sign of leukemia, which requires early diagnosis for timely and effective treatment.





## Abstract topic

03. Diagnosis

**Abstract ID:** P018/ID899

### I have a lump in my neck

Jorge Avila Robustillo<sup>1, a)</sup>, Sara González de la Mano<sup>1, b)</sup>, Miren Ibarra<sup>1, c)</sup>, Fernando Perales<sup>1, d)</sup>, Teresa Giner<sup>1, e)</sup>, Lucía Perez<sup>2, f)</sup>, Pablo Natael Puertas<sup>3, g)</sup>, Cristina Zamora<sup>4, h)</sup>, Liliana Rondón<sup>1, i)</sup>, Sergio Chamorro<sup>1, j)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

62-year-old woman, smoker of 4-5 cigarettes a day for 43 years, with personal history of hypertension, type 2 diabetes mellitus and dyslipidemia, attended the Primary Care clinic due to inflammation and pain in the neck for 2 months of evolution.

Physical examination revealed a painful nodule at the level of the submandibular gland, non-mobile, with hard consistency. Due to those findings we decided to perform an ultrasound scan in the Primary Care office, showing a hypoechoic nodule on the left submandibular gland, with a major axis of 1,5cm. We applied Color Doppler finding blood flow inside the nodule.

In view of these results, the patient was referred to the otorhinolaryngology department for further studies. Magnetic Resonance Imaging was performed, which reported a focal lesion in the left submandibular gland with lobulated morphology and not well-defined limits, without high restriction in diffusion and the typical uptake of a Pleomorphic Adenoma. They also performed a Fine Needle Aspiration which revealed findings suggestive of the same diagnosis. It was decided to remove the lesion, with definitive diagnosis of Adenoid Cystic Carcinoma grade 2, and subsequent left cervical lymph node emptying.

This type of tumor constitutes 12% of malignant tumors of the Submandibular Gland, being more frequent in women between 50 and 70 years of age. The most frequent location is in the Parotid Gland.

Thanks to the possibility of performing ultrasound in Primary Care, it has been possible to make a rapid diagnostic approach and take the necessary measures according to it.





## Abstract topic

03. Diagnosis

**Abstract ID:** P019/ID937

### Persistent thyroglossal duct in an adult patient

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**Focus of the abstract:** Continuous Medical Education (CME)

A 46-year-old woman with medical history of extrinsic Asthma, Pollinosis and Subclinical Hypothyroidism attended the Primary Care consultation after presenting for 2 days a cord at the mid-anterior cervical region, which moved with tongue's movements and bothered her with cervical extension.

On the physical exam, we saw a cord with hard appearance which was mobilized with lingual movements. We decided to perform an ultrasound scan at that time to try to identify that lesion. We observed an anechoic longitudinal lesion with a 4mm minor axis and negative color map. It also presented hyperechogenic areas inside it, with a starry sky appearance. Those findings confirmed the suspected clinical diagnosis of Persistent -Thyroglossal Duct in an adult patient. We decided to start antibiotic treatment on the suspicion that it was infected.

The Thyroglossal Duct is a tube that grows during the development of the Thyroid Gland, in the first weeks of pregnancy. It usually manifests in childhood, being found in less than 15% of patients over 50 years of age. The most common complication is infection of the cyst. When it becomes infected it increases in size, hurts and produces skin erythema. For the diagnosis it is usually enough with the interview and the physical exam. Ultrasound is the imaging test of choice to confirm the diagnosis. The definitive treatment is the surgical removal, avoiding the surgery during active infection.





## Abstract topic

03. Diagnosis

**Abstract ID:** P020/ID958

## Patterns of Laboratory Test Ordering in Belgian Primary Care

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**Focus of the abstract:** Research

### Background

Laboratory tests play an important role in primary care, providing valuable information to aid in diagnosing and managing various medical conditions. In primary care settings, laboratory tests are commonly used to screen a variety of patient populations for a wide range of conditions. However, a major concern in the use of laboratory tests in primary care is the risk of misutilization, which can lead to misdiagnosis, unnecessary costs, and potentially harmful interventions.

### Objectives

To describe the patterns of laboratory test ordering by primary care practices in Belgium and compare them to other countries.

### Methods

Data analysis of laboratory tests ordered in 10 years from 2012 to 2021 and registered in the largest two retrospective Electronic Medical Records (EMR) datasets for primary care in Belgium. All test results recorded for the same patient on the same day were considered to represent one laboratory order done by the General Practitioner (GP) during the visit. Hematology tests related to the Complete Blood Count (CBC) panel in the same order were grouped as one test.

### Results

104,615,991 test records were analyzed over 8,032,209 laboratory orders, ordered in 537 primary care practices for 1,416,509 patients. The trends of the top 25 ordered tests were assessed over 10 years. The median and interquartile range of the annual numbers of tests and orders per patient were analyzed.

### Conclusion

Retrospective data analysis of big EMR datasets can help in understanding the patterns of laboratory test use in primary care to address the concerns of misutilization.





## Abstract topic

03. Diagnosis

**Abstract ID:** P021/ID1003

## The diagnostic and predictive accuracy of the PRISMA-7 screening tool for frailty in older adults: a systematic review

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**Focus of the abstract:** Research

Early identification of frailty in older adults can ameliorate their care and reduce the risk of exacerbation of pre-frail states. There is a need for accurate tools to assess for frailty. Several frailty screening tools have been developed. One such screening tool is the PRISMA-7. It is a simple, 7-item, yes/no questionnaire where a score of  $\geq 3$  identifies frail persons.

This systematic review aims to synthesise the totality of evidence regarding the diagnostic and predictive accuracy of the PRISMA-7 at identifying frailty and risk of adverse outcomes.

A systematic literature search was conducted from 2008-2022 in PubMed, EMBASE, CINAHL, EBSCO and the Cochrane Library to identify validation studies of the PRISMA-7 tool. This included prospective or retrospective cohort studies, cross-sectional studies and the control arm of RCTs which have evaluated PRISMA-7's effectiveness in comparison to a reference standard. Study quality was assessed using the QUADAS-2 tool. A bivariate random effects model generated pooled estimates of sensitivity and specificity. Statistical heterogeneity was analysed.

A total of twenty-seven studies were identified for analysis. Quality assessment revealed three studies with one element of high risk of bias. PRISMA-7's diagnostic sensitivity and specificity was 72 and 87% respectively. While predictive accuracy meta-analysis garnered less applicable findings.

This systematic review will inform future care providers of the effectiveness of PRISMA-7 at identifying frailty in community and hospital settings. Future research should investigate the feasibility of implementation of PRISMA-7 into routine clinical assessment.





## 04. Analysis of routine data, artificial intelligence

### Abstract topic

04. Analysis of routine data, artificial intelligence

**Abstract ID:** E093/ID101

### Suicide prevention: study on the feasibility of developing a monitoring system for social networks in Spanish based on Artificial Intelligence.

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**Focus of the abstract:** Research

Every year more than 800 million people in the world commit suicide and there are many more suicide attempts. Early detection of suicidal ideation is a key element in its prevention. People at risk of suicide express their suicidal ideas more and more on social networks.

The verbalization of suicidal ideation is frequent in people at risk of suicide and is expressed not only in the immediate environment, but increasingly on the Internet, through interactions on social networks such as Twitter, threads in forums or communities such as Reddit or personal blogs.

In recent years, various methods based on machine learning techniques and natural language processing have been applied to detect suicidal ideation - Suicidal Ideation Detection (SID) - in different domains.

3 types of methods are used: 1) content analysis by filtering keywords and phrases. 2) Automatic learning methods with selection of characteristics that can be general to the text or include affective elements (lexicon, part of speech, emotions, etc). 3) learning methods based on neural networks (deep learning) in its different variants: convolutional neural networks.

The contribution of the family doctors involved in the project is the selection of those patients with severe depression who have given their informed consent to participate in the study in order to obtain a tool that prevents suicide.

This system will allow the medical professional to receive alerts based on the analysis of the data that the patients provide online to the psychological evaluation system.







## Abstract topic

04. Analysis of routine data, artificial intelligence

**Abstract ID:** E094/ID400

### Acute Kidney Disease in a cohort with incident Chronic Kidney Disease: a population-based study in Catalonia, North-east Spain

Daniel Bundo<sup>1,a)</sup>, David Vizcaya<sup>2,b)</sup>, Oriol Cunillera-Puértolas<sup>3,c)</sup>, Sílvia Cobo-Guerrero<sup>4,d)</sup>, José Romano-Sánchez<sup>5,e)</sup>, Betlem Salvador-González<sup>6,f)</sup>, Ariadna Arbiol-Roca<sup>7,g)</sup>

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**Focus of the abstract:** Research

**Background:** Patients with CKD may suffer abrupt worsening of kidney function (Acute Kidney Disease, AKD).

**Questions:** Which is the incidence and risk factors for AKD in a population-based cohort of incident CKD?

**Methods:** We performed a retrospective cohort using electronic health records of adults with incident CKD between 2007 and 2017 in Catalonia, followed up until AKD, death or end of the study. Baseline covariables were collected during the year prior to CKD onset.

We estimated the incidence of AKD and the adjusted sub distribution hazard ratios of risk factors (sHR; 95% confidence intervals) through a multivariate Fine-Gray model considering mortality as a competing risk.

**Outcomes:** We included 467,802 people (53.2% women, median age 75 [66:81] years, mean follow-up 5.65 years). We identified AKD in 9,037 (1.93%), 342 cases /100,000 persons-year. In the multivariate model, severe albuminuria (sHR: 2.1; 1.86-2.39) and descending eGFR (2.89; 2.60-3.21 for 15-30 ml/min/m<sup>2</sup>) were the main factors associated with increased risk, followed by anemia (1.38; 1.31-1.46), body mass index  $\geq 35.0$  (1.33; 1.22-1.44), hypertension plus diabetes (1.31; 1.15-1.50), male sex (1.26; 1.21-1.32) heart failure (1.26; 1.17-1.36), aldosterone antagonists (1.18; 1.10-1.28) and angiotensin converting enzyme inhibitors (1.15; 1.10-1.20). Increasing age presented decreasing risk (0.78; 0.63-0.84 for  $\geq 80$  years).

**Discussion:** Renal parameters are important risk factors for AKD in CKD but other factors add significant risk.





**Take Home Message for Practice:** As Family Doctors, we should focus on identifying and managing risk factors to prevent AKD.

### Abstract topic

04. Analysis of routine data, artificial intelligence

**Abstract ID:** E095/ID407

## Hiperkaliemia in a cohort with incident chronic kidney disease (CKD): population-based study in Catalonia, North-east Spain

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**Focus of the abstract:** Research

**Background:** Hyperkalemia is common in people with chronic kidney disease (CKD) and may complicate the medical management.

**Questions:** Which is the incidence and risk factors for hyperkalemia (HK), and severe hyperkalemia (SHK) in a population-based cohort with incident CKD.

**Methods:** We performed a retrospective cohort using electronic health records of adults with incident CKD between 2007 and 2017 in Catalonia, followed up until HK (diagnostic or 2 consecutive measurements >5.5 mmol/L), SHK (2 consecutive potassium measurements >6 mmol/L), death or end of the study period. Incidence of both hyperkalemia outcomes was estimated. Adjusted sub distribution hazard ratios of risk factors through multivariate Fine-Gray models considering mortality as a competing risk.

**Outcomes:** From 467,802 people with incident CKD 43,844 (9.37%) without K measurement 11,123 (2.38%) with HK and 1,753 (0.37%) with SHK at baseline were excluded. We identified HK in 15,965 (3.87%) cases, 687/100,000 persons-year and SHK in 1,766 (0.38%), 72.7/100,000 persons-year during follow-up. In both multivariate models, lower renal function and higher albuminuria were the most important risk factors, more marked for SHK. The risk also increased with male sex, diabetes plus hypertension, diabetes complications, smoking, non-controlled systolic blood pressure, anemia, and treatment with aldosterone antagonists and angiotensin converting enzyme inhibitors. The risk was lower in ≥80 years, diastolic blood pressure ≥90 and angiotensin receptor antagonists.

**Discussion:** HK is common in CKD and much more frequent than SHK, but share risk factors.

**Take Home Message for Practice:** In CKD patients, it is important to measure K during follow-up.





## Abstract topic

04. Analysis of routine data, artificial intelligence

**Abstract ID:** E096/ID412

## Body mass index in the elderly population, study in a UCSP

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Nutritional status has impact on the functional capacity and comorbidities of the elderly, the body mass index (BMI) is regularly used for its assessment. However, ageing causes body changes, which leads some authors to propose the use of different cutoff points for elderly population.

**Question:** Do elderly patients, registered at UCSP Tarouca, have a BMI record adjusted to age? Do the codifications obesity/overweight, meet the reclassification criteria adapted to the geriatric population?

**Methods:** An observational, cross-sectional, retrospective, and descriptive study. All elderly patients (age $\geq$ 65 years) at UCSP, with BMI register, collected on 30-01-2022 from MIM@UF program, were included.

**Outcomes:** Of the 2087 registered elderly patients, 1463 were included. Most were women(57.6%). According to the BMI classification by Ferri and Alix, of the 501 patients coded with obesity(T82), 12.4% had a BMI change, and need to be reclassified. The Overweight Class(T83) is not discriminated in the classification adapted to the elderly, so the 962 patients need to be reclassified, 91.4% of these maintain a BMI between 25 and $<30\text{kg}/\text{m}^2$ , and the remaining have changed BMI values.

**Discussion:** This study allowed to identify and reclassify the BMI of the elderly population and sensitizes professionals to the impact of body changes in the geriatric population.

**Take Home Message for Practice:** The correct nutritional assessment is essential for the provision of quality health care in an elderly population. There should be a consensus, to create an adequate scale, practical and accessible, for the nutritional assessment (BMI) of elderly people.





## Abstract topic

04. Analysis of routine data, artificial intelligence

**Abstract ID:** P022/ID6

## Pain and anxiety or depression in patient with terminal diseases

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**Focus of the abstract:** Research

**Background:** Pain and mental state issues, including anxiety and depression, were commonly seen in patient with terminal diseases. This study was designed to evaluate the association between pain and anxious or depressed in these group of patients.

**Methods:** A total of 319 patients with terminal disease who were visited by hospice home-care staffs in a medical center located in central Taiwan between 1/1/2020-12/31/2020. Terminal diseases were defined by National Health Insurance Administration. Our staffs reviewed patient's medical chart and recorded whether the patient showed any characteristics of anxiety or depression in the first consultation with hospice team and their pain scores (0-10, worse if larger). Independent sample t test was used for data analysis.

**Outcomes:** 220 patients were reported without anxiety or depression whereas 99 patients with anxiety or depression. Mean pain score in anxiety or depression group was 1.94 and was 1.31 in the group without anxiety or depression. P value of F test between the two groups was 0.007, which indicated that the variance within these two groups was significantly different. T test showed a significant difference between these two groups, indicating that the intensity of pain was associated with mental issues( $p < 0.05$ ).

**Discussion:** This is a pilot study regarding terminal patients' psychiatric condition in Taiwan. Patients with anxiety or depression were associated with more severe pain. Clinician and health-care provider could alter or modify their strategy of care when managing pain with patients with clues of anxiety or depression to improve the patient's quality of life.





## Abstract topic

04. Analysis of routine data, artificial intelligence

**Abstract ID:** P023/ID395

## Safety of COVID-19 vaccination in people with blood cancer

Emma Copland<sup>1, a)</sup>, Jennifer Hirst<sup>1, b)</sup>, Emma Mi<sup>1, c)</sup>, Martina Patone<sup>1, d)</sup>, Carol Coupland<sup>1, e)</sup>, Julia Hippisley-Cox<sup>1, f)</sup>

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**Focus of the abstract:** Research

### Background

The safety profile of COVID-19 vaccination in people with blood cancer is currently unknown.

### Questions

The aim of this study is to compare the risk of safety outcomes after COVID-19 vaccination in people with and without blood cancer.

### Methods

We analysed data from individuals aged  $\geq 12$  years in the QResearch UK primary care database. We included adverse events of special interest for vaccine safety identified from published literature, including cardiovascular disease, immune conditions, allergic reactions, neurological conditions and blood disorders. The risks of adverse outcomes within 1-28 days after 1st, 2nd and 3rd vaccine dose were assessed using the self-controlled case series method. We investigated the effect of vaccine type where numbers were sufficient. We accounted for multiple testing by specifying a 1% significance level.

### Outcomes

The analysis included 12,274,948 people, of whom 97,707 had blood cancer. There were sufficient numbers of events to analyse 26 safety outcomes. We found no difference in risk across all outcomes investigated 1-28 days after each dose of COVID-19 vaccine between people with and without blood cancer. There was no evidence of differences in risk with Pfizer-BioNTech BNT162b2, Moderna mRNA-1273 and Oxford-AstraZeneca ChAdOx1-s/nCoV-19 vaccines.

### Discussion

This study has shown that the safety profile of COVID-19 vaccines is similar in people with and without blood cancer.

### Take home message for practice

Blood cancer patients should continue to be prioritised for COVID-19 vaccination and can be reassured of their safety by general practitioners and healthcare providers.







## Abstract topic

04. Analysis of routine data, artificial intelligence

**Abstract ID:** P024/ID1000

## Primary care physicians' views on the usefulness of an AI-based diabetes counselling tool in risk communication and clinical decision making

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**Focus of the abstract:** Research

**BACKGROUND:** PERSONALISED Diabetes Counselling Tool using Artificial Intelligence (PERDICT.AI) was developed based on 'real-world' local primary care data to address challenges in communicating benefits and risks to patients accurately and in a personalised manner. It compares HbA1c to 'peers', uses algorithmically similar patients to illustrate health outcomes and provides a personalised diabetes care plan.

**QUESTIONS:** What are primary care physicians' (PCPs) views on the usefulness of PERDICT.AI in risk communication and clinical decision-making?

**METHODS:** This study used a mixed-methods methodology. PCPs used PERDICT.AI based on three case scenarios under direct observation, followed by completing the System Usability Scale (SUS) questionnaire and individual interviews. Interviews were audio-recorded, transcribed verbatim and thematic analysis was performed. These findings were triangulated.

**OUTCOMES:** Eleven PCPs assessed PERDICT.AI and recognized the value of having a visual and numerical risk communication tool at hand during consultations. They perceived peer-compared HbA1c to have potential to motivate certain patients whilst discouraging others. PCPs favoured a take-home actionable care plan personalized for patients. The tool was rated to be usable with a mean SUS score of 69.3/100 ( $\geq 68$ ).

**DISCUSSION:** Medication side effects and hypoglycaemia symptoms, variables often missing in databases, require PCPs' clinical acumen to elicit before sizable data can be integrated into the similarity algorithm. Algorithm retraining should reduce occurrences where similar patients appear dissimilar to PCPs and patients. Further revisions to PERDICT.AI will be informed by the study findings.

**TAKE-HOME MESSAGE FOR PRACTICE:** PERDICT.AI is a novel tool that can be used selectively in primary care diabetes management.







## Abstract topic

04. Analysis of routine data, artificial intelligence

**Abstract ID:** P026/ID1006

## Risk of hospitalizations for kidney disease is predicted by the 2021 CKD EPI glomerular filtration rate estimating equation in primary care

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**Focus of the abstract:** Research

### Background

The impact of the revised Chronic Kidney Disease Epidemiology Collaboration (CKD EPI) equation for estimated glomerular filtration rate (eGFR) on healthcare utilization is unknown. We evaluated the role of kidney function estimated by the 2009-eGFRcr(ASR) and 2021-eGFRcr(AS) equations in primary care on risk of hospitalization for kidney disease.

**Methods:** Electronic medical record review of adults at the primary care clinics of Singapore's largest public healthcare cluster and had a baseline serum creatinine performed in 2014. Baseline eGFR was calculated using both eGFRcr(ASR) and 2021-eGFRcr(AS) equations. The outcome was hospitalizations for kidney disease (acute kidney injury, chronic kidney disease, dialysis or transplant) in the next three years. Logistic regression models were assessed for discrimination and goodness-of-fit using the C-statistic and Hosmer-Lemeshow test, respectively.

**Results:** Among 28631 individuals, 1944 (6.8%) had hospitalizations for kidney disease. Hospitalization increased with worsening kidney function (Table 1); those who were reclassified to a lower eGFR category were less likely to have hospitalizations than those who were not.

After adjusting for age, sex, ethnicity, comorbidities (cardiovascular disease, diabetes, hypertension, cancer, blood pressure, BMI) and medications (statin, RAAS blockers, diuretic), eGFR categories by both equations were independently associated with hospitalizations (Table 2). Both models had good discrimination and fit; the difference between the C-statistic was not significant (0.847 versus 0.850,  $p=0.08$ ).

**Conclusions:** Lower eGFRs determined by the 2009 eGFRcr(ASR) and 2021-eGFRcr(AS) equations were associated with greater risks of hospitalization for kidney disease among adults in primary care.





## 05. Societal impact

### Abstract topic

05. Societal impact

**Abstract ID: E097/ID10**

### Prevalence of stress symptoms among COVID-19 patients in Home Isolation program

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**Focus of the abstract:** Research

**Introduction:** COVID-19 pandemic caused mental health problems and is associated with stress in patients hospitalized with COVID-19. A home isolation program has been implemented in Thailand for taking care of asymptomatic or mildly symptomatic patients. This study aims to examine the prevalence of stress and factor associated with stress symptoms in home isolation patients at Vajira Hospital.

**Methods:** Retrospective descriptive study. A total of 508 COVID-19 patients were retrospectively reviewed for medical records, including the Stress Test Questionnaire (ST-5), demographic data and patients' concerns about the COVID-19 pandemic in a home isolation program at Vajira Hospital from 26<sup>th</sup> July to 8<sup>th</sup> October 2021.

**Results:** The prevalence rate of stress was 7.3%. 46.7% of stressed patients had sleep problems. The patient's concern about the COVID-19 pandemic has been significantly associated with stress levels ( $p < 0.001$ ). Most moderate to severe stress patients had concerned about health (48.6%). However, demographic data (age, education, occupation, marital status and underlying diseases) was not associated with stress level.

**Conclusion:** Physicians and healthcare workers could apply ST-5, a self-administered questionnaire, as a screening tool to assess stress levels. ST-5 could be implemented for the early detection of high-stress patients, especially those with health concerns and sleep problems.





## Abstract topic

05. Societal impact

**Abstract ID: E098/ID21**

## Implementing a Transgender-Inclusive Curriculum to a Rural Family Medicine Residency Program.

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**Focus of the abstract:** Research

**Purpose:** LGBTQ individuals are an underserved population who face unique challenges regarding their health, especially in rural and isolated communities. Our goal is to reduce health care disparities and educate the next generation of family physicians by integrating transgender health into a FQHC and a rural family medicine residency program in rural Western North Carolina. **Methods:** We implemented changes in our FQHC in order to increase access to health for the LGBTQ community: a) the implementation of a free monthly support group b) the inclusion of a residency didactics session dedicated to transgender care; c) sensitivity training for staff; d) easily accessible guidelines for physicians. **Results:** Within the first 3 months of the transgender support group, eight patients were present for meetings and, the majority of them, started having their primary care and/or gender affirming hormonal therapy, as well as behavioral health services, within our clinic. Trans-patient population increased by 130% in 8 months. Residents and general office staff are frequently being educated in trans-inclusive care.

**Conclusions:** The experience has been positive and successful in expanding services for the LGBTQ community, specifically transgender health services by making health care more accessible to them and also by creating an trans-inclusive culture and educating medical providers. Primary care providers, particularly those in rural and underserved areas, play a fundamental role in prevention, screening, and treatment services for patients throughout their lives. A change in medical education needs to happen to ensure that high-quality health care is available for all.





## Abstract topic

05. Societal impact

**Abstract ID: E099/ID29**

## Family Doctors' Level of Physical Activity in Portugal

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**Focus of the abstract:** Research

**Introduction:** The importance of physical activity (PA) is widely recognized by the medical community. The IPAQ-S determines a population's PA level. Family doctors (FD) occupy a strategic position in the Health System to recommend PA. Thus, it becomes relevant to characterize PA among FD. The main objective is to characterize AF in FD. In addition, to correlate the type of PA to cardiovascular risk factors (CVRF) and also to establish a link between the recommendation of PA by the FD and their individual practice.

**Methods:** This is an exploratory, descriptive observational study with an analytical component. The sample consisted of interns (I) or specialists (S) in Family Medicine practicing in Portugal. A confidential questionnaire was published online and the sample characterized according to the IPAQ-S questionnaire.

**Results:** From a sample of 269 responses, 7.4% are considered very active (VA), 33.1% are active (A), 33.8% irregularly active and 25.7% sedentary (S). Additionally, 98% of physicians usually recommend PA to their patients.

**Discussion/Conclusion:** It can be concluded that female doctors are more sedentary than male doctors; as age increases, physicians become less active; I practise more PA than E; the more hours of work per week, the greater the level of sedentary lifestyle; physicians with  $\geq 1$  CVRF are more sedentary than those without any CVRF. Furthermore, physicians agree that PA is a non-pharmacological and cost-effective measure for the prevention of various chronic diseases, so almost all of them usually recommend the practice of PA, regardless of their individual practice.





## Abstract topic

05. Societal impact

**Abstract ID: E100/ID35**

## Mood disorders and vitamin D levels: Is there an association?

Emma Magraner<sup>1, a)</sup>, Anna Sanchez Celma<sup>1, b)</sup>, Mariona Ramon Rodriguez<sup>1, d)</sup>, Olga Barba<sup>1, d)</sup>, Sonia Mamani<sup>1, e)</sup>, Sandra Paredes<sup>1, f)</sup>, Núria Sánchez<sup>1, g)</sup>, Anna Fibla<sup>1, h)</sup>

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**Focus of the abstract:** Research

### Background

Historically, low levels of Vitamin D have been associated with problems like osteoporosis, bone fractures or rickets. Now, Knowledge about Vitamin D has been increasing, fostered by the COVID-19 pandemic, where it was seen that it played an important role in the course due to its role in the immunity. Alike, these low levels are currently associated with mood disorders, chronic pain or some types of cancer.

### Discussion Point

The objective is to analyze the levels of vitamin D in people diagnosed with mood disorders, comparing them with the levels of people who do not have these diagnoses. Our hypothesis is that there is an association between various mood disorders and a decrease in vitamin D levels.

### Content

This is a case-control study (observational descriptive analytic). We will compare vitamin D levels in patients with mood disorders (cases) with patients without those diagnoses (controls). Recruitment will be based on a sample of the adult population of primary care quota of CAP Comte Borrell. Case inclusion criteria: patients of both sexes and ages between 15 -100 years, who during the period from 01/2018- 12/2022 have been diagnosed of at least one of the following diagnoses: Mood disorder , Mood changes, Endogenous or Psychotic depression, Adjustment disorder, Severe or Mild depression, Sd. Anxious-depressive, Anxiety. Inclusion criteria for controls: patients treated during the same period and who do not meet the aforementioned inclusion criteria.

### Take Home Message

Is it necessary to intensify treatment with vitamin d supplements in patients with mood disorders?





## Abstract topic

05. Societal impact

**Abstract ID: E101/ID75**

## General practitioner programs training against family and gender-based violence in Serbia (IMOCAFV project) – scoping review

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**Focus of the abstract:** Research

**Background.** In Serbia, intimate partner violence is recognized as a criminal act since 2002. This study attempts to present scoping review according to general practitioner program training against family and gender-based violence including broad questions and search strategy, mapping question-related conceptual issues, and quantitative/qualitative methodology.

**Questions.** Do professional programs include training against family and gender-based violence?

**Methods.** The framework for searching available literature by two independent researchers was under the IMOCAFV project. Any document, rigorous and broad search strategy, inclusion/exclusion criteria, and mixed method analysis were performed. A review identified 1408 items and 29 documents were included as relevant. Among them, eight were accredited program training, attended by 5893 general practitioners.

**Outcomes and discussion.** Scoping review identifies a lack of training based on scientific knowledge in screening, indicators, documenting, and assessing the safety of women surviving violence. The training lack violence prevention, the needs and rights of victims, and reducing secondary victimization. The programs of previous training have been followed by the application of protocols, guidelines, and good practices. Training on multisectoral cooperation and mechanisms for referring to community resources to comprehensively address individual cases of violence is not sufficiently represented. There is a lack of training dedicated to identifying elder abuse, violence during the COVID-19 pandemic, and men surviving domestic violence.

**Take Home Message for Practice.** The analysis of Serbian sets of data results in statements that proper education and protocols are priorities in strengthening the response of general practitioners to family and gender-based violence.







## Abstract topic

05. Societal impact

**Abstract ID: E102/ID89**

## The choice of temporarily general medicine care abroad: is it worth doing and which lessons to learn ?

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**Focus of the abstract:** Continuous Medical Education (CME)

Background: Since decades, you may have felt the need to work for 6 weeks in a medical humanitarian mission abroad. A German non-governmental organization (NGO) offers these choices for treating people in varied remote areas in many countries. Discussion Point: Is a specific training in tropical diseases needed: No. How to work: mainly continuously over 8 days followed by 2 days off. Content: The general practitioner can choose either to work in a fixed health centre or hospital or to be every day in another "outdoor consultation space". The pathologies encountered range from simple cough and cold to different forms of tuberculosis or malnourishment. The team englobes the single expatriate physician consulting associated to local nurses, who are your translators and assistants in dressing wounds and delivering medicine. The diagnostic tools are your ears, eyes and hands mainly and a list of medicines available through the NGO limited to some 40 different drugs. Mainly children and mothers are seen by the doctor in an area where there is no other local physician working. Take Home Message for Practice: The lessons learned in each new general medicine mission are: a stimulant nursing team with a varied cultural background; grateful patients for whatever intervention you could bring, sharing for some weeks the poor peoples' life without potable water and for yourself: general medicine in its purest form without high technology but with the feeling to have been at the right place in the right moment for the one specific patient.





## Abstract topic

05. Societal impact

**Abstract ID: E103/ID133**

### Comparing parent-child dental health habits among jewish, arab, and immigrant groups in south tel-aviv: an investigation of intergenerational mobility

Jonathan Brill<sup>1, a)</sup>, Adi Vinograd<sup>2, b)</sup>, Barak Hermesh<sup>1, c)</sup>, Zohar Mor<sup>2, d)</sup>

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**Focus of the abstract:** Research

**Background:** Early Childhood Caries (ECC) is a common childhood disease significantly related to low socio-economic status and belonging to an ethnic minority. The State of Israel is home to a large population of undocumented immigrants and foreign workers, many of whom live in South Tel Aviv, known for neglect and poverty. This research project aims to assess the dental health and intergenerational health mobility of immigrants and their children compared to their Israeli-Jewish and Israeli-Arab counterparts living in the same or adjacent neighborhoods in South Tel Aviv.

**Methods:** A digital survey, available in Hebrew, English, Tigrinya, and Arabic, will be sent to kindergartens in South Tel Aviv. The survey will be answered by parents of children aged 3-6 from three groups: foreigners, Arab, and Jewish participants. The questionnaire will ask about the oral health, knowledge, and habits of parents and children, as well as other demographic information. As an incentive, rewards will be given to the participating kindergartens.

**Conclusions:** This ongoing research will provide evidence-based information on the dental health of vulnerable populations. In addition, this study will contribute to the understanding of how intergenerational health mobility affects the oral health of undocumented immigrants. The findings of this study will be used to create more effective intervention, information, and prevention programs to improve the dental health of children in underserved regions. We aim to present the interim results of this study.





## Abstract topic

05. Societal impact

**Abstract ID: E104/ID289**

## Improving Cardiometabolic Health in Populations with low educational attainment: A realist synthesis

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**Focus of the abstract:** Research

### Background

The World Health Organisation highlights the immense health burden of cardiometabolic diseases and calls specifically for consideration of social determinants such as educational attainment. People with low educational attainment generally have higher incidence of cardiometabolic-related problems, and worse outcomes. Patient education is a cornerstone of management. The Presenter's research to date has demonstrated clear differences between the preferences of patients with low educational attainment compared with the overall population. Thus, the group represents a distinct, vulnerable and seldom-heard target population for specifically designed educational interventions.

### Questions / Discussion Point

Realist synthesis considers not whether an intervention works, but how it works. Realism considers not only the intervention components themselves, but how they interact with the setting in which they are deployed. This project draws on realist methodology to understand how an educational intervention to improve cardiometabolic health might be tailored to support patients with low educational attainment.

### Content

Introduction to the problem as outlined above, and the use of realist methodology to address it.

Potential theories will be presented on how such an intervention might work. Audience members will be asked to vote for their favourite theories.

### Take Home Message for Practice

Raise awareness of the potential role of educational interventions in the primary, secondary, tertiary and quaternary management of cardiometabolic disease

Appreciate the importance of socioeconomic determinants in cardiometabolic health outcomes and management

Analyse how family doctors and their teams can support our most vulnerable patients in learning to manage their cardiometabolic health





## Abstract topic

05. Societal impact

**Abstract ID: E105/ID290**

## The refugee app. Preservation of vital health information during forced migration

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**Focus of the abstract:** Continuous Medical Education (CME)

The Refugee EHR offers the opportunity to make vital health information available to caregivers under unique, challenging circumstances. The route of a flight cannot be predetermined, making it impossible to predict which healthcare providers should have access to vital health information. Each location the refugee visits has a different IT structure, different hardware, different software and often restrictions on internet access. The refugee EHR tackles these circumstances by making use of the few constant factors during a flight: the refugee (user) himself and his smartphone.

The EHR is stored on the user's smartphone. Every smartphone can be locked. Every smartphone has a camera. Locking the phone and securing the cloud is the responsibility of the user. The EHR can be made available to the healthcare provider by means of a QR code generated in the app. This offers the user the opportunity to decide for himself to which healthcare provider he makes his EHR available. During data transfer via the QR code, the data is encrypted end-to-end. The care provider can then make additions to the EHR. The user determines whether these additions are adopted. The transfer of changes again takes place by means of a QR code, whereby the transfer of this data is encrypted end-to-end.

Using international coding systems, ICPC-3 (or ICD) for diagnosis, and the ATC classification for medication, doctors in other regions, even if they speak different languages, will still be able to identify earlier diagnoses and drugs that refugee uses.





## Abstract topic

05. Societal impact

**Abstract ID: E106/ID446**

## A qualitative analysis of the experience of continuous shift workers

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**Focus of the abstract:** Research

Shift work is ubiquitous in the modern economy. There has been a presumption that shift work might negatively impact different aspects of the health of shift workers, but a lack of evidence of this impact persists, due to insufficient standardization of definitions, or due to practical difficulties and a lack of large prospective studies. Continuous shift work is a specific system of shift work and has its own specific consequences for the worker.

The goal of this study is the mapping of the experience of industrial continuous shift workers in Belgium. In this qualitative study we want to achieve a broader overview of the benefits and disadvantages of continuous shift work and factors that potentially mitigate these effects for the shift worker. We also want to get an idea of the motivations of shift workers.





## Abstract topic

05. Societal impact

**Abstract ID: E107/ID497**

## Cosmetics Use and Self-Esteem among Adults from Seven Countries During the COVID-19 Pandemic, 2022

Samar Amer<sup>1)</sup>

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**Focus of the abstract:** Research

**Background:** Globally, in the last few years, a significant increase in cosmetic procedures have been recorded. General self-esteem reflects how individuals feel about themselves and their value compared to others. For the following reasons, we performed this survey among Arabic communities during the COVID-19 pandemic: To determine the prevalence, types, and motivations for cosmetic use; to investigate the cosmetics-using behavior of consumers; and to investigate the level of self-esteem and its contributing factors

**Methods:** A cross-sectional web-based survey was conducted in September 2022 on 1646 Arabic adults aged 18 years or older residing in seven Arabic-speaking countries, using a validated self-administrated questionnaire.

**Results:** More than two-thirds of participants were aged 20–35 years; the majority of them (87.6%) were females, and 52.2% were single. One-fifth of the participants had low self-esteem. The majority of participants use cosmetics for external use only (78.9%), and 5.2% use interventional cosmetics. In terms of interventional cosmetics, the most commonly used were laser hair removal, contact lenses, and teeth whitening, with no statistically significant differences between their use and self-esteem ( $p > 0.05$ ). Low self-esteem was significantly higher among those of a younger age who was single, had a low educational level, and had psychological diseases. The main factors that affect the cosmetics-using behavior of consumers are specialized products, neutral contents, safety rules, and long-term effects.

**Conclusion:** The usage of cosmetic procedures was prevalent, and only one-fifth reported low self-esteem. Cosmetic use and self-esteem have many determinants and are inextricably linked.







## Abstract topic

05. Societal impact

**Abstract ID: E108/ID580**

## Is mothers' perception of healthy child weight a risk factor in childhood obesity: Study protocol of a case-control study

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**Focus of the abstract:** Research

### Background

Studies show that mothers in Turkey think that, a chubby baby is healthy and a chubby baby is an indication of the mother's good care for her child.

### Question

Is mothers' perception of healthy child weight a risk factor in childhood obesity?

### Methods

The study was designed as a case control study. The control group was determined as the mothers of normal weight children, and the case group was determined as the mothers of overweight and obese children. The questionnaire contains socio-demographic characteristics, Child Feeding Questionnaire(CFQ) and a question measuring the mothers' perception of healthy child weight.

Samples were calculated with a confidence interval of 95%, power of 80%, and the odds ratio as 3.5 based on previous studies. The ratio of the control-to-case group was determined 2; case and control numbers were calculated as 37 and 74.

This study will be applied to the mothers of children aged 3-5 years who registered Primary Healthcare Centers of Dokuz Eylul University.

### Outcome:

The primary outcome is showing that the mother's perception of healthy child weight is a risk factor for childhood obesity.

### Result

With this study and further, new approaches, including maternal perception, can be developed in the treatment of childhood obesity.

### Take home messages for practice

Mothers play a decisive role in the weight, eating habits and physical activities of children, especially in preschool age. In primary care, the mother should also be questioned about her perception of healthy child weight and included in the treatment.





## Abstract topic

05. Societal impact

Abstract ID: E109/ID596

## Where are the women: why are women underrepresented in General Practice leadership positions?

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**Focus of the abstract:** Research

**Background :** For several years, all branches of medicine have seen more and more women joining the profession. This feminisation is bringing changes to the organisation of the healthcare system and on individual practices. However, in Belgium, there seems to be few women in senior leadership positions in general practice.

**Discussion point:** This presentation aims to describe the current state of general practice in French-speaking Belgium through a gender lense and to understand the reasons for the underrepresentation of women in decision-making bodies.

**Content :** Women represent 45% of general practitioners in French-speaking Belgium and hold 32% of leadership positions in the studied organisations. Age plays a role but cannot fully explain this discrepancy. Some factors are linked to societal expectations (e.g. domestic work) or generational changes (e.g. relationship to work). Other factors take root in the way decision-making bodies operate. They require time and availability, tend to favor hierarchical progression over collaboration, and sometimes perpetuate a *boys' club* culture or implicit gender bias. Nevertheless, decision-makers perceive diversity in representation as valuable and much needed.

**Take-home messages :** The profession needs female role models that reflect the evolution of general practice and will influence its future. Institutional policies must be implemented to adapt the way decision-making bodies operate and increase the attractiveness of leadership roles, in order to provide a working environment where women and young people can flourish in a sustainable way.





## Abstract topic

05. Societal impact

**Abstract ID: E110/ID626**

## Secondary cause or poverty?

Helena Sousa<sup>1, a)</sup>, Inês Pereira<sup>1, b)</sup>

<sup>a)</sup>USISM, Ponta Delgada, Portugal

**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Hypertension is called a “silent killer” since is associated with significant cardio-vascular morbid-mortality, probably because it has no warning signs or symptoms, leading to unawareness of the problem. Worse is when therapeutic noncompliance and precarious social situation leads to major complications after an established diagnosis at a young age.

**Case Report:** Woman, 48 years old, with no mandatory education, married, with 2 children. Appointment in March 2022 to update her clinical situation, after 3 years without appointments. History of active smoking, chronic alcohol consumption, hypertension, blindness due to bilateral central retinal artery thrombosis, haemodialysis due to chronic renal failure, heart failure due to hypertensive heart disease, conversion disorder. Asking about chronic medication, she couldn't specify, answering that's managed by Secondary Care. Without complaints. Evaluating, she presented tobacco breath, blood pressure 155/98mmHg, no other signals.

**Discussion:** Trying to understand if it could be Secondary Hypertension, we made a complete review of her background. Hypertension since 2003, follow-up in Internal Medicine, Cardiology, Nephrology and Endocrinology, a lot of therapeutic changes, 7 hospitalizations for Hypertensive Emergency between 2017 and 2021, negative study for all secondary causes of Hypertension. Blood pressure controlled during hospitalization with oral antihypertensive. Major Reason for uncontrolled Hypertension: Therapeutic noncompliance, due to poverty.

**Conclusion:** This case aims to alert General Practitioners that social poverty and low literacy can lead to noncompliance and its consequences, which could be overcome with behavioral change, home visits and social-economic support.





## Abstract topic

05. Societal impact

**Abstract ID: E111/ID700**

## Diabetes, Obesity and Healthy Lifestyles

Cátia Solis<sup>1, a)</sup>, Ana Catarina Nascimento<sup>1, b)</sup>, Ana Sofia Monteiro<sup>1, c)</sup>, Patrícia Fragoso<sup>1, d)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

With the global rise of childhood obesity and physical inactivity, type 2 diabetes has become the main type of diabetes in children in some countries.

Given Portugal's high health illiteracy rate, we have introduced a project aimed towards diabetes and obesity education in schools, to sensitize and raise awareness within this age group for the need of a healthy lifestyle, through an informative intervention and surveys.

The project consists of a dynamic presentation and the application of a survey in three distinct moments: before, right after and one month after the presentation. This means two different evaluation moments for the survey, one on the day of the presentation and one a month later. This evaluation will entail the interpretation of the intervention's results, feedback from the participants and the institution involved, a reflexion about the acquired skills and difficulties felt during the project and, lastly, which aspects we should improve on a future project of similar qualities.

To this end, we would, firstly, identify the schools that would be interested in participating in the project, followed by requesting the authorization of the school board and the student's guardians. After both approvals, a day would be scheduled for the presentation and first two surveys regarding diabetes and obesity and a day for the third survey, one month later.

If the project is successful, we anticipate an improvement of individual skills within the target group to better understand and discuss concepts and issues in the area of diabetes, obesity and healthy lifestyles.





## Abstract topic

05. Societal impact

**Abstract ID: E113/ID864**

## Increase digital access to health care for refugees in Europe

Steven van de Vijver<sup>1, 2, a)</sup>, Maria van den Muijsenbergh<sup>3, b)</sup>, Paulien Tensen<sup>2, c)</sup>, Kees van Boven<sup>3, d)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** in the last decade there has been an enormous growth in both digital health and migrants, which will further increase in the coming years. Unfortunately the potential of linking both trends has not been fulfilled. Currently e-health is often increasing health inequality, instead of using the potential to decrease the so-called digital divide. Considering that most refugees in Europe have access to a mobile phone, digital health can increase access to personal health data and health care

**Target group:** colleagues from both the WONCA Migrant and E-Health Working group are supporting this as a joint workshop to collaborate and share expertise and network. In addition other interested colleagues are welcome to join.

**Didactic Method:** we start with a short presentation/overview on current initiatives in this field.

Afterwards we will divide the audience in 3-4 smaller groups. These focus group discussions will form the basis of a scientific paper. Finally suggestions for best practices will be shared in a short conclusion of the session.

**Objectives:** we would like to gain insight in the experiences and thoughts from European GP's about digital care for refugees throughout the continent. With focus group discussions and a plenary ending session we hope to explore the barriers and enablers from a health care providers perspective, which ideally would be improving digital health services for refugees.

**Estimated number of participants:** 30

**Brief presentation of the workshop leader:** Steven van de Vijver, MD PhD has worked and researched refugee health in various international settings





## Abstract topic

05. Societal impact

**Abstract ID: E114/ID964**

### Cardiovascular risk factors analysis with gender perspective in stroke patients

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**Focus of the abstract:** Research

#### BACKGROUND:

Differences in prevalence and treatment of cardiovascular risk factors have been observed between men and women, and it is also described a difference in stroke's incidence and etiology in men and women. Recent studies warn of the possible gender inequality.

#### QUESTIONS:

Analyze the differences in cardiovascular risk factors prevalence and treatment in men and women previous to the stroke diagnosis.

#### METHODS:

Descriptive cross-sectional study by reviewing Hospital Río Hortega (Valladolid, Spain) Neurology's department discharges of patients with stroke in 2019.

#### RESULTS:

Analysis of 284 stroke cases. Sex: 47.8% men, and 52.2% women. Previous medical conditions: hypertension (Man: 67.64% / Woman: 73.64%), type 2 DM (Man: 25% / Woman: 30.40%), dyslipidemia (Man: 43.38% / Woman: 50%) and atrial fibrillation (Man: 11.76% / Woman 24.32%). Treatment for the previous conditions: dyslipidemia: 60.81% women treated vs 100% men ( $p < 0.001$ ) and anticoagulation due to atrial fibrillation : 77.77% women treated vs 87.5% men ( $p 0.6$ ). Previous strokes: 18.38% of men and 20.27% of women. Of these, 56.66% women had antiplatelet treatment compared to 72% of the men.

**CONCLUSIONS:** Gender is a determinant of health status recognized by the main health organizations. In our analysis, differences between men and women were observed. We believe that it exceeds the biological differences that can be explained by sex, and would probably have an explanation if analyzed from the perspective of gender. We strongly recommend including further gender analysis in any future research studies.







## Abstract topic

05. Societal impact

**Abstract ID: P027/ID26**

### is COVID causing us not to take good care of our patients?

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**Focus of the abstract:** Research

**Background:**In the middle of the 3rd wave, the director area contacts me because a relative of his, has been doing strange things for a month, they couldn't get an appointment with me and they want me to send her to the psychiatrist. I call the patient of hours for two days but doesn't pick up the phone. When they went to the consultation, the patient came with her mask down and laughing. I asked her why and said it is because she wants to. During the visit, the husband told me that he has hidden the phones and she smashed the neighbour's sacks of straw with a key. She couldn't cook and sleep. In the meantime, the patient keeps sitting and getting up and laughing. She said not hear voices. Normal physical examination. Given that I have known the patient for 6 years with the last visit 4 months ago, I referred her to emergency room for a brain scan and made a note to let her husband in with her.

**Question:**is COVID influencing the way we work?

**Content:**the peculiarities of primary care, such as longitudinality, have been jeopardised. Face-to-face care has been reduced and the frontline fight against the pandemic has been abandoned. The time to spend with patients is now wasted on bureaucracy.

**Message:**We have to take advantage of this crisis to restructure Primary Care: strengthen the telephone service, but always guaranteeing face-to-face care as the backbone of care and communication with the patient as the central pillar.





## Abstract topic

05. Societal impact

**Abstract ID: P028/ID137**

## Perception of current and future mental and physical work ability in 55+ population, using the Work Ability Index (WAI)

Bart Ostyn<sup>1, a)</sup>, Karel Van Bever<sup>2, 3, b)</sup>, Wim De Ceuckelaire<sup>2, c)</sup>, Freja Haak<sup>2, d)</sup>

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**Focus of the abstract:** Research

In eleven primary health care centers, located in different cities in Belgium, Geneeskunde Voor Het Volk (Medicine For The People), invited all subscribed patients between the ages 55 to 65 to fill in a questionnaire inquiring on their employment status and, for those still working, on their current and future working ability. In particular they were questioned on how they perceive the mental and physical strains their jobs imply, on how they qualify their current work ability, and whether they expect to maintain that ability up to the age of retirement. To do so we used the Work Ability Index (WAI).

We collected 952 questionnaires (response rate 34%). 51.4% of the responders reported not to work anymore. Of those still active, 62% perceive his or her job as physically challenging, and 72% mentally. One out of two responders expressed serious concerns about their ability to maintain the physical and mental capacity required for their job, up to the age of retirement.

With these findings, we want to raise awareness amongst fellow physicians, as well as policy makers, about the concerns of employees over their physical and mental work ability. Apart from their actual health problems with which they present to their physician, there often is an underlying, non-verbalised stress about the years to come, especially in the perspective of governments' intentions to delay the age of retirement.





## Abstract topic

05. Societal impact

**Abstract ID: P029/ID427**

## Transsexual out-patient clinic in primary health care - internship experience in a basic health unit in são Paulo, brazil

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**Focus of the abstract:** Continuous Medical Education (CME)

Considering the comprehensive and person-centred approaches as pillars of Family Medicine, we did an internship in a Basic Health Unit (UBS) in São Paulo with a specialised transsexual out-patient clinic (TOC). The aims of the internship were to get to know a different cultural and organisational healthcare system, and to contact with vulnerable populations, namely the transsexual population. TOC started in 2019 and since then has been built and developed by Medical Residents and Interns. Its primary goal is to provide comprehensive and holistic health care to the trans population while simultaneously being an educational opportunity for healthcare students and professionals. Occurring twice a week, it is open to any user, regardless of their residence area. Patients also have access to Psychology and Psychiatry appointments and can be referred to genital surgery or to other specialties. Patients' follow-up protocol includes periodic exams and the treatments are free and administered in the UBS. Transsexuality is a topic that rarely arises in our pre and post-graduate medical training. However, Gender Identity Disorder exists and should not be confused with sexual orientation. We consider that the contact with TOC was a great and innovative opportunity, given its non-existence in Portuguese primary care. TOC in addition to the fact that it facilitates medical care, is important for damage control, as many users start hormone therapy without any medical or safety control of the substances.





## Abstract topic

05. Societal impact

**Abstract ID: P030/ID436**

## The relationship between handgrip strength and mental health in young Korean adults

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**Focus of the abstract:** Research

**Background:** Decreased muscle strength is one of the most decisive indicators of health status. Previous studies on muscle strength focused mainly on the physical health of elderly people. This study was conducted to elucidate the association between muscle strength and mental health, which was checked by the Patient Hospital Questionnaire (PHQ-9) scores for depressed mood, in Korean young adults.

**Methods:** A total of 3,966 young adults aged 19 to 35 were recruited from the Korean National Health and Nutrition Examination Survey in 2014, 2016, and 2018. After excluding participants who had chronic-debilitating conditions and those who did not have the PHQ-9 or hand grip strength (HGS) results, a total of 1,503 men and 1,936 women were included in the study. The association of dominant, non- dominant, and absolute HGS with mental health in each gender was investigated using the general linear model of complex samples.

**Outcomes:** Depressed mood, expressed by a PHQ-9 score <sup>3</sup> 5, was significantly and negatively associated with HGS in men in both age- and BMI- adjusted and covariate-adjusted analyses (covariate-adjusted  $b=-1.34$ ,  $p=0.010$  in dominant HGS, and  $b=-1.11$ ,  $p=0.035$  in non-dominant HGS, and  $b=-2.45$ ,  $p=0.017$  in absolute HGS). Depressed mood was not associated with any types of HGS in women (all  $p > 0.69$ ).

**Conclusions:** HGS was negatively associated with depressed mood in men, but not in women. Our results suggested that weakened HGS should be considered a significant factor associated with mental health in young male adults.





## Abstract topic

05. Societal impact

**Abstract ID: P031/ID592**

## Recognition at the heart of complex situations experienced by people with chronic neuromusculoskeletal pain

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**Focus of the abstract:** Research

**Objective:** This patient-centered study aimed to determine the place and the impact that chronic neuromusculoskeletal pain (CNMSP) has in the lives of those affected..

**Methods** Qualitative study via semi-structured interviews with 24 people with CNMSP in Belgium.

**Outcomes:** People with CNMSP revealed the importance of the lack of recognition experienced in the intimate, social and legal spheres. The invisibility of pain and its a priori benign character, as well as the sacredness of medical images and the stigmatization of chronic pain, lead to questioning of the veracity of the person's experience by their entourage and health professionals. Pain causes a loss of physical, emotional and relational capacities, leading to isolation and psychological distress. A struggle to be legally recognized can occur, ranging from a denial of responsibility by employers to the brutality of certain "expert" doctors. Access to financial aid to support work incapacity or to gain access to some forms of care is thus jeopardized.

**Discussion:** This study revealed that the lack of recognition in the social, intimate and legal spheres is at the heart of the complex situations experienced by people with CNMSP.

**Take Home Message for Practice:** Given the fact that the invisibility of pain is an inherent characteristic of this medical condition, the lever to alleviate the negative consequences of non-recognition would be to evolve the vision of different actors involved as well as collaborative practices.





## Abstract topic

05. Societal impact

**Abstract ID: P032/ID603**

## ‘Show me your lungs and I'll tell you where you live’ A case-report on air-pollution, health advocacy and empowerment

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**Focus of the abstract:** Research

### Background

The Antwerp Ring Road is Belgium's second busiest highway, and runs right through the city's highly populated suburbs. In 2008, the government announced its intention to widen this Ring Road and build a bridge (Lange Wapper) over residential areas.

### Questions:

Given the scientific evidence of the association of air and noise pollution with cardiovascular and pulmonary diseases, what role can family physicians play in environmental health advocacy?

### Methods

We compiled the available international scientific evidence, and set up a small, local study among the population covered by our own community health center.

This enabled us to raise awareness in the local population, by organising information evenings, and advocacy towards local/national press and politicians. We teamed up with civil society movements Ademloos, stRaten-Generaal and Ringland and reinforced their advocacy through medical and epidemiological evidence. Together we collected over 50000 signatures to compel the city to organize a referendum.

### Outcomes

Livability near the Ring Road was put on the political agenda. The Lange Wapper Bridge was voted down in the referendum. In 2017, ‘Het Toekomstverbond’, a pact between the local government and representatives of civil society established that the ring road will partially







## Abstract topic

05. Societal impact

**Abstract ID: P033/ID605**

### Impact of a workshop on medical students' knowledge and attitude towards quality improvement in health care: A quasi-experimental study

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**Focus of the abstract:** Research

**Background:** Quality improvement (QI) is any structured process aiming at improving patient safety, clinical effectiveness or patients' experiences of healthcare. Literature reveals the importance of integrating QI in medical curriculum. The faculty of medicine at Beirut Arab University (BAU) in Lebanon has introduced QI education in the curriculum to the 5th year medical students since 2017. In Lebanon, little is known about the attitudes and knowledge of medical students towards the concepts of QI in health care. Therefore, this study aims to assess the knowledge and attitude of medical students at BAU towards QI.

**Methods:** This was a longitudinal time-series quasi-experimental study performed on fifth year medical students at BAU throughout the academic year 2020-2021. All fifth year medical students were targeted, each group during their family medicine rotation. Assessment of the attitude and beliefs, and knowledge of QI was done using BASIC-QI tool. The intervention consisted of filling a questionnaire before the QI workshop, immediately after and 1 month after.

**Results:** The mean scores of each of the "Attitude and Beliefs Scale", and the "Knowledge of QI Scale" both showed an increase right after and one month after the QI session with statistically significant P-values of <0.001.

**Conclusion:** Given the favourable results of this study, we advocate that QI workshops be included in the curriculum of medical schools, and in such an interactive and hands-on format.





## Abstract topic

05. Societal impact

**Abstract ID: P034/ID747**

## Childhood obesity control – intervention

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**Focus of the abstract:** Research

The World Health Organisation recognise obesity as a global epidemic of XXI century. The childhood obesity prevalence in 2019 was 12%.

It estimates that in 2050 92 million people will die prematurely due to overweight.

It is a multisystemic disease with physical, psychological and economic outcomes, so it shows to be urgent to act at first decades of life.

Obese children have higher risk of cardiovascular diseases, insulin resistance, depression, anxiety, low self-esteem, bullying and school dropout. The economic impact is intergeracional with direct and indirect costs.

The main goal of this project is the promotion of healthy lifestyle and health education to reduce and control pediatrics obesity prevalence.

This project consists in multidisciplinary appointments (family doctor, nurse, psychologist, nutricionist and pedopsychiatrist), stimulating physical activity and intervention in family dynamics.

It englobes children between 5 and 9 year and BMI percentile  $\geq 95$  who accept to attend regular appointments (family doctor, nurse, psychology and nutrition) and sports practice (at least one modality). It was excluded patients already at endocrinology and obesity appointments at the hospital.

Childhood obesity tends to remain in older age if not treated. Health professionals support in lifestyle changing and healthy living enable a sustained change. That is reflected in an decrease of childhood obesity, prevention of cardiovascular and mental disease and low cost in health care and productivity.





## Abstract topic

05. Societal impact

**Abstract ID: P035/ID778**

## A field exploration of population health of migrant workers in Costa Rica

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**Focus of the abstract:** Research

**Background:** Since 2015, Costa Rica has experienced significant migration from adjacent countries. Migration enhances five sectors in Costa Rica: labor, education, agriculture, investment/financial services, and social protection/health. In Costa Rica, migrant workers contribute 11% of the GDP, represent 9.1% of the population, and are overrepresented in the agricultural, construction, fishing, restaurant, and tourism sectors. **Question:** How do culture, health, and wellness impact the social determinants of health for migrant workers in Costa Rica? **Methods:** A field experience was conducted to understand the impact of culture, health, and wellness on the social determinants of health for migrant workers in Costa Rica. **Outcomes:** Migration contributes positively to Costa Rica's growth, and directly connects to the healthcare system, economy, and agriculture. Unfortunately, migrants still face several cultural barriers and challenges, including working lower-skilled jobs or minimum-wage jobs where they are over-qualified. **Discussion:** There is a critical need to identify and utilize more ecologically friendly products, advocate for community-oriented healthcare, and develop culturally appropriate information regarding mental health services to improve access to childcare and healthcare and ensure safer living and working conditions. **Take Home Message for Practice:** The implications for health management education, practice, or policy development are that there are many layers to migration in Costa Rica. It is a complex issue to resolve. Coordination among various entities is needed to identify sustainable solutions for migrant workers and their families in Costa Rica.





## Abstract topic

05. Societal impact

**Abstract ID: P036/ID903**

## Master's thesis in family medicine: medical students' attitudes towards family medicine and its evolution through training

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**Focus of the abstract:** Research

Authors: Annelies Van Uytvanck, Cédric Pelfrene, Lynn Van Merhaeghe

Promotors: An De Sutter, Janique Lobbestael, Anna Beselaere

**Background:** In Flanders, Belgium, 37% of undergraduate medical students chose for the GP training program in 2020. Since the World Health Organisation looks at general medicine as the heart of healthcare, there is a necessity to attract enough medical students into this field. The aim of this study is to identify the various factors determining medical students' views on family medicine during their basic training. We also took into account the evolution of these determinants throughout the 6 year undergraduate curriculum. This information could be useful for universities worldwide to raise enthusiasm for family medicine. This research emphasises the importance of innovation at university level, but focuses mainly on listing determinants so that solutions can be sought to positively influence students' vision.

**Methods:** This study involves a prospective observational study. In the second, fourth and sixth year of the basic training program at the University of Ghent five students were interviewed in-depth.

The interviews focused on students' opinions regarding general medicine in society, in university lessons, in organisation and in job content.

NVivo software was used to organise and analyse the interviews, the data was analysed using a thematic analysis approach.

Upon completion of qualitative data processing, the most influential factors were highlighted and divided into two themes: students' views on family medicine and on training.

Results and discussion are yet to follow.





## 06. Access to innovations

### Abstract topic

06. Access to innovations

**Abstract ID:** E115/ID59

### A tool for the evolutionary control of wounds

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**Focus of the abstract:** Continuous Medical Education (CME)

The TICs are tools that we all carry on our smart phones and that can be very useful in the daily work of the health center team. The "Healico" ICT that we present in our work has allowed us to care for patients who required cures in the health center or at home and also to monitor their evolution.

The objective of our study is to verify the accessibility and longitudinality provided by the "Healico" tool compatible for android and ios mobile devices. Provides patient anonymity and data protection. The patient's informed consent is required for the image of the lesion to be taken, which can only be shared by registered health professionals.

Field study carried out for 12 months including all the patients who are treated at home and in the health center. The applicability of the tool is to facilitate communication not only between the doctor and the patient, but also the communication between the different professionals involved in the treatment of epidermal lesions. It facilitates the compilation of the information of the lesion and the vision of the evolution of the same. The participation of the patient in the field study was free and voluntary.





## Abstract topic

06. Access to innovations

**Abstract ID:** E116/ID265

## A Survey of current childhood illness policies in pre-school childcare facilities in North Tipperary

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**Focus of the abstract:** Research

**Background** - Childhood illness policies in pre-school settings changed dramatically during the Covid-19 pandemic. Ireland has transitioned to a "living with Covid-19" stance and there has been a return to a more normal pattern of childhood illnesses. This study was designed to investigate how child care facilities deal with childhood illness currently and if this has changed since Covid-19.

**Questions** -This study was designed to investigate how child care facilities deal with childhood illness currently and if this has changed since Covid-19 and if there is a significant change from national guidelines provided by the

Health Protection Surveillance Centre.

**Methods** - A survey was forwarded to the all the childcare facilities in North Tipperary. This contained 6 real-life scenarios corresponding to common childhood illnesses with questions regarding the management and isolation periods required by each facility. Illnesses included viral upper respiratory tract infection, impetigo, hand foot and mouth disease, conjunctivitis, head lice and gastroenteritis.

**Outcomes** - 21 local crèches were identified and 16 valid survey forms were returned.

**Discussion** - here was general agreement amongst most facilities regarding the management of most diseases , although there were notable differences in the management of gastroenteritis and mild upper respiratory tracts infections, with many facilities requiring a negative Covid-19 antigen test to facilitate the return to care

**Take Home Message for Practice** - The study reinforced the importance of providing guidance to parents regarding isolation periods from childcare following illness.







## Abstract topic

06. Access to innovations

**Abstract ID:** E117/ID694

## Recurrent syncope - when there's something beyond the holter

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**Focus of the abstract:** Continuous Medical Education (CME)

Syncope is characterized by a temporary loss of consciousness, due to transient cerebral hypoperfusion, with rapid onset, short duration and complete spontaneous recovery. Cardiogenic syncope may be due to arrhythmias associated with primary electrical diseases or due to structural heart disease. Pulmonary thromboembolism and aortic dissection are diagnoses to be considered in the evaluation. A detailed clinical history, physical examination and ECG are crucial.

In November 2021, a 51-year-old male, with alcohol consumption of 91g/week, no smoking or substance abuse, a history of allergic rhinitis, obesity and unmedicated dyslipidemia, presents to his family doctor with complaints of recurrent syncope (3 times in a year). The last syncope associated with contusion of the coccyx which motivated the consultation. No cause and without prodromes identified. On physical examination, BMI of 33.8 Kg/m<sup>2</sup>, controlled blood pressure, normal heart and lung auscultation and no lower limbs oedema. These were requested: electrocardiogram, echocardiogram, carotid doppler echocardiogram and holter. The latter showed rare periods of junctional rhythm without significant pauses. Since no other etiology was found and considering this result, the patient was referred to a Cardiology appointment in January 2022 where an implantable cardiac recorder was placed. In March 2022, there was a new syncope with a sinus pause >3 seconds. In early April 2022, he had a dual-chamber pacemaker implanted.

Individuals with recurrent syncope (>1 per month) at a young age, with innocent complementary diagnostic tests and with no determined cause, benefit from a long-term study with the implantable cardiac recorder.





## Abstract topic

06. Access to innovations

**Abstract ID:** E118/ID786

## The effect of home blood glucose monitoring on HbA1c using the smartphone application with diabetics. Randomized controlled trial: study protocol

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**Focus of the abstract:** Research

### Background

Diabetes Mellitus (DM) is a chronic disease that is considered a global public health problem. Research has shown that self-management approaches encourage a primary role in managing the daily care of people with diabetes mellitus. In this respect, the use of information and communication technologies in health promotion, prevention and management has great potential. The use of these technologies (e-health) is recommended to facilitate access, improve the quality and safety of treatment, ensure the effectiveness of care and contribute to the self-management of patients, particularly in chronic diseases such as Type 2 diabetes.

### Questions

The aim of this study was to determine the effect of home blood glucose monitoring on HbA1c levels in patients with Type 2 diabetes using smartphone applications.

### Methods

The study was designed as a randomized controlled trial with open label parallel arms. A total of 120 patients with type 2 diabetes from four primary health care centers will be enrolled in two groups.

Mobile phone applications for diabetes monitoring will be installed on the phones of the participants in the intervention group and they will be asked to record the blood sugar results to the application during the study. The patients will monitor in the 3rd and 6th months and fasting blood sugar and HbA1c levels will be checked.

### Result

Primary outcomes will be quality of life and glycaemic control (HbA1c).

### Take Home Message for Practice

New mobile technologies may be a good option for home blood glucose monitoring of diabetes patients.





## Abstract topic

06. Access to innovations

**Abstract ID:** P037/ID562

## E-Health Solutions in Primary Health Care: Narrative Review Part I

Oğulcan Çöme<sup>1, a)</sup>, Volga Kaymakçı<sup>1, b)</sup>, Merve Saniye İmançer<sup>1, c)</sup>, Burcu Ersoy<sup>1, d)</sup>, Yasemin Özkaya<sup>1, e)</sup>, Vildan Mevsim<sup>1, f)</sup>

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**Focus of the abstract:** Research

### Background

E-health, or the use of information and communication technologies (ICTs) to support health and health-related fields, has the potential to improve primary care by helping patients monitor and manage chronic conditions, preventing disease, and reducing healthcare costs. There are different e-health applications used in primary care around the world, including disease coding systems, clinical decision support systems, e-prescriptions, digital imaging, and smart wearable technologies. However, scientific evidence on the effectiveness, usability, and accuracy of these technologies is often lacking or of insufficient quality.

### Question

What is the current state of e-health usage in primary care? What kind of e-health applications are being used in primary care settings around the world?

### Discussion

E-health has the potential to improve primary care by helping patients monitor and manage chronic conditions, preventing disease, and reducing healthcare costs. However, there is a lack of scientific evidence on the effectiveness, usability, and accuracy of e-health technologies, and it is not clear what conditions need to be met in order for this potential to be fully realized.

### Take home message

More research is needed to determine the necessary conditions for the successful implementation and utilization of e-health in primary care. This will help ensure the safety and effectiveness of these technologies and maximize their potential benefits for patients and healthcare providers.





## Abstract topic

06. Access to innovations

**Abstract ID:** P038/ID566

## E-Health Solutions in Primary Health Care: Narrative Review Part II

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**Focus of the abstract:** Research

### Background

Primary healthcare is facing challenges in providing quality and accessible care to an aging population with a high prevalence of chronic diseases. In order to adapt, primary care providers need to adopt innovative practices, such as eHealth. E-health applications hold the promise of overcoming various challenges in healthcare delivery, but there are many unanswered questions about their use, including cost-effectiveness, integration with health services, and acceptability.

### Question

What conditions need to be met in order for eHealth to be successfully implemented and utilized in primary healthcare?

### Discussion

In order for eHealth to be effectively used in primary healthcare, several conditions need to be met to ensure a safe and effective service. These include optimizing eHealth research, providing evidence-based eHealth options, personalizing blended care that combines in-person and remote care for each patient, and considering eHealth ethics, patient safety, and privacy from a global perspective.

### Take home message for practice

To realize the full potential of eHealth in primary healthcare, it is important to ensure that the necessary conditions are met for a safe and effective service. This includes optimizing eHealth research, providing evidence-based options, personalizing blended care, and considering ethical and safety concerns.





## Abstract topic

06. Access to innovations

**Abstract ID:** P039/ID882

## Barriers to medical research among health care professionals

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**Focus of the abstract:** Research

Healthcare organizations need to build a strong research foundation that consists of ongoing research in various areas of healthcare and medicine to improve healthcare delivery and patient outcomes. Given the importance of research in the development of medicine, there is a need to evaluate the current research situation and identify areas for improvement. In some areas of Medicine and some professional groups, research activities are limited, and poor capacity to undergo research has been observed. The lack of research in some specialties has resulted in little evidence to support these areas. This requires building a strong research foundation in these specialties to inform decision-making and improve patient care. Understanding the barriers to research will help healthcare organizations address them and improve their services and patient care. An online questionnaire was distributed to all healthcare workers working in Dubai Public Hospitals to assess barriers to research. It was found out that the most common barrier to research was lack of time (75.2%) followed by lack of funds (56%), lack of skills (39.3%) and lack of interest (22%). These findings can help in implementing research capacity initiatives based on barriers identified.





## 07. Goal oriented care

### Abstract topic

07. Goal oriented care

**Abstract ID:** E119/ID66

### Evolution of follow-up activities for patients with type 2 diabetes during the COVID-19 pandemic in primary care.

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**Focus of the abstract:** Continuous Medical Education (CME)

**Objective:** to know the evolution of the follow-up activities of patients with type 2 diabetes (T2D) during the COVID-19 pandemic in primary care.

**Methods:** cross-sectional descriptive study with cut-off points in 2019, 2020 and 2021. Review of clinical records of 500 patients with T2D randomly selected, collecting sex, age and registration of the activities indicated in the Program for the Prevention and Control of Atherosclerotic Cardiovascular Disease (p-EVA) of the Canary Islands Health Service: body mass index (BMI), smoking, blood test with glycosylated hemoglobin (A1c), blood pressure, electrocardiogram (ECG), retinography and foot examination. Comparisons made using the Chi-square test at a level of statistical significance  $p < 0.005$ .

**Outcomes:**

Sample: 236 (47.2%) women. 290 (58.0%) > 65 years.

Variable record expressed as: n (%) in 2019, 2020 and 2021.

BMI: 281 (56.2%), 164 (32.8%), 193 (38.6%);  $p < 0.001$ .

Smoking habit: 304 (60.8%), 159 (31.8%), 212 (42.4%);  $p < 0.001$ .

Blood test with A1c: 413 (82.6%), 316 (63.2%), 373 (74.3%);  $p < 0.001$ .

Blood pressure: 397 (79.4%), 227 (45.4%), 311 (62.2%);  $p < 0.001$ .

ECG: 206 (41.2%), 109 (21.8%), 130 (26.0%);  $p < 0.001$ .

Retinography: 210 (42%), 92 (18.4%), 127 (25.4%);  $p < 0.001$ .

Foot revision: 99 (19.9%), 29 (5.8%); 104 (20.8%);  $p < 0.001$ .

**Conclusions:** COVID-19 pandemic has severely affected the performance of monitoring activities for DM2 of the p-EVA, with uneven recovery in 2021, far from pre-pandemic levels. The most affected activities are related to nurses, probably because they have primarily carried out tasks against the COVID-19 pandemic, such as diagnostic tests and vaccination.

**Keywords:** type 2 diabetes, COVID-19, Primary Care.







## Abstract topic

07. Goal oriented care

**Abstract ID:** E120/ID67

## Evolution of the control of patients with type 2 diabetes during the COVID-19 pandemic in primary care.

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**Focus of the abstract:** Continuous Medical Education (CME)

**Objective:** to know the evolution of the achievement of the control objectives of patients with type 2 diabetes (T2D) in a primary care center during the COVID-19 pandemic. Stratification by sex and age.

**Methods:** cross-sectional descriptive study with cut-off points in the years 2019, 2020 and 2021. Review of the medical records of 500 patients with T2D randomly selected, collecting: sex, age and compliance with glycosylated hemoglobin (A1c) targets. according to ADA standards of medical care in diabetes-2022. Comparisons made for the entire sample, by sex and age group using the Chi-square test at a significance level of  $p < 0.005$ .

**Outcomes:**

Sample: 236 (47.2%) women. 290 (58.0%) over 65 years of age.

A1c on target expressed as: n (%) in 2019, 2020, 2021.

A1c for the whole sample; 289 (57.8%), 213 (42.6%), 234 (46.8%);  $p < 0.001$ .

A1c women: 151 (63.9%), 102 (43.2%), 119 (50.4%);  $p < 0.001$ .

A1c men: 138 (52.3%), 111 (42%), 115 (43.6%);  $p = 0.39$ .

A1c  $\leq$  65 years: 103 (49.0%), 69 (32.9%), 79 (37.6%);  $p = 0.002$ .

A1c  $>$  65 years: 186 (64.1%), 144 (49.7%), 155 (53.4%);  $p = 0.001$ .

**Conclusions**

We must intensify our efforts to achieve A1c control objectives because, despite a modest improvement in 2021, we are far from pre-pandemic levels in 2019. Men and the youngest are target groups to prior our interventions since they maintain the lowest levels of control.

**Keywords:** type 2 diabetes, COVID-19, Primary Care.





## Abstract topic

07. Goal oriented care

**Abstract ID:** E121/ID119

### Association between glycosylated hemoglobin and health related quality of life in Korean adults over 19-year-old: based on the seventh Korean national health and nutrition examination survey (2018)

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**Focus of the abstract:** Research

**Background:** The availability of glycosylated hemoglobin(HbA1c) measurement has been one of the major advances in diabetes care. Recently, HbA1c not only provides a reliable measure of diabetes but also predict disease related to insulin resistance such as hypertension, and heart disease. As the average life expectancy increases and people interest in the quality of life of individuals have started to pay much attention. This study was analyzed the relationship between HbA1c and Health Related Quality of Life(HQoL) from Korean adult age over 19.

**Methods:** We included 5,796 male and female who participated in the Korean National Health and Nutrition Examination Survey(KNHANES) from 2018. HbA1c level was separated by 6.0% in each group, The Euro quality of life-5 dimension(EQ-5D) questionnaire was used to measure HQoL. A multiple logistic regression analysis was performed to examine the association between HbA1c and HQoL.

**Results:** The EQ-5D index score of the lower than 6.0% HbA1c group was significantly lower than of the upper than 6.0% group. After adjusting for multiple covariates, the odds ratio (95% confidence interval, [CI]) for Anxiety/depression issues was 1.18 (95% CI, 1.017-1.365) in male and Self-care issues was 1.22 (95% CI, 1.004-1.472) in female; however, in other issues the difference was not statistically significant for male and female.

**Conclusion:** HbA1c was associated with reduced quality of life. It is important to control HbA1c levels to improve HQoL.





## Abstract topic

07. Goal oriented care

**Abstract ID:** E122/ID256

## Experience of the Chronic Disease Management Programme in the first two years

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**Focus of the abstract:** Continuous Medical Education (CME)

The Structured Chronic Disease Management (CDM) Programme aims to prevent and manage patient chronic diseases using a population-approach. It helps you identify and manage patients at risk of chronic disease or who have been diagnosed with one or more specified chronic diseases.

The programme covers Type 2 diabetes, Asthma, COPD, Stroke/TIA, Heart Failure, Atrial Fibrillation and Ischaemic Heart Disease for patients aged 65 years and over.

The programme was started in 2020 and, under this programme, patients with any of the above named conditions get a structured twice-yearly review with their GP.

The aim of this programme is to help the patient be more aware of how to recognise if their condition is deteriorating, provide tips to help the patient respond to deteriorating conditions, help them develop and use an action plan and to actively support the patient to stay in their community.

The structured review includes a physical examination, recording of vital signs and BMI, discussing smoking and alcohol, exercise, recent blood test results, medication review and formulating a shared care plan with the patient.

In the first 2 years of the programme we have enrolled 440 patients and 435 of them have had 4 reviews in the past 2 years. This has helped us to improve patient care in a structured manner and to involve the patients in the management of their condition, prevention of deterioration of their condition and hopefully prevent the development of further conditions.





## Abstract topic

07. Goal oriented care

**Abstract ID:** E123/ID421

## Antibiotic prescription in uncomplicated acute cystitis in non-pregnant women, quality improvement

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Urinary tract infections (UTIs), more specifically the uncomplicated ones, represent a major health problem, involving high costs and the need for medical appointments. Treatment should be based on the microorganisms implicated, local resistance rates, and impact on the resistance pattern of community infections.

**Questions:** Antibiotic prescriptions for uncomplicated acute cystitis in non-pregnant women at UCSP is adequate?

**Methods:** Observational and retrospective study. Collection of cases with code (U71)- Cystitis, which met the inclusion criteria, at 2 different times, for a period of 6 months, pre-intervention and post-intervention. Corrective intervention - peer session. Data collected from the clinical process, registered and statistically treated in Microsoft Excel2016®.

**Outcomes:** First evaluation, 21cases were obtained, but only 3(14.3%) prescribed first-line antibiotics in the correct dose/posology. In the evaluation after the intervention, of the 29, 17(58.6%) had a prescription for first-line antibiotics in the correct dose/posology. Before the intervention, most prevalent reason for incorrect prescription was “fomycin prescription in wrong dose/time”, 52.4%, which decreased to3.4% after intervention. In second evaluation, the most prevalent reason for incorrect prescription was “2nd-line antibiotic prescription”.

**Discussion:** The second evaluation resulted in a “Good” quality standard regarding the prescription of the most appropriate antibiotics, as it generated a change in the prescription, in the sense of continuous improvement in the quality of care provided to the community, demonstrating the importance of evaluating the prescription and institution of corrective measures.

**Message:**Prescribing antibiotics according to guidelines and in thoughtful way facilitates antimicrobial management and decreases resistance.





## Abstract topic

07. Goal oriented care

**Abstract ID:** P040/ID478

## Patients with Co-Morbid T2DM and ADHD have a Higher Incidence of Poor Glycemic Control

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**Focus of the abstract:** Research

### **Introduction:**

**Introduction:** T2DM glycemic control requires attention to diet exercise, glucose monitoring and medications. ADHD can affect the adherence and persistence of treatment. This study aimed to evaluate the possible association of ADHD and diabetes glycemic control among adults with Type 2 diabetes.

**Methods:** We conducted a retrospective cross-sectional study using electronic medical records from the Maccabi health service database between 2019 and 2020. The diabetes registry included 1,582 patients diagnosed with ADHD; the rest (49,483) were defined as diabetics without ADHD. Using propensity score with the variables of age, gender and duration of diabetes, we compared a group of 1,582 patients with DM and ADHD to 1,582 patients with DM and without ADHD during 2019-2020. The t-test and Mann-Whitney U test were used for parametric and non-parametric testing. Multivariate logistic regression was used with a cutoff of several HbA1c values in DM patients with and without ADHD.

**Results:** The proportion of patients with HbA1c values above 10%, 9% and 8% in the group of patients with ADHD was 4.7-5.9 times higher than in patients without ADHD. In addition, the OR in multivariate logistic regression was 4.2 (95% CI: 2.5-6.8), 4.3 ((95% CI: 3.1-6.1) and 2.7 (95% CI: 2.2-3.4), for a cutoff of HbA1c of 10%, 9% and 8%, respectively.

**Conclusions:** The rate of uncontrolled diabetic patients with ADHD (HbA1C >8%, >9% and >10%) was 3-4 times higher than in patients without ADHD. Thus, patients with co-morbid ADHD and T2DM have a higher incidence of poor glycemic control.





## 08. Interdisciplinary collaborative care

### Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E124/ID134

### The inequity access to care among migrant workers: A case study of silicosis management and its outcome

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**Focus of the abstract:** Research

**Background:** Migrant workers have been crucial to Thailand's economy since the 1990s. Approximately 4 million migrant workers from Myanmar, Laos, and Cambodia accounted for 10% of the labor force residing in Thailand in 2020. They are engaged in 3D jobs (dirty, dangerous, demeaning) with lower income than the native population. Until recently, there have been few reports about occupational health hazards among migrant workers in Thailand. This session will present the management of a single case study of Myanmar migrant workers who suffered from silicosis detected by a family physician and nurses at the district hospital. We will discuss barriers to access to health services, diagnosis, and treatment.

**Question:** How to mitigate health inequity among the nonnative population?

**Methods:** A case study of silicosis patients in the Khaoyoi district

**Outcome:** We start a platform of case reports through multidisciplinary teamwork, including family doctors, nurse practitioners, public health officers, and occupational nurses, to fasten the detection, investigation, diagnosis, and treatment of occupational disease. We also work with the local municipalities and provincial organizations to enforce occupational health measures.

**Discussion:** Migrant workers are most likely living in a fragile state in the hosting country. Family doctor plays an important role in health provisions for the population regardless of nationality.

**Take home message:**

Family doctors are crucial in taking care of all populations regardless of their nationality

The primary care team should include several stakeholders

Access to health services among migrant workers should be considered part of the primary care system







## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E125/ID182

## Association between multimorbidity and oral health problems among Korean adults

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### **Focus of the abstract:** Research

**Background:** With the increasing elderly population, the prevalence of chronic diseases has increased accordingly.

**Questions:** The relationship between the number of chronic diseases and oral health problem has been unclear. Therefore, we sought to determine whether oral health problem is affected differently depending on the number of chronic diseases and multimorbidity.

**Methods:** Data from 23,246 adults aged  $\geq 19$  years who participated in the Korea National Health and Nutrition Examination Survey (KNHANES) in 2016–2019 were analyzed. Individuals who reported to have had dental treatment in the last year were defined as the dental treatment group. Participants with at least one of chewing and speech problems were defined as the oral health problem group. Multivariable logistic regression analysis was done to calculate odds ratios (ORs) and 95% confidence intervals (CIs).

**Outcomes:** The proportions of dental treatment and oral health problem were higher in participants with multimorbidity (all  $p < 0.001$ ). ORs of having dental treatment increased with the number of chronic diseases ( $p$  for trend  $< 0.001$ ). Compared to the control, the OR of dental treatment increased by 23% (95% CI: 1.13–1.34) and that of oral health problem increased by 25% (95% CI: 1.12–1.39) in the multimorbid group.

**Discussion:** The risk of dental treatment and oral problems increased according to the number of chronic diseases in Korean adults. We imply potential risks of oral health to people with multimorbidities.

**Take Home Message for Practice:** An intimate collaboration with dental specialists is required to prevent oral health problems and disease complications.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E126/ID351

## Physiotherapy Consultation in Primary Care of Tenerife.

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**Focus of the abstract:** Research

### Introduction

Primary Care (PC) faces important challenges: growing population, aging, morbidity changes, greater demands.

The increase in chronic pathologies and the relevance of therapeutic physical exercise as a fundamental tool to treat and improve the quality of life make it necessary to have a "Physiotherapy consultation", supported by the precepts of disease prevention, health education and health promotion.

**Aims** To study general aspects of the care activity of physiotherapists in Physiotherapy consultation (PH) in PC, with direct referral from the family doctor (FD).

**Methods:** Retrospective observational descriptive study of a PH clinic, analyzing clinical and care activity of users seen in 2021: sociodemographic characteristics, medical diagnoses subject to consultation, PH sessions carried out, waiting list, recording data in an Excel sheet.

**Results:** Of 514 users, 18% were not admitted due to pathologies not included in the project (43.2%) and pending diagnostic tests (14%). Of 422 users included, 66.7% women, mean age 51 years. 55.3% between 40 and 59 years. 53.5% referred for vertebral pain, 22% for shoulder joint injuries. The average values of waiting to be attended by the physiotherapist are 13 days, of 9-day PH sessions. 81.5% users report improvement and achievement of the objectives set. 70% have expressed an excellent degree of satisfaction with the service.

### Conclusions:

- Accessibility to physiotherapist services improves with direct referral from the FD.
- Health information/training in the field of PH achieves knowledge and empowerment of users.
- Physiotherapists must be included in the basic structure of AP.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E127/ID353

## Service improvement: Implementing a pathway to streamline the approach to an initial raised ALT result, in primary care.

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<sup>1)</sup>Primary care, National Health Service, Leeds, United Kingdom

**Focus of the abstract:** Continuous Medical Education (CME)

**Background** – Deaths' secondary to end stage liver disease have risen drastically in the last ten years in England. NICE has clear guidelines on managing deranged liver tests in primary care. Based on discussion with GP's and a review of current practice, it was clear that there was not a consistent approach to managing a raised ALT result. This was further reinforced by a short survey, sent out to clinicians working at the practice.

**Questions** – Are we following a consistent approach to raised ALT? What changes can we implement, to ensure consistency?

**Methods** - Reviewed data for patients with a raised ALT in the last 6 months, to see how this had been managed. This included, when the liver function was repeated, when a non-invasive liver screen (NILS) was carried out and what information was given to the patient, including whether this was face to face or via telephone.

**Outcomes** – 32% of clinicians were not confident managing a raised ALT, 50% of clinicians were using a pathway to manage raised ALT and 40% felt there was not a consistent approach to managing raised ALT. Over 50% of patients were having liver function tests repeated much earlier than recommended by NICE and LTHT guidelines.

**Discussion** – The importance of having a single approach to managing deranged ALT was evident during this project. The purpose of this project was to reduce number of appointments and unnecessary tests, improve diagnosis, engage patients with their health and to create a pathway for clinicians to use.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E128/ID354

### Who carries the burden of mental health? A review of patients referred to Psychiatry, over a 6 month period.

Zara Khan<sup>1)</sup>

<sup>1)</sup>Primary care, National Health Service, Leeds, United Kingdom

**Focus of the abstract:** Continuous Medical Education (CME)

**Background** - Referral waiting lists for secondary mental health services are currently at an all-time high, resulting in a delay in assessments. There are currently clear NICE guidelines for the initiation of anti-depressant medications and initial follow up, however guidelines aren't as clear for patients on long term anti-depressant therapy, thus placing these patients at risk. This review aims to look at how this risk can be reduced.

**Questions** - How can these patients be supported better by primary care?

**Methods:** To measure the following in patients referred over a 6 month period: documented interim review, risk management plan, physical health check and whether counselling has been offered (CBT/IAPT), in the past year.

**Outcomes** – 96% (23/24) of patients referred for review of worsening symptoms of depression were on anti-depressant medication for >2 years. Of these, 65% had an interim review (53% of these included a risk management plan), 65% were offered counselling and 61% had physical health checks (both bloods and ECG) in the last year.

**Discussion** – Almost all patients that were referred, had been on anti-depressant therapy for at-least 2 years. However, not all patients received an annual interim review and even fewer were signposted to primary care counselling services. To reduce the impact of referrals and time waiting to be seen, interim reviews can be used to identify patients that can be managed in the community.

**Take home message** – Interim reviews can be used to review medications and risk management plans, whilst awaiting reviews.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E129/ID382

## Effectiveness of motivational interviewing in the physiotherapy treatment of musculoskeletal disorders in the knee

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**Focus of the abstract:** Research

### Introduction

Most musculoskeletal injuries are due to microtrauma and appear overtime, facilitating the chronicity of the processes.

Motivational interviewing (MI) facilitates decision control and user adherence to indicated guidelines.

### Aims

To evaluate the effectiveness of an intervention based on MI to increase therapeutic adherence to guidelines-indications of physiotherapists in patients with musculoskeletal disorders of the knee (MDK) in Primary Care (PC).

### Methods

Prospective observational descriptive study.

Study population: users treated at the Physiotherapy Unit (PH) in PC with a MDK medical diagnosis, in 2021.

Study variables: sociodemographic characteristics, PH techniques used, PH sessions, compliance with home indications-guidelines and knowledge of perceived state of health, assessed in different periods of time.

### Results

22 users attended, 55% women, mean age 55+14 years.

The physiotherapy techniques used: therapeutic exercise, health education and home guidelines (100%), MI (77.3%), others (electro-thermotherapy-manual therapy) (22.7%).

Average number of sessions PH 10+7.

After discharge physiotherapy treatment, all users reported health levels 7.5/10, throughout the study users with MI compared to those who did not receive it (4+2.8).

Compliance with guidelines, users with MI, 82.3% state that they follow the guidelines in all study periods. 71.4% have not received the MI express not to continue doing them after a year high PH.

### Conclusions

- Incorporate MI, as a complement to PH in PC, being feasible to improve adherence during the therapeutic process.

- Significant association between the use of MI with compliance with guidelines at home and subjective perception of state of health.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E130/ID489

## Pain sensitivity decreases following regular stretching – the analgesic effect was retained after cessation.

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**Focus of the abstract:** Research

### Background

Stretching exercises have been commonly used to alleviate pain. Although reports of its effectiveness have been conflicting, emerging evidence shows a trend towards consistent reductions in pain. However, the mechanisms underlining the analgesic effect of stretching and the duration of the effects are insufficiently understood.

### Questions

What is the effect of six weeks of regular stretching exercise on regional and widespread pain sensitivity, and does the effect persist after four weeks of cessation from stretching?

### Methods

Twenty-six healthy adults (n = 9 female) were included in an experimental single-blind longitudinal repeated measures study. Regional and distant pressure pain thresholds were measured at three points; before (baseline) and after six weeks of daily bilateral hamstring stretching exercises (post-stretch), and following four weeks of cessation from stretching (post-cessation).

### Outcomes

There was a 29.4 % increase in regional (90.5 kpa, 95%CI: 29.4-150.7, p = 0.003), a 17.2 % increase in distant pressure pain thresholds (45.8 kpa, 95%CI: 90.3-1.3, p = 0.042) between baseline and post-stretch measures. No statistically significant differences were found for regional (21.8 kpa, 95%CI: 79.0-35.5, p = 1.000) or distant pressure pain thresholds (-6.8 kpa, 95%CI: 50.9--37.3, p = 1.000) between pre-stretch and post-cessation.

### Discussion

The hypoalgesic effect was multisegmental, suggesting that central widespread inhibitory mechanisms were activated by stretching exercises. Also, the widespread hypoalgesic effect did not abate following cessation from stretching.

### Take Home Message for Practice

Regular stretching can be used for pain relief.  
The effect was retained after cessation.







## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E131/ID577

## How to improve support for patients with irritable bowel syndrome: discussion using the group analysis method

Emilia Capront<sup>1)</sup>

<sup>1)</sup>ULB, 7322, Belgium

**Focus of the abstract:** Continuous Medical Education (CME)

The management of Irritable Bowel Syndrome is an issue in general practice. Its prevalence in the global population may be as high as 25%. Patients make more frequent visits to physicians, undergo more diagnostic tests, use more medications, are regularly absent from work. They are increasingly active in their own health and frequently use non-drug "complementary" or "alternative" practices. The objective of this study is to understand the issues related to these practices and to suggest solutions to improve support for patients. The methodology is based on a qualitative approach of the "participative action research" type, using the "Group Analysis Method". The sample consisted of 9 medical, paramedical and non-medical practitioners, accompanying IBS patients in Brussels. Three workshops and five interviews were conducted to identify problems, issues and solutions. Data processing and analysis included recording, transcription, coding, categorization and content analysis. A validation of the results by the participants was carried out. The main problems identified: multifactoriality, variability of the patient's presentations and abilities, decrease in QOL, complexity of diagnosis and limitation of the interveners. The etiopathology is complex, linked to the disruption of the brain-gut dialogue, to gastrointestinal infections and to the microbiota. Approaches and support models vary depending on the patient. Societal changes are accelerating the need to modulate support. The role of the GP remains central. The experimentation of this transdisciplinary approach has revealed the reality of the field in all its complexity. This study illustrates the interest in creating spaces for exchange between professionals in order to better understand complex condition.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E131/ID649

## How to improve support for patients with irritable bowel syndrome: discussion using the group analysis method

Emilia Capront<sup>1)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

The management of Irritable Bowel Syndrome is an issue in general practice. Its prevalence in the global population may be as high as 25%. Patients make more frequent visits to physicians, undergo more diagnostic tests, use more medications, are regularly absent from work. They are increasingly active in their own health and frequently use non-drug "complementary" or "alternative" practices. The objective of this study is to understand the issues related to these practices and to suggest solutions to improve support for patients. The methodology is based on a qualitative approach of the "participative action research" type, using the "Group Analysis Method". The sample consisted of 9 medical, paramedical and non-medical practitioners, accompanying IBS patients in Brussels. Three workshops and five interviews were conducted to identify problems, issues and solutions. Data processing and analysis included recording, transcription, coding, categorization and content analysis. A validation of the results by the participants was carried out. The main problems identified: multifactoriality, variability of the patient's presentations and abilities, decrease in QOL, complexity of diagnosis and limitation of the interveners. The etiopathology is complex, linked to the disruption of the brain-gut dialogue, to gastrointestinal infections and to the microbiota. Approaches and support models vary depending on the patient. Societal changes are accelerating the need to modulate support. The role of the GP remains central. The experimentation of this transdisciplinary approach has revealed the reality of the field in all its complexity. This study illustrates the interest in creating spaces for exchange between professionals in order to better understand complex condition.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E133/ID664

## Family physician assistants in Iran; “Angels in the Outfield”

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**Focus of the abstract:** Research

**Background:** In Iran, each family physician (FP) with one or two assistants provides primary health care services. Family physician assistants (FPAs) play an important role in the continuity and coordination of services. This study was conducted with the aim of investigating the challenges and solutions of the participation of FPAs in the provision of health services.

**Methods:** This qualitative study was conducted using semi-structured interviews with 86 managers and experts of the health system, FPs, FPAs and patients in Iran in 2022. The purposeful sampling method was used to select the samples. Thematic analysis was used for data analysis.

**Results:** Challenges and solutions of the participation of FPAs in the provision of health services were identified in 6 categories, including Education, Recruitment, Development, Motivation, Compensation and Performance management. The most important challenges were the gap between the educational and the service delivery systems, low job security, Inefficient in-service training, low willingness of FPAs to enter the family medicine program, delay in payments and its inadequacy, lack of use of financial incentives, insufficient trust of FPs in FPAs. The most important solutions were the Developing of the human resource competency model, creating opportunities for personal and career development, performance-based payment, revision of contracts between FPs and FPAs, and implementing support interventions.

**Conclusion:** The participation of FPAs in providing health services plays an important role in strengthening the family medicine program. In Iran, this issue is faced with many challenges that have led to the diminution of the role of FPAs.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E135/ID797

## Multidisciplinary pharmaceutical consultation on chronic kidney disease

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**Focus of the abstract:** Continuous Medical Education (CME)

Renal insufficiency is a frequent chronic condition, with an expected increasing incidence due to the aging of the population. Hyperkalemia, anemia, metabolic acidosis, bone demineralization and osteoporosis are potential problems associated with a reduced number of functioning nephrons. Early detection and treatment can favorably influence the disease course of chronic kidney disease (CKD). However, the diagnosis of CKD predominantly occurs during advanced disease (stages 4 and 5) and is often not even recognized. Only a limited group of patients has been included in a CKD care pathway in Belgium. Structured multidisciplinary care and an individual treatment plan are therefore the goals for this patient group. Increasing knowledge and exchanging information between general practitioner (GP) and pharmacist (with the nephrologist as third party) are the keys to optimizing care for CKD patients. Domus Medica and KAVA therefore developed 2 programs to support the Multidisciplinary Pharmaceutical Consultation (MPC) on CKD, with the support of the RIZIV. During such an MPC, GPs and pharmacists discuss how the guidance of CKD patients can be optimized, which patient data are exchanged, and which patients are at risk for kidney damage due to medication use. The purpose of this presentation is to explain how an MPC can be helpful in the care of CKD patients.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E136/ID805

## The analysis of the social appearance anxiety of professional athletes and sedentary young adolescents

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**Focus of the abstract:** Research

**Background:** This study aims to compare professional athletes and adolescents who do not do active sports in terms of social appearance anxiety.

**Questions:** Is there a difference between professional athletes and sedentary young adolescents in terms of social appearance anxieties and could this anxiety be associated with BMI?

**Methods:** A total of 103 individuals were included in the study between 15 November and 15 December 2021. Participants were asked to fill out the social anxiety scale questionnaire. Participants are between the ages of 12-17 and 60 (58.2%) are male and 43 (41.8%) are female. 42 (40.8%) of them are professional athletes and 61 (59.2%) are non-athletes.

**Outcomes:** The total score of the social appearance anxiety scale of professional athletes is  $31.25 \pm 12$  (Mean  $\pm$  S.D.), the result of non-athletes is  $32.07 \pm 13.38$  (Mean  $\pm$  S.D.) There is no significant difference between the two groups ( $p=0.86$ ). BMI  $<18.5$  had a score of  $32.46 \pm 11.53$ , BMI of 18-24.9 had a score of  $32.28 \pm 13.4$ , and BMI of 25-29.9 had a score of  $27.86 \pm 11.74$ , there is no significant difference between these three groups.

**Discussion:** There is no difference between professional athletes and sedentary young adolescents in terms of social appearance anxiety. Considering the increase in muscle and decrease in fat tissue in professional sports, this does not seem to have a reflection in terms of physical anxiety.

**Take Home Message for Practice:** Professional athletes and sedentary young adolescents are the same in terms of social appearance anxieties.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E137/ID850

## A myxoma-mimicking tumour: Differential diagnosis of a cardiac lesion

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**Focus of the abstract:** Continuous Medical Education (CME)

### Abstract text

#### Background

Metastatic cardiac tumors are uncommon and could be misdiagnosed as myxoma, being identified in a 1'5-20% of autopsies. Melanoma, lung's carcinoma, leukemia, lymphoma and breast cancer are the most prevalent causes of these metastases.

#### Questions

How important is a correct anamnesis and a proper differential diagnosis to get to the cause?

#### Methods

Additional information is given in the following section.

#### Outcome

- A 46-year-old woman, diagnosed with left luminal B breast cancer undergoing chemotherapy.
- She come to the health center for 1 month and a half of dyspnea on moderate exertion.
- Acceptable general condition, O<sub>2</sub> saturation 95% and heart rate 79 bpm. Cardiac auscultation with mitral systolic murmur. Pulmonary auscultation with vesicular murmur preserved. No edema, Kussmaul's sign or hepatojugular reflux was detected.
- In the absence of personal cardiological history and the auscultation of a mitral systolic murmur led to perform an urgent cardiac magnetic resonance imaging (MRI) to identify the cause. An atrial tumor with hemodynamic repercussions affecting the mitral valve was identified.

#### Discussion

The patient was referred to cardiovascular surgery, where she underwent surgery and intraoperative biopsy revealed neoplastic cells.

#### Take home message for practice

It is important to make a proper differential diagnosis taking into account the personal history and all diagnostic possibilities.







## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** E138/ID923

## Reengineering of a suburban post-acute ward into a community hospital

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**Focus of the abstract:** Research

**Background:** Chronic patients present highly complex conditions in which biomedical, psychosocial, and environmental factors are inextricably intertwined. The population admitted to acute hospital wards is increasingly elderly and comorbid and often require intermediate care.

**Objective:** A dismissed post-acute care ward within a district hospital will be rearranged into a 20-bed community hospital. Integrated care through the biopsychosocial model will facilitate hospital discharges and prevent relapses.

**Methods:** A multi-professional board of the main stakeholders was held to frame the organizational model and realize a digitally integrated chart. The International Classification of Functioning, Disability and Health (ICF) was identified as the leading framework for patient assessment. The Individualized Care Plan (ICP) will be digitally implemented to tailor interventions to individual conditions. Families, caregivers and GPs will be extensively engaged and periodical follow-ups will review the ongoing plan.

**Expected outcomes:** a reduction in admissions and length of stay in general hospitals for chronic patients is expected, as well as improvements of patient-related outcomes.

**Discussion:** Community hospitals are highly adaptable and allow proximity to the patients' environment. In Italy, they are being implemented to match the needs of an increasingly ageing and complex population. Planning of patient-tailored interdisciplinary interventions is key to manage complex conditions.

**Take Home Message for Practice:** Dismissed facilities can be adequately reorganized to meet the changing needs of communities. A multidisciplinary approach is key to deliver better person-centred care. Shared digital tools facilitate a collaborative approach and transitional care.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** P041/ID216

## Assessing the factors that facilitate and hinder GP involvement in clinical practice guideline groups

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**Focus of the abstract:** Research

**Background:** Difficulties in general practitioners' (GPs) participation in clinical practice guideline groups (CPGGs) have been recognised. However, little is known about the specific nature of these challenges. GP involvement in CPGGs is considered essential to improve the inclusion of aspects of primary care in clinical practice guidelines and the acceptance and adoption of the guidelines by GPs.

**Question:** What are the most essential facilitators and barriers to GPs' involvement in CPGGs?

**Methods:** We will send an electronic questionnaire to (appr. n=50) GPs who have been CPGG members in Finland since 2017. The questionnaire will be administered by the Finnish Medical Society Duodecim, a major producer of guidelines in Finland, and will be completed by the end of February 2023. It will include both open-ended and likert type questions, enabling both quantitative and qualitative analyses. The questions will cover three aspects of GP involvement: prior to, during and after the CPGG process. The results regarding the facilitators and barriers to GP involvement will be presented and discussed at the 2023 WONCA Europe Conference.

**Discussion:** We intend to identify the essential facilitators and barriers to GP involvement in CPGGs. Our hypothesis is that awareness of the importance of GP participation in CPGGs and opportunities to increase professional competence are the most important motivators for GPs to become involved in CPGGs and that lack of time and knowledge in critical appraisal of research evidence may be the most important barriers.

**Take-Home Message for Practice:** GPs' involvement in CPGGs should be supported.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** P042/ID409

## What do Public Health Units really do about community help requests? A local perspective (2018-2022)

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**Focus of the abstract:** Research

**Background:** In Portugal, Primary Health Care (PHC) institutions and stakeholders work together to enhance responses to community. The Public Health Units (PHU), integrated in PHC, contribute to multidisciplinary responses, receiving requests about patients' needs. Suicide attempts and other events are daily reported.

**Methods:** Description of procedures and analysis of monthly average of events related to population and environmental health reported to a local PHU in Portugal, in pre-pandemic (P1), 1<sup>st</sup> (P2) and 2<sup>nd</sup> (P3) phases of the COVID-19 Pandemic, between January 2018 and December 2022.

**Outcomes:** 1077 health events were reported to PHU during the 4 years in analysis (a mean of 18,3 events per month in P1, 18,8 events/month in P2 and 15,0 events/month in P3). Municipalities (22,5%), health institutions (20,9%) and primary care users (11,3%) reported most events in P1, while security forces (63%), public ministry (15,3%) and primary care users (6,7%) reported most events in P3. Mental health events were less reported in P1 (28,6%) than in P2 and P3 (53,6% and 70,3%, respectively).

**Discussion:** PHU assisted to an alteration of reporters' patterns between periods, that might be related with strengthening of relationships with security forces due to its role in COVID-19 Pandemic and the reduction of activity in schools and municipalities services. The PHU registered an increase of mental health requests and procedures, that required the intervention of security forces and public ministry, justifying the increment of its reports during P2 and P3 (e.g., mental health) warrants).





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** P043/ID583

## Integration of osteopathy in interdisciplinary medicine: obstacles and facilitators.

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**Focus of the abstract:** Research

**Objective:** To identify the factors that facilitate and/or limits the successful integration of osteopathy within conventional medicine in health care, especially in interdisciplinary context.

**Method:** A qualitative study was carried out through 9 individual interviews and 4 focus groups. A total of thirty-five participants practicing in french-speaking regions of Belgium were interviewed, including general practitioners, osteopaths, physiotherapists, nurses, welcoming volunteers staff, a neurosurgeon, an orthopedic surgeon, an anesthesiologist, a dentist and a nutritional therapist.

**Results:** Trust, the well-definition of skills, the development of quality and interdisciplinary teaching, participation in congresses and seminars, and published clinical results constitute the main facilitators for the integration of osteopathy in interdisciplinary structures. The development of dispensary clinic and financial participation from primary care centres are strategies that have enabled this integration, making this care accessible to the entire population. The main obstacles are financial, organizational and collaborative: fuzzy skills, a lack of communication and gaps in the teaching of different clinical professions. Poor experiences of caregivers or their prejudices as well as the lack of scientific evidence have also been reported by some professionals as being significant obstacles.

**Conclusion:** Currently in Belgium, osteopathy is integrated into different levels of care despite the absence of legal recognition of the profession. The development of scientific research (using both quantitative and qualitative methodologies), a political and organizational will to make osteopathy financially accessible, as well as the development of collaborative and quality teaching would allow the obstacles to this integration to be removed





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** P044/ID915

## Implementing a process-oriented approach in response to domestic violence in primary care.

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**Focus of the abstract:** Continuous Medical Education (CME)

Interdisciplinary collaborative care

Societal impact

Shared decision making

Figures on domestic violence, child abuse and elderly mistreatment show a disturbing rise worldwide. The growing evidence of the huge impact of domestic violence urges healthcare to respond effectively. Despite guidelines, GPs often feel powerless when confronted with this complex topic.

Which educational interventions attune to the barriers of GPs to respond effectively to domestic violence?

A process-oriented approach in responding to domestic violence was developed with emphasis on communication, shared decision making and interdisciplinary collaboration. This approach was implemented using a blended learning approach.

Webinars introduce the process-oriented approach. An elearning module illustrates the approach with illustrative video's. Face to face interventions for GPs allow peer to peer coaching on the approach.

The interventions were made accessible for GPs and on demand also for other primary care workers.

Webinars were attended by 352 participants, the elearning was followed by 1815 participants and 36 face to face interventions for GPs were organized.

The approach was evaluated as applicable (>85%) and many participants (> 89%) declared the intention to implement the approach in their practice.

Implementing guidelines concerning complex topics require attuned educational interventions and primary care workers appear willing to participate in such initiatives. Further research is needed to evaluate the effectiveness of these interventions on daily practice.

Our process-oriented approach concerning domestic violence was appreciated by an interdisciplinary audience and brought different primary care workers together. This seems valuable for a topic that needs interdisciplinary collaboration.





## Abstract topic

08. Interdisciplinary collaborative care

**Abstract ID:** P097/ID1013

## Organizing adequate care for vulnerable patients

<sup>1)</sup>Koks-Leensen Monique

<sup>1)</sup>Department of Primary and Community Care, Radboud University Medical Center (Radboudumc), Nijmegen, Netherlands

### Background:

People with mild intellectual disability (MID), characterised by limitations in adaptive behaviour and intellectual functioning, are a vulnerable group in our complex society; their MID affects multiple areas of life, making them require support in multiple areas at the same time. Considering primary care, care processes may be hampered because treatment and/or medication advice cannot be followed and a multitude of care providers may be involved.

In the Netherlands, both GPs and nurse practitioners (NP) play an important role in arranging and providing care to patients with MID. However, they experience difficulties recognizing MID and organizing the right care and support, especially when complex social problems are present.

### Methods/Outcomes

By assessing three of our previously conducted studies, the urgency of adequate care organization in primary care to people with MID is described.

First, in an implementation study of mental healthcare at Dutch out-of-hours GP services, social problems in patients with urgent psychosocial care requests are explored. Additionally, three different interview studies among GPs and NPs enlighten on their experiences with care organization for patients MID and barriers faced.

### Discussion

This poster summarizing our findings regarding care organization for people with MID who experience problems in multiple areas of life, is used to discuss with the audience care organization in their country and their experience in practice.

### Take home message

GPs should pay attention to problems in multiple areas of life, beyond health complaints, and collaborate with other care providers to realize adequate care for people with MID.







## 09. Advanced care planning

### Abstract topic

09. Advanced care planning

**Abstract ID:** E139/ID13

### Perception of family members after family meeting in palliative care provided by family physicians.

Yanisa Supasirisun<sup>1, a)</sup>, Basmon Manomaipiboon<sup>1, b)</sup>

<sup>a)</sup>Department of medicine, Vajira hospital, Bangkok, Thailand

**Focus of the abstract:** Research

**Introduction:** Family meetings are an essential component of palliative care to provide treatment goals between patient, family and health care provider. SPIKES protocol framework for family meetings were done in the palliative care unit to provide treatment goal. Evaluation of SPIKES protocol framework for family meeting efficacy would guide us to improve the family meeting in our practice. This study aims to assess family members' perceptions of process in family meeting in palliative care compared with family physicians' perceptions.

**Method:** A cross-sectional study was done to examine family members perceptions' and family physicians' perceptions during a family meeting by using the SPIKES protocol. A total of 100 family member participants were enrolled. A questionnaire survey was applied based on six attributes derived from the SPIKES protocol. The statistical analysis was done using Cohen's kappa coefficient and a total per cent agreement.

**Results:** There was moderate to excellent level of agreement between family physicians' and family members' perceptions in family meeting in palliative care. ( $\kappa = 0.3902 - 0.8837$ , % agreement = 96-99 %,  $p < 0.001$ ) Discrepancies were more evident in issues involving emotion. The satisfaction level of family members in family meeting was in excellent level (4.87 + 0.49 points).

**Conclusion:** SPIKES protocol framework for family meeting could guide family physicians and family members to establish goals of care for palliative patients with more sympathy. In order to create an understanding between physicians and family members, the SPIKES protocol could bring satisfaction to the family meeting.





## **Abstract topic**

09. Advanced care planning

**Abstract ID:** E140/ID18

## **Transition of diabetes care from pediatric to adulthood**

Michael Yafi<sup>1)</sup>

<sup>1)</sup>pediatric, University of Texas Health Science Center at Houston, Houston, United States

**Focus of the abstract:** Research

### **Background:**

The transition of diabetes care from adolescents to adult care remains a challenging field due to many social, demographic, and economic factors. During the transition phase, strong emphasis is placed on encouraging teens to begin self-care and management.

### **Method:**

We created an evidence-based plan to transition adolescent patients with type 1 and 2 diabetes, starting at the age of 16.5, to adult endocrinology care when the patient turns 18 years old, when graduates from high school or if the female patient becomes pregnant any time during pediatric endocrinology care.

### **Results:**

We reviewed all cases of patients who started transition process in two years. Out of 200 patients (161 type 1 and 39 type 2 diabetes) who started the transition process with at least one visit completed, only 150 patients (75%) completed the process and were formally discharged from clinic. The remaining patients (25%) are still in the transition phase and currently being seen in clinic. We were able to make follow up appointments with adult endocrinologist for 180 patients (90 %) but only 120 patients documented presence for this follow up (60 %).

-

### **Conclusion**

The outcome of transition of diabetes care was faced by some obstacles:

I- Psychological factors/ maturity level, depression and adjustment disorders

II – Factors affecting access to health care: change of health care insurance, lack of insurance, lack of financial means to pay for visit; and transportation problems.

III- Communication factors: Patients not returning follow up phone calls, not making an appointment with adult care endocrinologist when needed.





## Abstract topic

09. Advanced care planning

**Abstract ID:** E141/ID39

## Palliative care reduces risk of receiving end-of-life cardiopulmonary resuscitation and respiratory support in patients with advanced cancer and non-cancer diseases.

Po Yun Ko<sup>1,2, a)</sup>, Chu-Chieh Chen<sup>3, b)</sup>, Wen-Ruey Yu<sup>1, c)</sup>, Chin-Yu Ho<sup>1, d)</sup>

<sup>a)</sup>Family Medicine, Taipei City Hospital, Yangming Branch, Taipei, Taiwan, Province of China <sup>b)</sup>Family Medicine, Taipei City Hospital, Taipei, Taiwan, Province of China <sup>c)</sup>Health Care Management, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan, Province of China

**Focus of the abstract:** Research

Background:

Receiving ineffective, aggressive end-of-life care are previously recognized as indicators for poor quality of death. Previous studies reported that access to palliative care (PC) was significantly associated with better end-of-life quality indicators for decedents with advanced cancer.

Questions:

Does PC effectively reduce airway and respiratory support (ARS) and cardiopulmonary resuscitation (CPR) within 3 days of death in patients with advanced cancer and advanced non-cancer diseases?

Methods:

Cross-sectional study including patients dying of advanced cancer or advanced non-cancer diseases, age, the leading cause of death, comorbidity, receiving PC, ARS, and CPR. Utilizing multivariate logistic regression to evaluate the independent effect of PC, and the cause of death on the risk of receiving ARS and CPR within 3 days of death.

Outcomes:

PC reduced the risk of receiving ARS (AOR:0.107 ; 95% CI: 0.103~0.112) and CPR within 3 days of death (AOR: 0.110; 95% CI: 0.104~0.115). Compared with those dying of non-cancers, those dying of cancer diseases had a decreased risk of receiving ARS (AOR:0.324 ; 95% CI: 0.316~0.331) and a decreased risk of receiving CPR within 3 days of death (AOR: 0.277 ; 95% CI: 0.270~0.284).

Discussion:

PC had substantial impact on end-of-life quality in both cancer and non-cancer disease. Non-cancer patient was more likely to receive aggressive end-of-life care, compared to cancer patients. Potential cause warrants further elucidation.

Take Home Message for Practice:

Physicians should prompt and propose PC wisely, to mitigate the end-of-life suffering of patients with both cancer and non-cancer disease.





## Abstract topic

09. Advanced care planning

**Abstract ID:** E143/ID168

## Enhancement of patient-centered geriatric care in underserved communities

Ana Paula Carvalho do Amaral<sup>1, a)</sup>, Ashish Ansal<sup>1, b)</sup>, Valerie Gruss<sup>1, c)</sup>, Kanwal Haque<sup>1, d)</sup>, Memoona Hasnain<sup>1, e)</sup>

<sup>1)</sup>Department of Family and Community Medicine, UIC - Family Medicine Center, Chicago, United States

**Focus of the abstract:** Research

**Background:** The US geriatric population is growing at an exponential rate, yet health systems and clinicians are not prepared to deliver patient-centered geriatric care. The presenters will share the initial implementation of a HRSA-funded project integrating Annual Wellness Visit (AWV) and 4Ms - set of four evidence-based elements of high-quality care “What matters, medication, mentation and mobility” - as a tool to enhance geriatric care and advance health equity in underserved populations.

**Methods:** Setting: Two primary care clinics sites affiliated with an academic institution located in urban underserved areas of Chicago, serving mostly Latinx and Black communities. Baseline data collection: Chart audit of care provision Intervention: Development of an evidence-based implementation plan to optimize geriatric care, which included creation of a visit template with all aspects of AWV and 4Ms and staff training to ensure engagement and role clarity. Evaluation: Process and outcomes.

### **Results:**

#### Clinic A:

Chart audit: completed N=100 (2021)

Training: Clinic health professionals trained on AWV and 4Ms

Healthcare system integration: AWV template integrated into EPIC EMR system

Patient care outcomes\* (Jan-May 2022): 26 AVWs, 22 Falls Screenings, 9 Dementia Screenings, 18 Depression Screenings, 7 Polypharmacy Screenings, 11 Advanced Directives Screenings

#### Clinic B:

Chart audit: completed N=337 (2022); Staff training and next steps in progress

**Conclusions:** Integration of tools for enhancement of geriatric care is feasible and requires commitment, system resources, clinical team training as well as patient education and engagement, and similar initiatives can be implemented in different health systems across the globe.





## Abstract topic

09. Advanced care planning

**Abstract ID:** E144/ID584

## Assessment of palliative care (PC) needs and their complexity in institutionalized patients in Residential Structures for the Elderly (RSE)

Maria Sousa<sup>1)</sup>

<sup>1)</sup>Unidade Cuidados Paliativos, HNSA- Seia, ULS Guarda, Seia, Portugal

**Focus of the abstract:** Research

### Introduction

Portugal has one of the oldest populations among all EU countries and RSE are emerging as the last place of permanent residence for the elderly population.

A PC approach is not widely available in RSE thus making the need for patient selection tools for PC necessary.

### Objective:

To determine the prevalence and to identify the degree of complexity of PC needs in the population residing in 7 RSE in the municipalities of Seia and Gouveia.

### Methods:

Quantitative, descriptive, cross-sectional and observational study. Two instruments were used:

Surprise Question questionnaire;

IDC -Pal – Complexity Diagnosis in Palliative

### Results

A total of 306 residents were studied. 135 residents (44.1%) with PC needs (PS-) were identified, 38% (n=52) of which with highly complex needs, and only 3% were followed by the PC team, also noting that 7% were cancer patients. Amongst the patients with complex palliative needs, only 4 were followed by Eq. Palliatives (7.7%).

### Conclusions

The majority of eligible patients with advanced chronic diseases residing in RSE are not being referred to PC support and are thus not receiving the necessary care. The use of validated instruments such as PS, NECPAL and IDC-Pal may not only contribute to better identifying patients with PC needs, but also to assist in the management of health resources, namely the PC Teams. The timely identification of PC needs could thus contribute to improve the care provided to this population and ultimately to promote a better life quality for these patients.





## Abstract topic

09. Advanced care planning

**Abstract ID:** P045/ID585

## Assessment of palliative care (PC) needs and their complexity in institutionalized patients in Residential Structures for the Elderly (RSE)

Maria Sousa<sup>1, a)</sup>, Sara Campos<sup>1, b)</sup>

<sup>a)</sup>Unidade Cuidados Paliativos, HNSA- Seia, ULS Guarda, Seia, Portugal

**Focus of the abstract:** Research

### Introduction

Portugal has one of the oldest populations among all EU countries and RSE are emerging as the last place of permanent residence for the elderly population.

A PC approach is not widely available in RSE thus making the need for patient selection tools for PC necessary.

### Objective:

To determine the prevalence and to identify the degree of complexity of PC needs in the population residing in 7 RSE in the municipalities of Seia and Gouveia.

### Methods:

Quantitative, descriptive, cross-sectional and observational study. Two instruments were used:

Surprise Question questionnaire;

IDC -Pal – Complexity Diagnosis in Palliative

### Results

A total of 306 residents were studied. 135 residents (44.1%) with PC needs (PS-) were identified, 38% (n=52) of which with highly complex needs, and only 3% were followed by the PC team, also noting that 7% were cancer patients. Amongst the patients with complex palliative needs, only 4 were followed by Eq. Palliatives (7.7%).

### Conclusions

The majority of eligible patients with advanced chronic diseases residing in RSE are not being referred to PC support and are thus not receiving the necessary care. The use of validated instruments such as PS, NECPAL and IDC-Pal may not only contribute to better identifying patients with PC needs, but also to assist in the management of health resources, namely the PC Teams. The timely identification of PC needs could thus contribute to improve the care provided to this population and ultimately to promote a better life quality for these patients.







## Abstract topic

09. Advanced care planning

**Abstract ID:** P046/ID897

## The profile of General and Family Medicine specialist after the Covid-19 pandemic: a cross-sectional study in Portugal

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**Focus of the abstract:** Research

**Background:** The Covid-19 pandemic was a turning point in health systems. What was established in the past became unstable, and nothing will be like it was before. It is crucial to think about the future and (re)design this new post-pandemic General and Family Medicine (GFM).

**Question:** To characterise the perspective of family doctors on the future of the speciality.

**Methods:** We performed a cross-sectional study involving family physicians. The semi-structured online questionnaire included questions about training, communication technologies integration, overall workload, task shifting, networking and professionalism. Additional open answers allowed to include of other topics about the perspective of the future. The Portuguese College of GFM distributed the invitations during August and September 2022, including all GFM doctors.

**Outcomes:** We included 226 participants (mean age 43 years, 73% females and 12% residents). In general, physicians attribute great importance to training, workload, strengthening referral networks and professionalism, and less to the task shifting with other providers, to the interconnection with local authorities and to the sub-specialisation of GFM. The youngsters value sub-specialisation more, and the doctors with greater experience value the interconnection with community structures.

**Discussion:** The time is running forward to a new definition of primary care profile, based on a set of consolidated values, which will find new practices to structure themselves.

**Take home message for practice:** The pandemic was a milestone in the evolution of the speciality of GFM, making it important to review our profile of specialists.





## 10. Decision support

### Abstract topic

10. Decision support

**Abstract ID:** E145/ID19

### Determining disclosure preferences of out-patient department patients about terminal illness as a basis for a proposed disclosure policy formation

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**Focus of the abstract:** Research

Disclosure of illness is part of every medical consultation. However, physicians sometimes tend to downsize the severity of the illness to minimize the impact on the patient. Patients have the right to full information regarding their condition. Review of literature tells that majority of patients prefer full disclosures. In the Filipino culture, many patients and family members prefer non-disclosure of condition. But local data as to the preferences of Filipinos is not yet available.

The study aimed to determine the disclosure preferences of out-patient clinic patients about terminal illness. Study design was cross-sectional descriptive. The study included 20 adults aged 18 and above who were selected through convenient sampling, and may or may not have chronic illnesses. A self-administered questionnaire was used for data gathering. Chi-square analysis was used for data interpretation. Having a mean age of 57, 60% of the respondents were adult. There were three parameters in the study: type of disclosure (full, partial, or none), presence of family or relatives, and source of disclosure (family or physician). Age and gender were independent of the type of disclosure, whereas those with higher educational attainment prefer full disclosure. As to the presence of family during disclosure, it was dependent on age and educational attainment. Moreover, the source of disclosure was noted to be dependent also on the educational attainment.

In conclusion, the study showed that most Filipinos preferred knowing fully about their illnesses. And these preferences should be considered in the formation of hospital disclosure policies.





## Abstract topic

10. Decision support

**Abstract ID:** E146/ID64

## Systematic review of the biologic agents' efficacy and safety in chronic and recurrent acute uveitis

Francisco Manuel Lidón Muñoz<sup>1, a)</sup>, Francisca Sivera Mascaró<sup>2, a)</sup>, Juan David Saldaña Garrido<sup>3, b)</sup>, María Francisca Molina Anguita<sup>1, c)</sup>

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**Focus of the abstract:** Research

**Background:** Non-infectious uveitis describes the inflammation of uvea of a non-infectious origin. It can lead to a complete vision loss in some patients. Its treatment is empirical, and there are few clinical trials. After failure of topical treatment, methotrexate or sulfasalazine are usually first-line therapies. Given that most uveitis are mediated by the immune system, it has been postulated that the use of biologic agents as a treatment can be effective and safe in these patients.

**Objective:** To assess the biologic agents' efficacy and safety in chronic and recurrent acute uveitis.

**Methods:** A systematic review of randomized clinical trials was conducted to assess the biologic agents' efficacy and safety. A search was conducted in Pubmed, Embase and Cochrane. Study selection was made in two phases: first, by title and abstract, and second, after full text review.

**Results:** A total of 579 articles were retrieved, from which 7 studies met the inclusion and exclusion criteria. Five studies evaluated adalimumab versus placebo in adults, another one evaluated adalimumab versus placebo in children, and the last one evaluated two different doses of tocilizumab. The studies with adalimumab showed it is superior in terms of efficacy producing more improvement in visual acuity and less treatment failure and uveitic flare than placebo; no differences in the rate of adverse effects were observed. No differences between the two doses of tocilizumab were observed.

**Conclusions:** Adalimumab is effective and safe in the treatment of non-infectious uveitis.

**Keywords:** Chronic uveitis; recurrent acute uveitis; biologic agents; adalimumab; tocilizumab.





## Abstract topic

10. Decision support

**Abstract ID:** E147/ID170

## Supplementation with bifidobacterium and symptomatic control in irritable bowel syndrome - an evidence-based review

Inês Terra<sup>1, a)</sup>, Catarina Santeiro<sup>2, b)</sup>, Jenifer Rua<sup>3, c)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder, with a global prevalence of 11%. Family doctors should be aware of the diagnosis and treatment of this pathology. The benefit of using probiotics is questionable. In this context we decided to produce this review.

**Questions:** The purpose of this review is to establish the evidence of the association between Bifidobacterium supplementation and symptomatic control in patients with IBS.

**Databases:** National Guideline Clearinghouse, National Electronic Library for Health of British NHS, Canadian Medical Association Practice Guidelines InfoBase, The Cochrane Library, Database of Abstracts of Reviews of Effectiveness, Bandolier, EvidenceBased Medicine Online and PubMed

**Methods:** Research of articles published between March 2017 and March 2022, in humans, written in Portuguese, Spanish and English, using the terms MESH IBS and *bifidobacterium*. To stratify the level of evidence it was used the Strength of Recommendation Taxonomy, from American Academy of Family Physicians.

**Outcomes:** 37 articles were found corresponding to the search terms and a total of 7 articles were selected. 3 clinical trials and a simple review demonstrated improvement in symptoms, although further studies are needed. Regarding the guideline and the systematic review did not demonstrate superiority in symptomatic relief when compared to other species of probiotics. The meta-analysis did not show efficacy of the isolated use of *bifidobacterium*.

**Discussion/Take Home Message for Practice:** Evidence of an association between supplementation with *bifidobacterium* and symptomatic control in patients with IBS is not clear. Some studies seem to demonstrate benefit improving symptoms (SORT C).





## Abstract topic

10. Decision support

**Abstract ID:** E148/ID295

## The development and implementation of one-page guidelines for common paediatric presentations in primary care

Vaishali Ferizoli<sup>1,2,a)</sup>, Joanna Betterton<sup>1,b)</sup>, Clare Andrews<sup>3,c)</sup>, Mitchel Blair<sup>3,d)</sup>

<sup>a)</sup>General Practice, Northwick Park Hospital, Harrow, United Kingdom <sup>b)</sup>General Practice, Northwick Park Hospital, Wembley, United Kingdom <sup>c)</sup>Paediatrics, Northwick Park Hospital, Harrow, United Kingdom

**Focus of the abstract:** Continuous Medical Education (CME)

Background:

In practice, clinicians rely on “mindlines”; collectively reinforced, internalised, tacit guidelines, often informed by brief reading and by their own and their colleagues' experience. Many factors influence choice and utilisation of guidelines.

Aim:

Development of concise, evidence-informed, one-page paediatric guidelines for use in primary care.

Methods:

The top ten paediatric presentations in primary care were collated, developing evidence-based A4-page guideline algorithms for each. In addition, we collated clinic resources and parent/child resources for each condition (e.g. a symptom diary or information leaflet, to hand out during the consultation for the patient/carer).

Outcomes:

The final set of guidelines and resources were presented to a panel of regional experts in North West London (NWL), receiving excellent feedback. The guidelines have been uploaded onto the NWL Integrated Care System website in January 2023, and a feedback survey has been developed for local GPs. 15-minute teaching sessions to GPs, around the condition and specific guideline are planned to help increase awareness and familiarity with the tool.

Discussion:

These guidelines have been well received and will eventually be integrated into existing GP computer systems, so that when the specific paediatric condition is coded, the entire resource for that condition will be available within the consultation, helping clinicians make quick, effective decisions.

Take Home Message for Practice:

These easy-to-follow, evidence-based guidelines help to support GPs in a time-constrained environment, improving confidence in initiating best-practice management prior to referral, subsequently reducing the burden on secondary care and minimising overall patient journey length.





## Abstract topic

10. Decision support

**Abstract ID:** E149/ID612

## When the essential is visible in the eyes

Filipe Sales<sup>1, a)</sup>, Sofia Soares Resendes<sup>2, b)</sup>, Ana Carolina Silveira<sup>3, c)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

Background: Myasthenia gravis is a chronic autoimmune neurological disease, which affects the postsynaptic structures of the neuromuscular junction of skeletal muscles, characterized by localized or generalized muscle weakness and fatigue.

Case Report: 38-year-old female, with known history of obesity and combined hormonal contraception as medication, sought medical help on 09/2022 due to decrease strength in the right hand and forearm, associated with paresthesia's and myoclonus, starting two earlier. The patient also complained of occasional diplopia, dysarthria, and dysphagia.

On physical exam was noticed a slight reduction of the left nasolabial fold, a slight decrease in the force of the right hand and forearm on counter-resistance test and on arms outstretched test a fall from the right side by fatigue. It was also observed bilateral ptosis presumably due to palpebral fatigability.

Faced with this, clinical suspicion of MG arises.

Contacting colleges of Internal Medicine and Neurology the consensus was that the diagnosis of MG was the most likely, therefore the admission of the patient for exams and initiation of therapy was agreed.

After admission, research for anti-AChR antibodies corroborated the MG hypothesis and chest CT excluded association with thymus gland alterations while the patient waited for an EMG to be performed.

Treatment with pyridostigmine and oral corticosteroid therapy was started with significant improvement of symptoms.

Discussion: This clinical case reflects the importance of anamnesis, objective examination and index of suspicion, being the review of some particularities associated with this disease essential for good practice by Family Doctor.







## Abstract topic

10. Decision support

**Abstract ID:** E150/ID918

## Psychosocial features, sleep disorders and its interrelation with clinical-pathogenetic changes in obese patients

Victoria Tkachenko<sup>1, a)</sup>, Taisiia Bagro<sup>1, b)</sup>

<sup>a)</sup>Department of Family Medicine, Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine

**Focus of the abstract:** Research

**Background.** The problem of obesity and related factors plays significant role in the progression of non-communicable diseases in the world. **The aim** is to determine psychosocial features, sleep disorders and its interrelation with clinical-pathogenetic changes in obese patients. **Materials and methods.** 75 obese (39.03±0.93 years) and 75 healthy (36.84±0.96 years) patients were examined. The obese indexes (BSA, WHR, ConI, ABSI, AVI), blood pressure, blood levels of glucose, insulin, HOMA index, cholesterol, lipidogram, serotonin and leptin were determined. Psychosocial status was assessed using HADS, Beck Scale, Hamilton Scale, SF-36, Dutch Eating Behavior Questionnaire, Epworth and Pittsburgh sleep scales. Statistical analysis was common. **Results.** Obese patients had significantly higher levels of BMI, WHR, BSA, indices ConI, ABSI, AVI, HOMA, BP, glucose, insulin, total cholesterol, lipidogram, leptin, lower serotonin level. These results were accompanied by clinically expressed anxiety or depression, which influenced appearance of changes in eating behavior, sleep disturbances and reduced quality of life. There were positive correlation between obesity indices, glucose levels, lipidogram, atherogenicity index, HOMA index, leptin, scores of depression and anxiety scales, as well as negative correlation with ABSI index, HDL, serotonin. The positive correlation was observed between leptin and depression, anxiety, eating behavior, sleepiness, and negative correlation of these indicators with serotonin. **Conclusions.** The strong interrelation between abdominal obesity and psychoemotional disorders, sleep disorders, eating behavior disorders, metabolic disorders, leptin and serotonin levels was determined, that is important for patient-centered approach of obesity management and improvement of quality of medical care.





## Abstract topic

10. Decision support

**Abstract ID:** P047/ID362

## A stratified care computerized clinical decision support system for musculoskeletal pain complaints in general practice – The SupportPrim project

Lars Christian Naterstad Lervik<sup>1,2,a)</sup>, Fredrik Granviken<sup>2,b)</sup>, Anita Formo Bones<sup>2,c)</sup>, Torbjørn Øien<sup>1,d)</sup>, Bjarne Austad<sup>1,e)</sup>, Pål Jørgensen<sup>1,e)</sup>, Jonathan Hill<sup>3,f)</sup>, Danielle Van Der Windt<sup>3,g)</sup>, Ottar Vasseljen<sup>2,h)</sup>, Ingebrigt Meisingset<sup>2,i)</sup>

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**Focus of the abstract:** Research

### Background and aims

We present a stratified care computerized decision support system (CDSS) for musculoskeletal pain complaints in general practice, and test its acceptability and usability in a feasibility study.

### Methods

Patients with musculoskeletal pain complaints were stratified in five prognostic groups based on their biopsychosocial phenotype by mapping eleven factors in four domains in each patient (ie pain, beliefs and thoughts, psychological and social participation/lifestyle). The CDSS provided visualizations of the patient's phenotype and pain impact to GPs via a bespoke point-of-consultation dashboard showing multidimensional information useful for MSK clinical decision-making. The CDSS also provided evidence- and consensus based treatment recommendations ("advice and guidance", "work/sick leave", "medication", and "referrals") matched to the patients phenotype. The CDSS was tested in a feasibility study with 2 general practitioners and 8 of their patients.

### Results and conclusion

GPs reported that the stratified care CDSS had good acceptability and usability, and that it improved patient communication during the consultation and supported shared decision-making. Short consultation times were described as the main barrier for completing a comprehensive shared decision-making process when deciding the treatment plan. Patients reported that the system provided a correct profile of their pain complaint, was helpful in communicating with their GP, and that the visualization of their individual clinical profile was easy to understand.

### Conclusion

A computerized clinical decision support system (CDSS) to support stratified MSK care in general practice demonstrated good acceptability and usability to both patients and GPs and is ready for effectiveness testing.





# 11. Population management and cooperation with public health

## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E151/ID48

## Do we control our diabetic patients? Retrospective study of a cohort of diabetic patients.

Daniel Suárez Hernández<sup>1, a)</sup>, Javier Urius Dura<sup>1, b)</sup>, Blanca Navas Soler<sup>1, c)</sup>, Mireya Martínez Fernández<sup>1, d)</sup>, Dania Martínez Zúñiga<sup>1, e)</sup>, Mari Carmen Ponce Cuadrado<sup>1, f)</sup>, Majda Idrisi<sup>1, g)</sup>, Jose Luis Gea Gonzalez<sup>1, h)</sup>, Marisa Gea Gonzalez<sup>1, i)</sup>, Beatriz Soler Sánchez<sup>1, j)</sup>

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**Focus of the abstract:** Research

Clinical evolution of a cohort of patients with type 2 diabetes mellitus after the start of the COVID-19 pandemic in Orihuela DS. ACRONYM: Best4Diabetes

Type 2 Diabetes Mellitus is a highly prevalent disease that has serious consequences for the patient and a high healthcare cost. An adequate control of it prevents or slows down the appearance of complications. The RedGDPs has produced several consensus documents for the adequate metabolic control of people with diabetes. A patient-centred approach should be used to guide the choice of medications. An early start of the ideal treatment for diabetes reduces the appearance of complications or they appear later.

In December 2019, the outbreak of a new coronavirus emerged in Wuhan, China, causing SARS, and was therefore named SARS-CoV-2 (causing COVID-19). The Covid-19 pandemic and the mandatory confinement during the months of March to June 2020, as well as the containment measures established to prevent the spread of the disease, have meant fewer face-to-face visits to the nurse or doctor, greater realization of telephone contacts with nursing or medicine, etc. In short, a modification of lifestyles and a change in the control of diabetes.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E152/ID73

## Female genital mutilation: workshop experience in a Greek refugee camp

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

As a medical cooperator in a refugee camp in Greece in 2022, I never expected it would hit me as a woman. In the refugee camp, most of the population were men and mostly from Somalia and Sudan at that time. And nearly all women that were examined in the genital area suffered from female genital mutilation. Consequently, I was determined to study more about it.

### Questions / Discussion Point

We prepared the camp workshop as a co-workshop only for female refugees, female translator and female European volunteers to create the correct atmosphere to give them voice.

### Content

When asked for the reason why it is done, they mostly gave as a reason tradition- When asked for advantages, all agreed on none. And as disadvantages, they consider chronic pelvic pain, pain during sex, delivery problems and infections. After listening to them, we gave medical explanation of clitoral glands function and consequences of removing them. Finally, we got the confidence to ask if they would do it to their female-children, and most of them answered that depends on the family pressure.

### Take Home Message for Practice

We discovered that even though female genital mutilation is considered a violation of the human rights, it is still performed in Africa and in the Middle East. And it involves all of us, because it is covered under shame and seen as a private family topic. In addition, it depends on all of us to prevent genital mutilation and to give options of reconstruction.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E153/ID106

## Correlation between physical fitness and metabolism, lifestyle profile, and mental health in male college freshmen

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**Focus of the abstract:** Research

### Background

Many previous studies have demonstrated the positive effects of physical fitness on physical health. However, little is known about the correlation between physical fitness and mental health.

### Questions

This study examines the correlation between physical fitness, metabolic markers, lifestyle profile, and mental health in male adolescents.

### Methods

Samples were collected from the enrollment health examination database of male freshmen at a national university in southern Taiwan. All freshmen underwent demographic and metabolic markers check-ups and physical fitness tests. The database also included a lifestyle habit questionnaire, including dietary habits, exercise habits, risky behavior, and mental health assessments. Descriptive statistics were used to analyze various general information variables. In addition, analysis of variance was used for intergroup comparison of metabolic markers, physical fitness, different lifestyle indicators, and psychological status.

### Outcomes

A total of 1,192 subjects (age:  $19.5 \pm 0.66$  years) were enrolled in this study. The metabolic profile results were all normal among enrolled subjects. However, there are statistical differences in metabolic markers according to the different levels of muscle fitness status. Most enrolled subjects with good muscle fitness performance have better lifestyles, less risky behavior, and better mental health.

### Discussion

The results revealed that good standing long jump and sit-up performances were correlated with better metabolic profile and lifestyle patterns. Furthermore, sit-up capability was particularly significant for better mental health.

### Take Home Message for Practice

Muscle fitness positively correlates to metabolic markers, lifestyle profiles, and mental health status, especially sit-up capability.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E154/ID124

### osteopenia and osteoporosis in our daily consultation

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**Focus of the abstract:** Research

Fragility fractures have a high impact due to their high frequency and health and dependency costs.

The cost of osteoporosis in the EU in 2010 was estimated at €37 billion, of which costs for treatment of incident fractures accounted for 66%, pharmacological prevention for 5% and long-term fracture care for 29%.

The FRAX is an algorithm available on the Internet that calculates the probability of presenting a main fracture and a hip fracture in the following 10 years. The data that must be entered obligatorily are age, sex, weight (Kg) and height (cm). The rest (smoking, history of fracture, history of treatment with glucocorticoids, rheumatoid arthritis, menopause, malnutrition, etc.) are dichotomous yes/no.

Our work aims to estimate the distribution of parameters such as bone mass and architecture, and body composition: bone mineral density, trabecular bone score, 3D-Shaper, body composition, and to estimate the prevalence of osteoporosis and fragility fractures in our sample.

Cross-sectional observational study of the population attended by our health center between the ages of 20 and 80. Inclusion criteria: both sexes and age from 20 to 80 years. Exclusion criteria: severe limitations in functional capacity, pregnant women, spinal artifacts, fractures in more than two vertebrae.







## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E155/ID136

## Study of prevalence of obesity in patients with a history of myocardial infarction.

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**Focus of the abstract:** Research

**Background:** In patients with myocardial infarction, measures to control blood pressure, cholesterol and glycemia are known, but obesity is not usually given as much importance.

**Questions:** Is weight controlled in patients who have suffered a myocardial infarction?

**Methods:** Cross-sectional study of patients with acute myocardial infarction treated at Marqués Valdecilla University Hospital and follow-up in primary care. We also analyze the physician's attitude in bad control. Good control of BMI <30 was considered.

**Outcomes:** 85 patients were included, predominantly male (60%) and a mean age of 66.2±12.7 years. 54.1% had a rural residence, 23.5% were smokers and 25.9% drinkers. They had a mean BMI prior to the event of 28.74±4.5, with a waist circumference of 99±7.2 cm and 27.53±4.1 and 88 cm respectively after the event. This represents a good control of 65.7% before and 72% after the event. They presented an average of 1.03±1.6 annual visits to the doctor. 2.6% were followed by some hospital specialty. In case of poor control, physician did nothing in 14.3% and when he did act, he reinforced diet-exercise in 85.7% and added a drug in 14.3%.

**Discussion:** There is insufficient control in almost 25% of infarcted patients. Therapeutic inertia is great. The average BMI is 27.53±4.1 and abdominal circumference is 88 cm.

**Take Home Message for Practice:** Therapeutic inertia is great in patients with myocardial infarction and attention should be paid to obesity in these high-risk patients.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E156/ID205

## Post COVID-19 syndrome in patients treated in home isolation in thailand

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**Focus of the abstract:** Research

**Background :** Persistent symptoms after Covid-19 infection impact on survivor's quality of life. Global prevalence of Post-Covid syndrome (PCS) was 43%. In Thailand, patients with Covid-19 who had low risk would be treated in home isolation telecare. However, only few studies explored the prevalence of PCS in Thai population and patients treated in home isolation.

**Question:** To identify the prevalence and predictors for chronic PCS in Thai patients treated in Home isolation.

**Methods:** This study used the data from a university hospital in Bangkok. Participants were patients with COVID-19 infection who were discharged from home isolation from September 2021 to October 2022. Demographics and clinical sequelae were collected by reviewing the medical record and telephone follow up at 3 months.

**Results:** Among 137 patients, the mean age was 56.5(SD,14.5) years, and 37% were female. 56% of patients reported at least one symptom. Common symptoms of PCS were fatigue (27%), insomnia (19%) and hair loss (19%). After multivariable adjustment, odds ratio was 5.76(95% CI 2.56-12.94) for female and 0.23(95% CI 0.06-0.8) for receiving antiviral medication.

**Discussion:** More than half of patients treated in home isolation have PCS. In addition, we found that female and not receiving antiviral medication, were associated with having PCS. Limitations of study were small number of patients and no control group of different care.

**Take home message:** PCS in patients who treated with telemedicine were common. Continuing care after Covid-19 infection is needed.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E157/ID327

## The analysis of health-related physical fitness and its associated factors among healthcare workers of a regional hospital

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**Focus of the abstract:** Research

### Background

Health-related physical fitness composed of cardiovascular endurance, muscular strength and muscular endurance, flexibility, and body composition. Recent studies mentioned that healthcare workers had problems such as overweight or obesity. This study tried to explore the associated factors of health-related physical fitness among healthcare workers of a regional hospital.

### Questions / Discussion Point

We used corrected step test to check cardiovascular endurance, one-minute sit-ups to evaluate muscular strength and muscular endurance, body mass index (BMI) to evaluate body composition, and sit and reach to evaluate flexibility. Besides, we used Global Physical Activity Questionnaire (GPAQ) to explore healthcare workers' physical activity in daily life.

### Content

355 healthcare workers (45% of total), 284 female and 71 male, received health-related physical fitness voluntarily, which composed of Aged 50-59 (n=100, 28%) mainly, 154 (44%) overweight or obesity (BMI  $\geq 24$  in Taiwan), 87 (25%) cardiovascular endurance inadequate, 93 (26%) muscular strength and muscular endurance insufficient, and 155 (41%) flexibility not enough. 341 valid GPAQ questionnaires were done, and 123 (36%) didn't reach 600 MET-minutes per week physical activity amount recommended by WHO. After adjustment, there were no obvious associations between physical activity and health-related physical fitness. Female healthcare workers tended to have lower BMI, less sit-ups, higher sit and reach. Non-single healthcare workers were more likely to have higher BMI.

### Take Home Message for Practice

Healthcare workers are the most valuable asset of a hospital, we should pay attention to their health-related physical fitness and physical activity.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E159/ID410

## The role of Health Authorities in the management of serious mental illness: a Portuguese primary care unit approach

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**Focus of the abstract:** Research

**Introduction:** In Portugal, involuntary placement of individuals with serious mental disorder is regulated by the Mental Health Law published in 1998 and may be prosecuted by Health Authorities in primary care services.

Recently, our local primary care services detected an increase of health professionals and community requests of urgent mental health evaluation of people with behavioural changes, and in danger of self-injury and harms third parties.

**Methods:** Description of procedures, sociodemographic characteristics of 337 patients' files (210 men, 127 women, mean age 49.07±17.77 years) and analysis of monthly average of health professionals and community requests (n=415), Health Authorities orders to urgent observation by a psychiatrist (n=381) and consequent hospitalizations in psychiatry units (n= 221), in pre-pandemic (P1), 1st (P2) and 2nd phases (P3) of the COVID-19 Pandemic, between January 2013 and September 2022.

**Results:** Men and individuals aged 35 to 64 years had more requests, driving orders and hospitalizations. The average monthly of requests increased in both sexes, in individuals aged 35-39, 50-64 and ≥65 years old; with and without previous history of mental illness; retired/unemployed, with less or more than secondary education, particularly in P3, comparing with P1 (p <0.05). The average monthly of orders and hospitalizations followed the same tendency of requests.

**Conclusions:** Our unit had an increase of requests, orders, and hospitalizations during COVID-19 Pandemic. Primary health care plays a key role in providing and monitoring mental health care, turning the bio-psycho-socio-cultural patterns of its users an important matter.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E160/ID655

## Young-man complaining about epistaxis - when a common symptom hides a dangerous infectious disease

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**Focus of the abstract:** Continuous Medical Education (CME)

Tuberculosis (TB) is a challenging disease to diagnose, treat, and prevent. The diagnosis is highly associated with malnutrition, HIV, tobacco, among others, with significant morbidity and mortality. More common in developing countries, it remains present in Europe, where it presents as a therapeutic and diagnostic challenge.

We present the case of a 23-year-old man, BMI 17, with no relevant record, working on a supermarket. Initially he mentioned massive, recurrent epistaxis. A neck CT scan showed extensive cavitated lesions in the upper thorax. He initiated treatment at a specialized center, where he presented Mycobacterium tuberculosis resistant to isoniazid in the sputum cultural exam. He started oral medication with rifampin, pyrazinamide, ethambutol and levofloxacin for 8 months. During its follow-up, he had Covid-19 infection, with worsening effect on his general condition. At the end of the treatment, he was cured, without functional sequelae.

In this case, the initial atypical presentation of tuberculosis stands out, given that it was only considered after observing extensive cavitation. As Mycobacterium tuberculosis is difficult to treat, the presence of resistance must be avoided due to the risk of non-cure and fatal outcome. Treatment in a specialized center facilitates the cure of the disease, through therapeutic compliance in observed intake and clinical experience in tuberculosis management.

The diagnosis of tuberculosis is always difficult, with very nonspecific signs, but it should always be considered, since it is a disease that is difficult to treat but curable, with a great impact on public health.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E161/ID659

## The role of primary health care in long term care facilities during COVID-19 pandemic in 30 European countries: A retrospective descriptive study (EURODATA PROJECT)

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**Focus of the abstract:** Research

**Background:** In Europe, many frail and old people live in Long Term Care Facilities (LTCF) and the COVID-19 pandemic has severely affected this population. Primary health care (PHC) supported LTCF in attending these patients.

**Question:** What was PHC role in LTCF across Europe during the COVID-19 pandemic?

**Methods:** Retrospective descriptive study including 30 European countries. Data from September 2020 was collected using an ad hoc semi-structured questionnaire obtained through key-informant consensus. Variables were related with patient's care.

**Outcomes:**

26 of 30 participating countries had PHC involvement in LTCF during the pandemic. Belgium and the United Kingdom created structures to provide coordinated care. PHC participated in the initial care of LTCF COVID-19 suspicious cases (22 countries), performed physical examination and symptom's follow-up in most of them. Isolation supervision was done mostly by LTCF staff, 11 countries could order chest x-ray in outpatient clinics and blood sampling in LTCF. In 15 countries, PHC ordered the SARS-CoV-2 test along with other institutions but contact tracing was led by public health and LTCF staff in 6 countries.

**Conclusion:** PHC has a decisive role in assisting LTCF during COVID-19 pandemic.







## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E162/ID736

## Primary care in são tomé e príncipe- the inconvent truth

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**Focus of the abstract:** Continuous Medical Education (CME)

A crescent number of doctors during residency chooses to participate in abroad exchanges, especially in low income countries, like São Tomé e Príncipe (STP), where the public healthcare system isn't free and doesn't reach everybody.

The remaining question is: are the young doctors going to change the medical care of STP or is STP going to change them?

This article was written to answer this, based on the authors' internship in STP.

In this experience we aimed to practice the most accurate science-based medicine, while investing in preventive medicine and promoting health education and life-styles.

We shared knowledge with the communities and hope to have contributed to change and improve healthcare assistance, for instance we assisted in the creation of a homecare program for dependent people. We also intervene inside the communities, addressing issues such as sexual education, management of chronic diseases and woman's health.

At the end of the day the main change was within ourselves as the experiences we have lived both in medical and personal context, impacted our growth and practice.

Being able to embrace all of the difficulties and provide good healthcare, exceeded our expectations. A less bright side was practicing medicine as a female, as we had to face a patriarchal society.

As we learnt in chaos theory, a small change can determinate on a larger system, "a butterfly flapping its wings in Brazil can cause a tornado in Texas".

Even though we ought to change STP, it was STP who changed us.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E163/ID744

## Strategic partnerships as powerful solutions to face the covid 19 pandemic in the Brazilian capital

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**Focus of the abstract:** Research

The Secretariat of State is the executive branch responsible for the final delivery of health services. Faced the pandemic crisis, in order to qualify its processes and achieve specific successful practices, it was possible and necessary to use strategic and coordinated partnerships to turn the moment of crisis into an opportunity to consolidate the model of the local health system. This work reports on the experience of central administrative management of Primary Care in the Federal District with partnerships to achieve such goals.

In this sense, scientific technical cooperation was carried out with public and private organizations, national and international organizations to strengthen the defense of science and inclusive and capillarized care practices. The quest to join efforts and cooperate in synergy was a great legacy of this pandemic period. In this way, it is necessary to mature the compliance and governance mechanisms, qualify the instruments for the transfer of resources and certification of the services provided, in addition to improving tools to assess the impacts of each strategy.

Therefore, the final performance of APS in the DF was only possible due to its ability to align common interests and take advantage of the characteristics of the Brazilian capital, as it is a meeting point for promising stakeholders.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E164/ID819

## Association between workplace discrimination and mental health disorders: depression and anxiety

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**Focus of the abstract:** Research

**Background:** Depression is an important risk factor for suicide, one of the most common causes of death among young adults in the working age. Workplace discrimination may have an adverse effect on workers' health outcomes, particularly mental health.

**Questions:** How does different types of discriminatory experience affect depression among working adults?

**Methods:** We analyzed data from the fifth Korean Working Conditions Survey (KWCS), to investigate the prevalence of different types of workplace discrimination. We also analyzed the association between different types of discrimination and multiple discrimination (1, 2, and  $\geq 3$  vs. none as the reference) with work-related depression, with adjustment for personal and work-related covariates.

**Outcomes:** Overall, 13.4% experienced discrimination at work. The most common type was related to employment status, education, and age. All types, except religion, were positively associated with work-related depression. Discrimination related to sexual orientation, race and disability showed the highest adjusted odds ratios (aORs) for depression (aOR 15.00, 95% CI 10.21-22.03; aOR 13.09, 95% CI 9.33-18.38; aOR 11.81, 95% CI 8.47-16.48, respectively). Increasing number of types of discrimination was associated with higher odds of work-related depression.

**Discussion:** Multiple workplace discrimination was associated with work-related depression. Although discrimination related to employment status and education were most commonly experienced, discrimination related to sexual orientation, race and disability showed the highest odds for depression.

**Take Home Message for Practice:** Increasing number of discriminatory experiences was associated with higher odds for depression. By individual type of discrimination, sexual orientation, race and disability-related discrimination showed the highest odds for depression.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E165/ID832

## Strep A preventing a pandemic

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**Focus of the abstract:** Continuous Medical Education (CME)

Practices across the UK have taken a variety of approaches from physically seeing every child with a sore throat, up to dispensing antibiotics straight away. This spike in antibiotic ordering has caused both a national shortage and increased strep A resistance. As a result, cases in children are more difficult to treat, and those not responding to antibiotics are resulting in more severe infections and admissions to hospital.

The leading theory behind the new severity of strep A is a consequence of the COVID pandemic and lockdown. Strep A cases were at all time lows during 2020 and 2021 due to tight lockdown restrictions and reduced socialising between children and families. As a result, it is suspected the spike in Strep A cases is a rebound due to a larger group of children having a reduced immunity to GAS in general. This wave has caused an antibacterial crisis. The caution exhibited by the NHS and RCGP nationwide has not only caused a shortage of antibiotics but also increased the resistance of GAS. This has multiple effects including: - limited antibiotics for other illnesses - limited antibiotics for those with GAS and require them - the sick and unstable patients may not respond to antibiotic treatment as quickly. Together, these not only pose a risk to children but also to the vulnerable elderly who are commonly asked to look after them.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E166/ID947

### How covid-19 has influenced Influenza vaccination intention

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**Focus of the abstract:** Research

**Background** Vaccination fatigue has taken on great proportions worldwide, with people reporting exhaustion due to the multiple covid vaccinations implemented recently. This has jeopardized both covid19 booster doses and influenza vaccinations. Notably, the two types of vaccines can be administered on the same day.

**Methods** The survey took place in a primary care facility of a rural area in Crete. From September 2022, the intention for both flu and covid booster vaccination, was recorded among patients who attended two GP clinics, had completed three doses of the covid vaccine and met the flu vaccination criteria.

**Outcomes** 846 questionnaires were filled in by 499 female and 347 male patients with an age range of 72,7± 9,3. Out of the subjects, 531 gave a double positive answer (62,76%).

The most popular reasons for hesitation were documented: Regarding the flu vaccine, “the flu won’t kill me” (53,35%) and “the covid vaccination is adequate” (32,22%). Regarding the covid booster, “3 doses are adequate, even by having the booster I can still contract it” (66,14%) and “there is no reason since I have already been sick with no complications” (27,49%).

By the end of the survey , 432 (291f-141m) patients completed both vaccinations.

**Discussion** Despite the survey coinciding with an outbreak of respiratory infections, the demand for both types of vaccines remained low.

**Take home messages** Further studies are needed in search of parameters that influence flu vaccination acceptance and actual patterns of vaccination acceptance behavior, and to examine the effectiveness of promotion strategies.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** E167/ID1010

### Association between Vitamin D Level and Blood Pressure Control in Patients with Hypertension in Family Medicine Clinics of King Abdulaziz National Guard Hospital, Al Ahsa, Saudi Arabia in 2017

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**Focus of the abstract:** Research

**Abstract:** Objective: This study aimed to determine the prevalence of vitamin D deficiency in patients with hypertension and investigate the association between vitamin D level and blood pressure control. Methods: A cross-sectional study was conducted on patients with hypertension who visited family medicine clinics of King Abdulaziz National Guard Hospital, Al Ahsa, in 2017. Data were collected through self-administrated questionnaire that included both demographic and lifestyle factors with blood pressure and vitamin D level, which were measured through a medical chart review. Results: Of the 246 patients who participated in the study, 51.6% had uncontrolled hypertension. Current intake of vitamin D was noted in 56.9% of patients with hypertension. A majority of patients with hypertension (78.6%) had vitamin D insufficiency, whereas 10% had vitamin D deficiency. There was a statistically significant mild negative correlation between systolic blood pressure (SBP) and vitamin D level ( $r=-0.14$ ,  $p=0.04$ ). Conclusion: Vitamin D insufficiency/deficiency is particularly common among patients with hypertension, with mild negative correlation between vitamin D level and SBP. It is recommended to maintain optimal vitamin D level to control blood pressure.







## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** P048/ID842

## How does being goal-oriented affect test anxiety in high school seniors?

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**Focus of the abstract:** Research

### BACKGROUND

Intense anxiety that prevents the knowledge learned before the exam from being used effectively during the exam and leads to a decrease in success is called test anxiety. Test anxiety is an important problem that negatively affects students' academic success.

### QUESTIONS

Does goal-orientedness affect test anxiety?

### METHODS

In this cross-sectional analytical study, the universe of the study consists of all high school senior students in high schools located in İzmir Narlıdere region. 224 students were reached. The 50-item Test Anxiety Inventory developed by Spielberger and the Goal Orientation Questionnaire with 21 questions was used. A 16-question questionnaire was used to collect demographic data. Descriptive analyses, chi-square and Student's t test and logistic regression analysis were used as significance tests.

### OUTCOMES

A private high school, which has the best target orientation, also got the lowest score in terms of test anxiety. The most common cause of test anxiety among senior high school students in Narlıdere is their mental-cognitive reactions.

### DISCUSSION

In order to reduce test anxiety to increase exam success, student education that prioritizes changing mental reactions and cognitive behavior patterns and turning them into positive ones should be increased.

### TAKE HOME MESSAGE FOR PRACTISE

We believe that the measures can be realized in order to increase goal orientation which leads to decrease in test anxiety with the sensitivity and continuous effort of the guidance teachers.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** P049/ID870

## What is the profile of erectile dysfunction patients? – a multicentric study

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**Focus of the abstract:** Research

**Introduction:** Sexual health has a fundamental role in well being and quality of life. Erectile dysfunction (ED) is highly prevalent in men with cardiovascular disease (CVD). ED often precedes a CVD event by 2–5 years, providing an important window to initiate preventive measures. The objective of this investigation is to characterize the profile of the patients with ED in two health units.

**Methods:** Retrospective and descriptive study of patients with ED who had an appointment in two health units during 2022. Data was collected from S.Clínico® and analysed in Microsoft Excel®.

**Results:** The population involved 122 men with ED with the average age of 64. 82 patients (67,2%) have hypertension, 68 (55,7%) diabetes mellitus, 48 (39,3%) benign prostatic hyperplasia (BPH), 42 (34,4%) dyslipidemia, 25 (20,5%) major depression, 8 (0,07%) prostate cancer, 21(17,2%) attended Urology, 19 (15,6%) abuse alcohol, 17 (13,9%) smoke and 54 (44,3%) take phosphodiesterase inhibitors (PDI).

**Conclusion:** There was high prevalence of CVR factors in men with ED, such as hypertension, diabetes and dyslipidemia. Other conditions as BPH and depression are also prevalent. 44,3 % patients are taking PDI. Screening and diagnosing ED is essential for the primary and secondary prevention of CVD as it offers an easy and low-cost prognostic tool. The family doctor should help to stop addictions and adjust pharmacologic treatment to each patient, in order to promote medication adherence, benefits in quality of life and cardiovascular outcomes, in a holistic approach.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** P050/ID886

## What are the attributes of a good GP according to Belgian patients?

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**Focus of the abstract:** Research

Contextualization

Since the early 2000s, patient's place for assessing the quality of care grows bigger. Their perspective becomes an indicator of this quality. It marks a change in paradigm of the doctor-patient relationship. Different criteria for selecting general practitioner (GP) begin to be identified in European studies.

Goals

This paper aims to quantify and rank the attributes of a good GP in the eyes of Belgian French-speaking patients. It also aims to assess whether this choice is influenced by patient's own characteristics or by other elements (socio-cultural, environment, etc.).

Methods

Data of this quantitative study were collected with a self-reported questionnaire distributed in different primary care settings in digital and paper form. Statistical analyses were performed using SPSS.

Discussion

In our international literature review, we have found some common attributes of a good GP according to patients. However, there is a great variability in the level of importance associated to those attributes between the different countries studied. It is interesting to highlight the factors specific to our country which enjoys a rich cultural mix. Temporality also has its meaning. Criteria highlighted ten years ago years, are perhaps less essential now. The COVID-19 health crisis may also have had an impact on the importance we give to some of the attributes.

Conclusion and perspectives

The overall aim of this work is to inform the practitioner of the wishes of his patients, to highlight the different "modifiable" aspects of his practice in order to improve quality and relativize certain patient expectations.





## Abstract topic

11. Population management and cooperation with public health

**Abstract ID:** P051/ID987

## COVID-19 knowledge, perceptions, and behaviors in Poland and the US: findings from a cross-sectional, multi-national survey

Lauren Dennis<sup>1, a)</sup>, Robert Lennon<sup>2, b)</sup>, Aleksandra Zgierska<sup>2, c)</sup>, Sarah Gillespie<sup>2, d)</sup>, Giang Ha<sup>2, e)</sup>, Megha Patel<sup>2, f)</sup>, Pierce Curran<sup>2, g)</sup>, Marysia Dydyucz<sup>3, h)</sup>, Przemek Dydyucz<sup>3, i)</sup>

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**Focus of the abstract:** Research

**Background:** COVID-19 pandemic responses and public trust differed between countries. This study compared public knowledge, perceptions, and behaviors between Polish and US survey responders.

### Questions:

What specific socio-demographic, behavioral, and cultural factors correlate to individuals' knowledge, trust, and adherence to COVID-19-related public health recommendations?

Which factors could be used to facilitate an improved unified global response to future public health threats?

**Methods:** Electronic, anonymous surveys were distributed in Poland (in Polish) and the US (in English) early in the COVID-19 pandemic. Polish respondents (n=155) were matched by gender, age, socio-educational status, and survey completion date to a 1:1 US cohort. Between-country quantitative comparisons (T-tests to 95% confidence) and qualitative thematic analysis of open-ended questions (intercoder kappa $\geq$ 0.65).

**Outcomes:** Intent-to-comply was greater among US adults than Polish cohort. US respondents had a more panoramic intent-to-comply than the Polish cohort (p-value 0.003) which corresponded to increased trust in information sources. Polish qualitative themes showed the loss of stability and frustration towards governing bodies about restrictions, causing individuals to prioritize connection with others. US participants also experienced increased levels of uncertainty which motivated distrust in others and greater adherence.

**Discussion:** Motivations behind adherence behaviors and attitudes can inform the development of cross-cultural collaborations for unified global responses in the future.

**Take Home Message for Practice:** COVID-19 provided a unique opportunity to observe how differences in cultural values correlate with differences in health behaviors. Effective global pandemic response requires consideration to their populations' preferred information sources and cultural values.





## 12. Prevention

### Abstract topic

12. Prevention

**Abstract ID:** E168/ID22

### Implementation of fluoride varnishing application for qualifying children at risk in an underserved community

Ana Paula Carvalho do Amaral<sup>1)</sup>

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**Focus of the abstract:** Research

**Introduction:** Dental caries is the most prevalent chronic disease of childhood and brings impacts to health that goes beyond infancy. Fluoride varnishing for children between 6 months to 5yo is a simple, low cost and proven effective measure.

**Objective:** The aim of this project was to implement fluoride varnishing practices at Pilsen Family Health Center (PFHC) for children at risk in Chicago, IL.

**Methods/Results:** This study went over multiple Plan-Do-Study-Act Cycles. Interventions included: All physicians were trained, all staff was educated on the benefits (engagement) and reasons for study, a system for fluoride varnishing materials purchase material was established, setting the room for fluoride application was incorporated to the medical assistants rooming process, billing code was shared, reminded and placed in rooms to increase provider correct billing, hand outs given for patient. Metrics included number of fluoride applications.

**Discussion:** This meaningful, simple, and knowingly effective intervention has long term effects in population health, by preventing the most prevalent chronic disease of childhood: tooth decay. After the full implementation, our next steps are to focus on continuity.





## Abstract topic

12. Prevention

**Abstract ID:** E169/ID71

## The association between screen time and obesity in urban adults - a cross-sectional study

Snežana Knežević<sup>1, a)</sup>, Marijana Jandrić-Kočić<sup>2, b)</sup>

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**Focus of the abstract:** Research

**Background.** Total screen time (computers, television, video games, smartphones) has increased dramatically. Guidelines recommend less than two hours/day of recreational screen time in adults.

**Questions.** Is screen time associated with obesity?

**Methods.** A cross-sectional study was carried-out from 01/11/22 to 30/11/22, including 85 patients in health centers in Serbia. The questionnaire was self-administrated. The SPSS program was used for statistical analysis.

**Outcomes and discussion.** The study included 40 (47.1%) rural and 45 (52.9%) urban residents. Screen time/week 1-20 hours was found in 54 (63.5%), 21-40 in 12 (14.1%), >40 in 5 (5.9%), and 0 in 14 (16.5%) participants. The age ( $p=0.477$ ) and gender ( $p=0.435$ ) did not significantly affect the screen time/week. A significant number of urban participants spent 1-20 hours/week in front of screens ( $p=0.04$ ). Normal weight had 27 (67.5%) (BMI 18.5-25 kg/m<sup>2</sup>), underweight 7 (17.5%) (BMI<18.5 kg/m<sup>2</sup>), overweight 1 (2.5%) (BMI≥25 kg/m<sup>2</sup>), and obesity 5 (12.5%) (BMI≥30 kg/m<sup>2</sup>) rural participants. Among urban participants, 27 (60%) had normal weight (BMI 18.5-25 kg/m<sup>2</sup>), 5 (11.2%) were underweight (BMI<18.5 kg/m<sup>2</sup>), 4 (8.9%) were overweighted (BMI≥25 kg/m<sup>2</sup>) and 9 (20.0%) obese (BMI≥30 kg/m<sup>2</sup>). The living area did not have a statistically significant effect on the screen time/week ( $p=0.435$ ). Screen time was a significant predictor of the development of obesity in urban settings ( $p=0.002$ ).

**Take Home Message for Practice.** The length of screen time is an important factor in measuring sedentary behaviors and plays a predictive role in obesity.







## Abstract topic

12. Prevention

**Abstract ID:** E170/ID72

## Moderate-to-vigorous-intensity physical activity among adults in the Republic of Serbia – cross-sectional study

Snežana Knežević<sup>1, a)</sup>, Marijana Jandrić-Kočić<sup>2, b)</sup>

<sup>1)</sup>Primary healthcare, Health center Kraljevo, Kraljevo, Serbia <sup>2)</sup>Primary healthcare, Health center Krupa na Uni, Krupa na Uni, Bosnia and Herzegovina

**Focus of the abstract:** Research

**Background.** In recent decades, the prevalence of physical activity has declined significantly in many developed countries, which is associated with rising levels of obesity. It is considered that more than half of the population in Europe is insufficiently physically active. To achieve a substantial health benefit, adults should do at least 150 min of moderate aerobic activity weekly.

**Questions.** How physically active are adults in the Republic of Serbia?

**Methods.** The study was performed as a cross-sectional study at the health centers in the Republic of Serbia. The study sample consisted of 159 participants. The research used an online questionnaire.

**Outcomes and discussion.** In our study, 59% of respondents were insufficiently daily physically active, while only 23% had moderate physical activity. Screen time per week was associated with less favorable daily physical activity among urban residents. Male gender was an independent predictor of moderate physical activity (Mann-Whitney  $U=2587.0$ ,  $\text{sig}=0.048$ ). Although there was no statistical significance, employment and the rural environment had a positive effect on the level of daily physical activity ( $p=0.06$ ). The Chi-square test revealed differences in moderate physical activity among groups defined by sex, age, residence, marital status, household income, education, and lifestyle choices.

**Take Home Message for Practice.** The study found insufficient daily physical activity among more than half of the adult participants in the Republic of Serbia. Our findings suggest substantial gender-specific differences in physical activity. It is necessary to intensify health education to improve cooperation between health institutions and patients in preventive activities.





## Abstract topic

12. Prevention

**Abstract ID:** E171/ID98

### “From pandemic to pandemic”. Study of the evolution of BMI in patients diagnosed with obesity in CAP Comte Borrell.

Mariona Ramon Rodríguez<sup>1, a)</sup>, Emma Magraner Oliver<sup>1, b)</sup>, Anna Sánchez Celma<sup>1, c)</sup>, Amparo Hervás Docon<sup>1, d)</sup>, Ramon García Hernández<sup>1, e)</sup>, Sona Pilarcikova<sup>1, f)</sup>, Daniel Rodríguez Zamero<sup>1, g)</sup>, Natalia Echiburu<sup>1, h)</sup>

<sup>a)</sup>Medicina Familiar, CAP Comte Borrell, Barcelona, Spain

**Focus of the abstract:** Research

#### Background:

During the initial rise in Covid cases, the government issued a lockdown order to curb the transmission of the disease, which caused general changes in eating behavior, increased sedentary lifestyle and increased risk factors cardiovascular and mental health. The data we have in obese patients show us that they are affected differentially.

We are therefore seeking to study the changes in body weight of a group of CAP Comte Borrell patients during confinement in order to better understand the possible health implications subsequent to prolonged confinement and to be able to put in place therapeutic measures to prevent irreversible side effects on the health of these patients.

#### Questions:

To understand the impact of confinement on the evolution of BMI in obese patients aged from 15 to 64 through the BMI measured between January 2022 and retrospectively before the pandemic (February 2020), by age groups, sex and degree of obesity. The hypothesis of this study is to get to know if there was an increase in BMI in patients from a group of CAP Comte Borrell patients.

**Methods :** Retrospective descriptive, observational and cross-sectional epidemiological study to investigate whether there was an increase in BMI in a group of assigned patients followed in the primary care outpatient clinic, with a total of 1138 patients followed.

**Outcomes/Discussion :** We expect to find an increase in BMI in these patients that will motivate healthcare professionals to implement effective therapeutic measures.

**Take Home Message for Practice:** Prevention, behavioral treatment and therapeutic treatment.





## Abstract topic

12. Prevention

**Abstract ID:** E172/ID141

## Prevention of depression in patients with chronic medical illness

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**Focus of the abstract:** Research

**Introduction:** Comorbid depression is associated with high risk of morbidity and mortality in patients with chronic medical disorders and with increased symptom burden, functional impairment and medical cost.

**Aims:**To characterize patterns of depression in patients with chronic medical disorders and to assess the sociodemographic, psychological and functional associated factors. **Material and methods:** **Design:** Cross-sectional descriptive study. **Setting:** “Labradores-San José Sur” Health Care Centers, (Spain). **Community sample:**156 patients with chronic medical illness and 50 healthy controls. **Interventions:**The Beck Depression Inventory, the Goldberg Anxiety Subscale, the Holmes-Rahe Scale and an interview for recording sociodemographic factors, stressful life events, toxic consumption and chronic pathologies: Diabetes, hypertension, hyperlipidemia, thyroid pathologies, osteoporosis and disabling chronic illness.

**Results:** Depression prevalence was 26.3%(19.1-33.5) in patients with chronic medical illness and 16%(4.8-27.2) in control group. Depression and anxiety background, family history of depression, stressful life events, obesity, functional disability and severe osteoporosis were related to depressed mood in case group ( $p<0.05$ ). Tobacco and alcohol consumption and stressful life events were associated with depression in control group ( $p<0,05$ ). In multivariate logistic regression model, statistically significant associations between depression and greater degree of disability (OR 8.4(1.3-54.3)) and increased risk of osteoporosis (OR 6.7(1.8-36.4)) were found in patients with chronic pathologies. In control group any differentiating clinical patterns were not found.

**Conclusions:** Depression in chronic medical illness is related to an additive functional impairment. Early detection and treatment of depression in Primary Care can reduce disease burden and disability and can improve quality of life.





## Abstract topic

12. Prevention

**Abstract ID:** E173/ID151

### Analysis of knowledge of osteoporosis in urban population

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<sup>a)</sup>Primary Health, Servicio Cantabro Salud, Santander, Spain

**Focus of the abstract:** Research

**Background:** Knowing and modifying the risk factors in osteoporosis is very effective to improve the prognosis

**Questions:** Is knowledge of osteoporosis in urban population enough?

**Methods:** Descriptive, transversal study using a survey completed by patients attending a medical centre in Santander (Spain) during April 2019.

**Outcomes:** 100 subjects were analysed, with an average age of  $48.3 \pm 16$  and mainly female (69%). As far as risk factors are concerned, 89% knew of the menopause being a risk factor, 60% smoking, 31% alcohol, 86% a sedentary lifestyle, 63% having suffered a fracture previously, 9% family background, and 79% a low consumption of calcium. 13% think that it only affects women, 87% think that men have more bone mass, 36.8% think that osteoporosis is something physiological from menopause, 58.3% that falls have little or no influence on fractures; 64.6% identify a hip fracture as being the most frequent; 74% that it can be measured by assessing calcium in a blood sample. 34% know what FRAX is (20% correctly); when the different genders were analysed, only significant differences were found when identifying calcium as being a risk factor.

**Discussion:** The population are unaware of many of the risk factors of osteoporosis, they only correctly recognise the menopause and the consumption of calcium; there are confused ideas about the fact that it is physiological, the age when you reach peak bone mass, or the risk of falls.

**Take Home Message for Practice:** It is necessary to provide osteoporosis information to improve knowledge and encourage prevention methods.





## Abstract topic

12. Prevention

**Abstract ID:** E175/ID198

## Chromium toxicity: the hierarchy of preventive measures to protect workers against hazardous chromium

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**Focus of the abstract:** Research

### Background

Chromium (Cr) exists as trivalent Cr(III) and hexavalent Cr(VI) chromium. Cr(III) is a micronutrient, while Cr(VI) is carcinogenic. Cr(III) mostly occurs in nature, whereas Cr(VI) is mostly released from industrial processes.

The hierarchy of controls is a way of determining which actions will best control exposures. Risk of health effects can be reduced using this hierarchy.

### Questions

Are workers exposed to hazardous Cr(VI) at elevated health risk?

### Methods

This presentation focuses on the results from Belgian workplaces within an occupational biomonitoring study, namely the HBM4EU chromates study. This European chromates study investigated, among other things, the effect of Cr(VI) exposure on oxidative stress, global DNA methylation and global DNA hydroxymethylation in blood. The study population consists of Cr-platers, surface treatment workers and welders. Post-shift urine samples and blood samples were collected at the end of the working week. Metal concentrations were measured. In addition to analysis of Cr, analysis of per- and polyfluoroalkyl substances (PFASs) were performed in plasma of Cr-platers.

### Outcomes

The highest Cr(VI) exposure levels were observed for Cr-platers. Furthermore, these platers were exposed to elevated levels of PFASs. Regarding effect biomarkers, global DNA hypomethylation and increased levels of oxidative stress were observed.

### Discussion

Cr-platers could be exposed to PFASs via the use of mist suppressants to decrease exposure to hazardous Cr(VI), but the use of PFASs introduces new hazards.

### Take Home Message for Practice

Avoid selecting risk reducing measures that may introduce new hazards.





## Abstract topic

12. Prevention

**Abstract ID:** E176/ID364

## Empowering to care – intervention project

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Increased longevity and ageing lead to an increase in dependent elderly people in need of specific care. Many of this long-term care takes place at home, by family members who became caregivers. Providing health care is complex and requires knowledge. Rarely these caregivers have adequate skills to care for a dependent.

**Questions:** Will medical formation to caregivers improve knowledge and caregiving skills?

**Methods:** At UCSP Tarouca, the caregivers were identified and invited, by telephone (explaining project), to integrate the intervention. There were 4 presentations, scheduled between september and december, according to the availability. Initially, a pre-intervention questionnaire (sociodemographic characterization + test (30 questions - 5 of each topic) was applied to assess the caregivers' initial knowledge. Subsequently, the same test (post-intervention questionnaire) was applied to assess the impact of the presentations. Outcomes: 16 of the 22 caregivers identified were included in the study, 15 women (93.8%) and 1 man (6.3%), but only 13 completed them. Only 1 has informal caregiver status assigned. The average number of right answers in pre-intervention: Hygiene Measures, Feeding and supporting technologies, Positioning; Mobilization/ulcer's prevention, Physical activity, Caregiver prevention was 1.43;0.75; 1.5;0.75;1;0.63. Post-intervention questionnaire, there was a significant knowledge improvement in the number of right answers in all presentations except the one about feeding, under 25%.

**Discussion:** Despite some limitations found, we conclude that our intervention has improved the knowledge and caregiver skills.

**Take Home Message for Practice:** Empowering the caregiver can improve the patient health and minimize the use of health care







## Abstract topic

12. Prevention

**Abstract ID:** E177/ID375

## Pulmonary chronic toxicity by nitrofurantoin

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**Focus of the abstract:** Continuous Medical Education (CME)

Background and aim: A 62-year-old woman with rest dyspnea and central thoracic pain without vegetative symptoms from a week ago, and no response to levofloxacin. No fever neither cough and any other organic symptomatology.

Clinical features: recurrent pyelonephritis, renal lithiasis and calyx ectasia.

Chronic treatment: furantoin throughout a year.

Physical exploration: BP: 120/80 mm/Hg, O<sub>2</sub> basal saturation 96%. Cardiopulmonary auscultation: rhythmic beats, vesicular breathing present with bilateral rales in medium fields. Normal abdomen and lower limbs.

Method: ECG: normal; Analysis: biochemistry, hepatic profile, iron balance, hemogram, reumatoid factors, ANAs, ANCAs, proBNP anodyne. Film thorax: bilateral interstitial pattern and medium-basal consolidation.

Is transferred to Pneumology: gas balance: PO<sub>2</sub> 61,8; PCO<sub>2</sub> 37,7; Ph 7,4; CO<sub>2</sub>H<sub>2</sub> 27,3. RX Film no changes. Spirometry: FEV<sub>1</sub> 2680 ml (120%), FVC 3100 ml (117%), FEV<sub>1</sub> /FVC 86,5%. Fiberscope and broncho-alveolar washing with cultures negatives so as for malignancy. TACAR thorax: interstitial pneumonia no specific reacted vs acute eosinophilic pneumonia.

Diagnosis: interstitial pneumonitis by nitrofurantoin.

Differential diagnostic: acute gastroenteritis viric/bacterial, disbalance of cardiac failure, urinary infection.

Discussion: nitrofurantoin is an antimicrobial used for treatment and prophylaxis of recurrent urinary tract infections. Rarely produce acute or chronic pulmonary toxicity (incidence lower than 1%), creating an interstitial pneumonitis that can evolve to fibrosis. From Primary Care must make a differential diagnostic for its proper treatment. First of all remove the drug (not maintain over six months), being able to add a short cycle of corticosteroids, with a response of 10-30% the cases.





## Abstract topic

12. Prevention

**Abstract ID:** E178/ID552

### An update on the decolonization as a strategy of Methicillin Resistant Staphylococcus Aureus (MRSA) prevention

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**Focus of the abstract:** Continuous Medical Education (CME)

Antibiotic resistance is a highly-spreaded problem due to misuse and overuse of antibiotics, threatening our ability to treat common infectious disease. Therefore, the control and prevention of MRSA is a quite common issue found in primary care centers as well as in hospitals.

The purpose of this report is to review the tools for preventing MRSA spread in community care, the decolonization regimens for nasal decolonization and its efficacy based on a case of 61-years-old woman without MRSA infection risk factors, presenting multiple recurrent abscesses diagnosed of MRSA infection and treated by antibiotic therapy and drainage.





## Abstract topic

12. Prevention

**Abstract ID:** E179/ID581

## Countering vaccine hesitancy and refusal in primary care: A narrative review

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**Focus of the abstract:** Research

### Background:

Vaccine hesitancy refers to the reluctance or refusal to vaccinate despite the availability of vaccines. This phenomenon can be driven by a variety of factors, including misinformation about vaccine safety and effectiveness, religious or cultural beliefs, or personal experiences. Vaccine rejection can have serious consequences, as it can lead to the spread of preventable diseases and outbreaks of vaccine-preventable diseases. In recent years, vaccine rejection has gained more attention due to the proliferation of misinformation about vaccines on social media and the internet.

### Questions:

The aim of this study is to reveal what can be done about vaccine hesitancy in primary care.

### Main results and conclusions:

This article reviews the factors that contribute to vaccine hesitancy and provides strategies for primary care providers to effectively communicate with patients and address their concerns. By implementing these strategies, primary care providers can play a crucial role in promoting vaccination and protecting the health of their patients and communities.

### Take home notes:

It is important for healthcare providers, policymakers, and public health officials to address vaccine rejection and work to promote the acceptance of vaccines in order to protect public health. In particular, primary care physicians, who are at the first contact point with the patient, have much more responsibilities in this regard.





## Abstract topic

12. Prevention

**Abstract ID:** E180/ID613

## Prevention and care for pregnant women in vulnerable situation in primary care

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**Focus of the abstract:** Research

### BACKGROUND

Pregnancy is a health state that can be very gratifying but also a difficult and risky process for some women with different vulnerabilities and their future children. Moreover, half of pregnancies worldwide are unintentional.

### QUESTIONS?

Should these situations of risk and vulnerability be routinely investigated in all pregnancies?

Do we have the capacity to intervene?

### METHODS

In Castilla y León (CyL), Spain, PC and Hospitals perform pregnancy follow-up. PC has included a prevention program:

- Primary: Comprehensive individual and community sexual education with an equality approach, access to contraception, prevention of gender violence (GV) and pregnancy health education.
- Secondary: Bio-psychosocial approach and gender perspective, including GV early detection (PC service portfolio)
- Tertiary: Prenatal care, early childhood program for families with social difficulties, psychosocial support, promotion of care networks, well-treatment focused on attachment, parental skills and prevention of abuse. Assistance if her decision is to have an abortion.

### OUTCOMES

In 2021, 11.000 pregnancies were registered in the AP clinical history of CyL. Fertility rate was 35.6% (women between 15-44 years), 0.31% were minors, 1.35% presented psychosocial risk and the abortion rate was 7.1%. GV screening was performed in 65.13% of pregnancies, being positive in 0.47%.





## Abstract topic

12. Prevention

**Abstract ID:** E181/ID710

## Anxiety, depression and Burnout in School Education – Health education session

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**Focus of the abstract:** Continuous Medical Education (CME)

According to the WHO, in a room of 30 students, up to 5 of them will suffer from some type of mental health problem. Excessive academic effort can be considered one of the causes of anxiety in young people. Given Portugal's high health illiteracy rate, we have introduced a project aimed towards mental health in schools, to sensitize and raise awareness within this age group for the need of a healthy lifestyle, through an informative intervention and surveys. The project consists of a dynamic presentation the survey in three distinct moments: before, right after and one month after the presentation. This means two different evaluation moments, one on the day of the presentation and one a month later. This evaluation will entail the interpretation of the intervention's results, feedback from the participants and the institution involved, a reflexion about the acquired skills and difficulties felt during the project and, lastly, which aspects we should improve on a future project. To this end, we would, firstly, identify the schools that would be interested, requesting the authorization of the school board and the student's guardians. A day would be scheduled for the presentation and first two surveys regarding anxiety and depression and a day for the third survey. If the project is successful, we anticipate an improvement of individual skills, as well, use them to make adequate decisions in interaction with their peers, an adult or a health professional. We hope this project contributes to the development of health education in schools.





## Abstract topic

12. Prevention

**Abstract ID:** E182/ID777

## The risk of metabolic syndrome in the period after smoking cessation: narrative review

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

Metabolic syndrome (MetS), which is a cluster of comorbid conditions including obesity, hypertension, and disordered carbohydrate and lipid metabolism, constitutes a significant health and social problem. MetS develop by accumulation of excess central obesity occurring insulin resistance. In these patients, there is a very high risk of complications, especially vascular ones, such as atherosclerotic disease, acute myocardial infarction, and stroke. Smoking causes the development of insulin resistance and vascular damage. While Mets may develop in smokers, metabolic syndrome may develop due to changes in habits during and after smoking cessation. However, weight gain after quitting may reduce some of the beneficial effects of smoking cessation and deter attempts to quit.

### Question

How can we prevent the risk of developing metabolic syndrome in people who have quit smoking?

### Discussion

Smoking cessation is associated with a significantly reduced mortality risk in every body-mass-index group but weight gain may temporarily exacerbate diabetes and impair glycemic control and metabolic profile. The molecular mechanisms by which smoking cessation leads to weight gain are largely associated with abolition of the effects of nicotine on the central nervous system.

### Take home message

The aim of this review is to evaluate the metabolic syndrome that may occur in the period after quitting smoking, by disrupting the blood-lipid profile and to create serious problems such as cardiovascular disease with various inflammatory triggers, and to present a comprehensive view that should be useful in clinical practice.

**Keywords:** metabolic syndrome, smoking, weight gain, obesity, smoking cessation.







## Abstract topic

12. Prevention

**Abstract ID:** E183/ID779

## A Hospital Based Assessment of Glycemic Control and Medication Adherence in Type 2 Diabetes Mellitus in Eastern Nepal

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**Focus of the abstract:** Research

**Background:** Poor glycemic control in type 2 diabetes mellitus (T2DM) causes damage to various organs and leads to the development of disabling and life-threatening complications. Objectives was to find out the prevalence of glycemic control and medication adherence and factors affecting it.

**Methods:** A cross-sectional study was conducted among patients with T2DM. The patients were categorized as good glycemic control (HbA1c<7.0%) and poor glycemic control (HbA1c ≥ 7.0%). Medication adherence was categorized as low (score <6), medium (score 6 or 7) and high (score 8). SPSS version 11.5 was used for statistical analysis at P-value less than 0.05.

**Results:** Out of 129 patients, 65 (50.39%) were females. Mean age was 48.33 ± 12.86 years. Combination of Metformin and Glimepiride was prescribed to 37 (28.68%) patients. The diabetic knowledge was poor in 84 (65.12%) patients. Glycemic control was good in 108 (83.72%) patients. Medication adherence was medium in 72 (55.81%) patients. Patients taking regular fruit, having shorter duration of drug therapy and having good diabetic knowledge had good glycemic control and was statistically significant (P-value<0.05). Patients having family support, nonalcoholic, taking regular fruit, involved in daily jogging, having shorter duration of drug therapy and having good diabetic knowledge had high medication adherence and was statistically significant (P-value<0.05).

**Conclusion:** Majority of diabetic patients had good glycemic control and medium medication adherence. Patients taking regular fruit, involved in daily jogging, having a shorter duration of drug therapy and good diabetic knowledge were identified as factors that affect both glycemic control and medication adherence.





## Abstract topic

12. Prevention

**Abstract ID:** E184/ID830

## The seroprevalence of hepatitis b virus among different birth cohorts - a large retrospective electronic medical record study

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**Focus of the abstract:** Research

### Purpose

To elucidate the seroprevalence of hepatitis B virus among different birth cohort using a large electronic medical record database.

### Materials and Methods

We collect the data with hepatitis B viral serological tests from the chart cloud database between Jan, 2006 and Dec, 2018 at one medical center in Taiwan. The items included: birth year, gender, hepatitis B viral markers (HBsAg, anti-HBs or anti-HBc). The enrolled patients were divided into three groups based on their year of birth:  $\leq 1986$ , 1987-1992 and  $\geq 1993$ , which represents the population receiving no neonatal hepatitis B immunization (NOHBV), plasma-derived HB vaccine (PDHBV) and recombinant hepatitis B vaccine (RHBV). We calculated the prevalence of hepatitis B seromarkers including HBsAg, anti-HBs, isolated anti-HBc positive (IAHBc) by the gender, age groups and birth cohorts.

### Results

Of 117,335 adults with complete hepatitis B serologic data, the hepatitis B virus carrier rate dropped from 15.7%(NOHBV) to 1.5% and 0.3% with the effectiveness of reducing hepatitis B virus carrier rate was 91.1% and 98.1% for PDHBV and RHBV, respectively. The percentage of vaccinees with anti-HBs positive was 45% and 33% in PDHBV and RHBV groups, respectively. Moreover, the IAHBc rate was 11.4%, 0.8%, and 0.3% for 3 birth cohorts, respectively. Males were found to have higher rate of HBV susceptible hosts in PDHBV and RHBV. Female dominance was found in vaccinees with immunity among all the three birth cohorts.

### Conclusion

There were still hepatitis B carriers and subjects with IAHBc worthy of attention in the post hepatitis B immunization era.





## Abstract topic

12. Prevention

**Abstract ID:** E185/ID862

## The importance of monitoring and control of the metabolic syndrome

Maria Azemà<sup>1, a)</sup>, Maria Rovira Bruna<sup>1, b)</sup>, Lucia Trilles<sup>1, c)</sup>, Miriam Malgrat<sup>1, d)</sup>, Meritxell Munné<sup>1, e)</sup>, Xavier Salvia<sup>1, f)</sup>, Maria Alejandra Arce<sup>1, g)</sup>, Nicolás Braghelli<sup>1, h)</sup>, Gisela Tibau<sup>1, i)</sup>, Maria Teresa Nunes<sup>1, j)</sup>

<sup>a)</sup>Primary care department, Barcelona, Spain

**Focus of the abstract:** Continuous Medical Education (CME)

**Title:** The importance of monitoring and control of the metabolic syndrome

**Work Center:** Primary care department, University

### **Background and Questions:**

A 62 years old man that came to primary care complaining of presented with paresthesias in the anterior aspect of the thigh. And presence of paresthesias in both hands.

### **Medical history**

- Former smoker since 2018. No consum OH
- Arterial hypertension
- DM-II (HbA2 10,3% diagnosed at 52 years old)
- Dyslipidemia
- Chronic ischemic cardiomyopathy 3 stents in 2018 and 2019
- Obesity (weight 118 kg, height 177, BMI 37,3)
- Hepatic steatosis (Fib-4) 1,3; Fibroscan Grade of steatosis: S3

### **Manegement**

Hypoesthesia and paresthesia of bilateral hands (predominantly left to distal and middle phalanges). Sensation of burning sensation in the anterior part of the left shoulder blade with no paresthesia or pain. No alterations of strength.

Tinell and Phallen negative bilaterally.

### **Methods**

EMG: Primary axonal length-dependent sensory-motor polyneuropathy with mild involvement of 4 extremities. Mild neuropathy of the right median nerve in the carpus.

### **Outcomes**

Toxic metabolic polyneuropathy. The patient has been visited by Neurology and Digestive. He is being followed up for hepatic steatosis. Intesification of treatment for diabetes and dyslipidemia





**Discussion and Take Home Message for Practice:**

Patients with long-standing diabetes need control of cardiovascular risk factors and periodic controls of chronic syndromes derived from diabetes and healthy dietary habits.

From primary care it is necessary to optimize treatment to achieve strict HbA2 targets of less than 7% and dyslipidemia targets (LDL less than 55) for risk factors associated with metabolic syndrome.)





## Abstract topic

12. Prevention

**Abstract ID:** E186/ID902

### Hip fracture, revision of treatment

Olga Barba Avila<sup>1, a)</sup>, Marina Rovira Illamola<sup>1, 2, b)</sup>, Mireia Sans Corrales<sup>1, c)</sup>, Joan Clos Soldevila<sup>1, d)</sup>, Laura Szlendak<sup>1, e)</sup>, Emma Magraner Oliver<sup>1, f)</sup>, Lorena Amarilla<sup>1, g)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

**Objective:** To promote, by pharmacy commission of primary care center, the revision of the pharmacological treatment for osteoporosis among patients who between 2020 and 2021 suffered hip fracture and don't have this treatment prescribed after the hospital discharge.

**Justification:** Scientific evidence recommends the secondary prevention of fractures after the first fragility fracture in all patients, regardless of age. It is always necessary to promote the non-pharmacological preventive measures and to assess a risk-benefit balance for each patient taking into consideration his clinical status.

**Methodology:** The pharmaceutical commission is a multidisciplinary team formed by the local reference hospital pharmacist, general practitioners and nurses working in Health Centre. Periodical reunions are held off to update and analyze the information about drugs and treatments to improve the use of medicines. Two strategies were implemented:

Sending an email to all primary care doctors with information and justification of the treatment and different drug options.

Scheduling the patient as an administrative visit so the professional can review the treatment.

Patients with complex chronic disease (CCD) are excluded from the revision to their clinical condition the active treatment would not be beneficial.

The pharmaceutical options which showed evidence in preventing hip fractures are: alendronic acid, alendronic acid with vitamin D, risedronic acid, zoledronic acid, denosumab and teriparatide.

**Results:** Among all the patients who suffered hip fracture, the improvement of 42% in prescription of osteoporosis treatment is observed.

**Conclusions:** Providing adequate information and having time for medication review is beneficial for the patients.





## Abstract topic

12. Prevention

**Abstract ID:** E187/ID942

### Intention of vaccination against the flu in rural area of Crete

Theodoros Vasilopoulos<sup>1, a)</sup>, Sofia Zervogianni<sup>1, b)</sup>, Martha Karyda<sup>1, c)</sup>, Evangelia Atzoletaki<sup>1, d)</sup>, Maria Kefalogianni<sup>1, e)</sup>, Nikolaos Tsakountakis<sup>1, f)</sup>

<sup>a)</sup>Health Center of Agia Varvara, Heraklion Crete, Greece

**Focus of the abstract:** Research

**Background** The flu is an acute, highly contagious respiratory infection caused by influenza viruses. Vaccination is the greatest and safest mean of prevention against it and due to mutations, it must be repeated yearly with emphasis on high-risk populations to avoid complications. In Greece, seasonal flu outbreaks occur during winter (October - April).

**Methods** The survey took place in a primary care facility of a rural area in Crete. From September 2022, the intention for flu vaccination, which in Greece begins from the first week of October, was recorded among patients who attended two different GP clinics and met the criteria for the flu vaccine.

**Outcomes** 892 questionnaires were filled in by 516 female and 376 male patients with an age range of  $72,7 \pm 9,3$ . Out of the subjects, 808 answered positively (451 f- 357 m). Regarding the previous year, 90,4% were vaccinated. Notably, vaccination intention was recorded for the first time in 7,8% of the participants, out of which 3,5% had consulted with their GP and 4,3% based their intention on the fear of contracting Covid.

The main comorbidities reported in patients were CVD 27,38%, chronic respiratory disease 13,51% and Diabetes Mellitus 10,97%.

By the end of 2022, 796 vaccinations had been confirmed.

**Discussion** The covid-19 pandemic has increased the flu vaccination intention and is potentially a window of opportunity, since the risks of flu complications in long-covid patients have been substantiated, to promote vaccination.

**Take home message** GPs must utilize the pandemic to minimize hesitation concerning vaccinations.







## Abstract topic

12. Prevention

**Abstract ID:** P052/ID87

## Continual practice improvement process on cancer screening – the example of a GP practice

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** in Portugal, there are three recommended population based cancer-screening programmes: breast, colorectal and cervical cancer. Due in part to COVID-19, in our practice there was a decrease in the screening coverage of our population. In March 2020, screening coverage was 52.7% for breast cancer, 56.3% for colorectal cancer and 53.3% for cervical cancer; in March 2021, it had gone down to 44.8%, 51.5% and 44.8% respectively.

**Questions:** whether it was possible despite the ongoing pandemic to restore cancer screening coverage to previous levels, using our limited resources.

**Methods:** we applied measures like team presentations on screening programmes, leaflets for patients on waiting areas, checklists to support GP and nursing staff adherence to the recommended screening programmes, reinforced time slots for cervical cancer screening and we built a custom tool to allow patients to evaluate if their screenings were up to date. We monitored results every three months as a team.

**Outcomes:** in March 2022, we achieved screening coverages of 56% for breast cancer, 56.9% for colorectal cancer and 48.82% for cervical cancer and in September 2022 of 59.8%, 60.6% and 53% respectively.

**Discussion:** through simple measures applied in our practice over 18 months, and despite several solicitations of our team related to the ongoing pandemic (sick leaves, shifts on COVID-19 dedicated areas and vaccination centres), we were able to refocus our attention back on preventative care. We improved the quality of the care we provide to our population with measures that GPs can replicate on other practices.





## Abstract topic

12. Prevention

**Abstract ID:** P053/ID184

## The double face of metals: the intriguing case of the trace metal chromium

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**Focus of the abstract:** Research

### Background

People are exposed to chemicals. Human biomonitoring measures chemicals inside body. Choice of the appropriate body fluid to be tested, requires understanding of the chemical of interest. Among chemicals, chromium (Cr) represents a fascinating case. Cr occurs in two stable forms with completely different characteristics. Cr(III) is an essential nutrient, while Cr(VI) is carcinogenic.

### Questions / Discussion Point

The principal biomarker used for biomonitoring of Cr(VI) exposure is total amount of Cr in urine. However, the main limitation is that this biomarker is not specific for Cr(VI) since it measures exposure to both Cr(III) and Cr(VI). Therefore, a more specific biomarker is needed.

### Content

Interpretation of urinary Cr levels is challenging, because elevated levels may reflect intake of dietary Cr(III) or harmful Cr(VI). Analysis of Cr(VI) could overcome these challenges.

However, Cr(VI) is reduced to Cr(III) in the body due to reducing agents before being eliminated in urine and Cr(VI) is considered a wolf in sheep's clothing. So analysis of urinary Cr(VI) is useless.

Therefore, a new specific biomarker might be exhaled breath condensate (EBC), since EBC contains almost no reducing agents.

During this science slam, we will go on a search for traces of Cr(VI) to unmask the wolf in sheep's clothing by considering lessons learnt from a biomonitoring study. Results showed multiple benefits when consulting participants to reduce exposures.

### Take Home Message for Practice

Consultations and follow-up of patients is the key in prevention.





## Abstract topic

12. Prevention

**Abstract ID:** P054/ID215

### Vaccination of home-visit patients against novel coronas in our hospital

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**Focus of the abstract:** Continuous Medical Education (CME)

**【Background】** During the COVID-19 pandemic, vaccination has been proven effective in preventing severe disease. Vaccination of the elderly is essential. We have about 600 home-visit patients, and they are no exception.

**【Question】** Is it possible to vaccinate home-visit patients safely at home?

**【Methods】** When the COVID-19 Vaccines vaccination started in Japan, we formed a multidisciplinary team including doctors, nurses, and clerical staff. From June 2021, we developed a vaccination flow for home-visit intervention patients (aged 12 years and over) who wanted to be vaccinated outside the hospital. We reviewed and reconsidered the vaccination schedule, route management, vaccine transport method, and vaccination method in a PDCA cycle regarding the COVID-19 Vaccine Handling Toolkit of the United States Pharmacopeial Convention (USP). The PDCA cycle was used to reconsider the vaccine handling methods, etc.

**【Outcomes】** From June 2021 to December 2022, more than 1,000 vaccinations were administered to home and institutional residents. The vaccination program was conducted with countermeasures against adverse reactions such as patient mix-ups and anaphylaxis, but no significant problems occurred, and the vaccinations were administered safely.

**【Discussion】** Since the initial vaccination was changed to a booster vaccination, discrepancies in vaccination timing have emerged in each patient. We need to re-examine how we manage the vaccine schedule.

**【Take Home Message for Practice】** Vaccination against COVID-19 can be safely conducted in home healthcare.





## Abstract topic

12. Prevention

**Abstract ID:** P055/ID234

### ACSC in Hospitalized Patients at Home in Japan: A Cross-Sectional Study

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**Focus of the abstract:** Research

[Background]

Ambulatory care-sensitive conditions (ACSC) are significant in the primary care setting. However, the actual status of ACSC in the Japanese home healthcare setting has yet to be investigated.

[Question]

What is the actual situation of ACSC in hospitalized cases in the home healthcare setting in Japan?

[Methods]

This study was a cross-sectional study of approximately 550 patients who received home visits at the Toyota Regional Medical Center in Japan.

We enrolled patients hospitalized at least once from December 2021 to May 2022. Their medical charts were reviewed descriptively and epidemiologically for a reason for their hospitalization.

[Results]

179 patients were hospitalized during the six months, averaging about 30 patients per month. The most common reasons for hospitalization were pneumonia (including aspiration pneumonia and community-acquired pneumonia) at 25 cases, and other reasons were acute worsening of heart failure, fracture (any site), acute cholecystitis/cholangitis, urinary tract infection, gastrointestinal bleeding, anorexia/dehydration, and so on. 4 of the top 6 reasons for hospitalization were ACSC, as defined by Bardsley. Of the total cases, 91 were ACSC, accounting for 50.8% of all cases.

[Discussion]

About half of Japan's hospital admissions for home care were for ACSC. This result suggests that improving the quality of ACSC care at home may significantly reduce the hospitalization rate from home care.

[Take Home Message for Practice]

In Japanese home health care, hospitalization rates can be reduced through ACSC interventions.





## Abstract topic

12. Prevention

**Abstract ID:** P056/ID286

### Vaccination in COPD patients, cross-sectional study in a family health unit

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**Focus of the abstract:** Research

**Pneumococcal infections** are an important cause of morbidity and mortality, with an increased risk of Invasive Pneumococcal Disease (IPD) in adults over 65 years. In Portugal, antipneumococcal vaccination is recommended for patients with comorbidities, including COPD patients. This recommendation is supported by international guidelines, such as the GOLD.

This study aimed to determine the **antipneumococcal vaccination status of patients diagnosed with COPD** in a primary health care unit. Additionally, the vaccination status for influenza and COVID-19 vaccines was verified.

A **cross-sectional study**, following STROBE guidelines, was performed and data was collected through an online portal where vaccination records are performed. This study was approved by the Ethics Committee of ARSLVT.

The study population consisted of 199 COPD patients. **Results** showed 40.4% vaccination with 13-valent vaccine and 16.2% with the 23-valent vaccine. Only 12.6% had both vaccines, and 56.1% had neither. Influenza and SARS-CoV2 vaccination registered adherence of 74.2% and 75.3%, respectively.

Thus, there is a **low percentage of users who completed the recommended vaccination schedule**. Even the 13-valent vaccine was administered to less than half of the target population. The main causes being the vaccine's cost and the patients' lack of knowledge.

It is crucial to **promote vaccination** for all patients diagnosed with COPD, which implies an action directed to patients, but also to health professionals. This study is currently the basis for an ongoing quality improvement study, and the results show the need for studies in other risk groups.





## Abstract topic

12. Prevention

**Abstract ID:** P057/ID306

## How Flemish general practitioners perform their preventive tasks?

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**Focus of the abstract:** Research

General practice in Flanders is at the forefront of the healthcare system. Preventive healthcare is an important activity, especially primary prevention to delay or prevent the start of chronic conditions. The aim of this study is to investigate how general practitioners in Flanders look at the preventive tasks. A mixed design was used. A quantitative part collected data from 50 Flemish general practitioners. A number of preventive tasks were showed, with the question to evaluate each of them on a scale from 1 (not important) to 10 (extreme important). In addition a qualitative interview was set up to clarify the results of the quantitative research. Preventive tasks concerning nutrition, alcohol, physical activity, pregnancy counseling, sexual well-being, HIV screening, hepatitis screening, obesity were found important but scored only 5 or lower on ability. General practitioners exclusively ask about these topics when the patients have questions or when related blood results were divergent. There are ambiguities about the meaning of the tasks or general practitioners feel uncertain to give advice. For the screening of prostate cancer the majority feels able to take the PSA test but feels uncertain to talk about it. Most of the general practitioners didn't know about the 7 days examination for newborns and miss guidelines about this. Currently GP's in Flanders are involved in primary prevention 'on demand'. The challenge is to upgrade prevention and especially disease prevention to a proactive task in general practice. Task delegation and collaboration with other health professionals is a next step.







## Abstract topic

12. Prevention

**Abstract ID:** P058/ID444

## Are we fully informed about new vaccines?

frans govaerts<sup>1)</sup>

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**Focus of the abstract:** Research

### Background

Recently new vaccinations are launched like Herpes zoster, RSV for adults and a new composition of the vaccination against pneumococcal disease. To evaluate the expected impact on the health of the target group essential knowledge is Vaccine Efficacy (VE) and the basic risk to acquire an infection.

### Questions

How is this basic information presented in the advices of official advisory boards? How transparent is the process of the advice procedure?

### Methods

Study of the British, French, German, Belgian and Dutch official advisory boards to look if VE and basic risk are mentioned in abstract, summary or full text. Is the impact of VE and basic risk incorporated in the advice?

### Outcomes

An overview of the collected data per vaccine and divided for each national advisory board separately. Is VE and basic risk mentioned in the final advice? And how is these information incorporated in the final advice?

### Discussion

How to ameliorate official advices concerning new vaccines?

### Take Home Message for Practice

Use Vaccine Efficacy and basic risk as starting point of the shared discussion with the patient, to decide for vaccination or not.





## Abstract topic

12. Prevention

**Abstract ID:** P059/ID458

### First aid in schools: informed staff, safer children – an intervention project

Anabela Carvalho Rodrigues<sup>1, a)</sup>, Catarina Afonso da Cruz<sup>1, b)</sup>, Carlos Figueiredo<sup>1, c)</sup>, Bárbara Gregório<sup>1, d)</sup>

<sup>a)</sup>Aqueduto Family Health Unity, Vila do Conde, Portugal

**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** School-age children are generally at higher risk of being involved in accidents and sustaining injuries. Although many of these injuries are likely to be minor, a child could sustain a serious injury or medical urgency on school premises. It is essential that school staff have first aid knowledge, to ensure no delay in providing care and that right procedures are applied to prevent more harm.

**Questions:** Improvement of school staff knowledge on first aid procedures, particularly in sprains, epistaxis, wounds, bites, choking and loss of consciousness.

**Methods:** Authors developed a theoretical-practical intervention on first aid for school age injuries/urgencies aimed at a secondary school staff. An evaluation was performed by applying a questionnaire at two different moments: pre-intervention and post-intervention.

**Outcomes:** 22 school staff participated in the intervention. We obtained a pre-intervention correct response rate of 52,3% and 77,2% post-intervention, corresponding to a 47,8% correct response rate increase. We observed an improvement in all first aid areas addressed. The main errors were identical in the pre- and post-intervention and concerned wound hospital referral criteria and on knowledge of the right procedures to adopt during choking and loss of consciousness.

**Discussion:** This project provided first aid training of school community staff, with significant knowledge improvement regarding first aid care in school-age children injuries and urgencies, therefore contributing to a safer environment.

**Take Home Message for Practice:** It is vital that school staff are aware of first aid procedures that should be applied in case of an accident/medical urgency.





## Abstract topic

12. Prevention

**Abstract ID:** P060/ID469

## Evaluating the optimal setup of alcohol-based hand rub dispensers in primary care

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**Focus of the abstract:** Continuous Medical Education (CME)

Hand hygiene (HH) is highly effective in front of nosocomial infections and antimicrobial resistance. However, it can be neglected by professionals if HH materials are not placed intuitively. This study evaluates the optimal location of alcohol-based hand rub (AHR) dispensers in primary care.

Different locations of AHR dispensers were tested along 3 periods of 20 working days. At baseline, subject-blind AHR consumption was measured from 1 dispenser placed next to the examination area (baseline dispenser). At periods 2&3 AHR consumption was measured from 2 dispensers, baseline plus a second dispenser added in high-used areas of the room (sink and computer, respectively). Per dispenser and total consumption in milliliters of doctors and nurses were compared.

Five medical and four nursing rooms were included. Mean total AHR consumption was significantly greater in period 3 (116±32mL) than in baseline (58±27; p<0.001) and period 2 (86±57; p=0.044), while consumption at baseline and period 2 were similar. The computer dispenser was the most used, compared with the sink and the baseline dispensers (both p<0.01). The sink dispenser was also more used than the baseline one (p=0.018). There was no effect of profession or number of visits over consumption.

In primary care, the setup of AHR dispensers should be adapted considering highly used areas inside the room, as it may increase professionals' HH compared with placing the dispenser only next to exploration zones. It seems more relevant to choose an appropriate place than to provide additional dispensers.





## Abstract topic

12. Prevention

**Abstract ID:** P061/ID532

## Effects of Covid-19 pandemic on Swedish Primary Care follow-up in hypertension patients

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**Focus of the abstract:** Research

Introduction:

On March 11th, 2020, the World Health Organization declared the COVID-19 outbreak as a pandemic. Although Sweden didn't impose nationwide lockdown as other European countries, there were difficulties in chronic patient follow-up. We sought to evaluate the pandemic impact on follow-up in hypertensive patients at a Primary Health Care Center (PHCC) in Sweden.

Method:

In this prospective, single center study patients diagnosed with hypertension that had regular yearly follow-ups at the PHCC were included in the study. Inclusion criteria were no record of blood pressure (BP) measurement within the last two years from start date (March 2022) and ongoing prescribed medication. A letter with recommendation to book a follow-up was sent to the patients which met the inclusion criteria. We analyzed patient characteristics, laboratory and prescribed medication at baseline and 6 months after the letters were sent.

Results:

213 patients were initially evaluated and 102 patients (aged  $64.58 \pm 9.45$ ; 61 males, 59.8%) diagnosed with hypertension were included in the study. Mean year since last BP record was 2019 (2016-2020). 73 patients (71.56%) booked a follow-up visit with 26 patients (35.61%) receiving medication changes. We didn't find significant changes in systolic ( $139.04 \pm 13.87$  vs.  $141.92 \pm 14.55$ ,  $p=103$ ) or diastolic BP ( $83.18 \pm 9.19$  vs.  $84.61 \pm 8.07$ ,  $p=176$ ) from baseline to follow-up.

Conclusion:

In our study 28% of the patients had poor follow-up regarding BP control with no measurements in the last 3 years. More targeted interventions are needed to enhance follow-up in high-risk cardiovascular patients.





## Abstract topic

12. Prevention

**Abstract ID:** P062/ID564

## Vaginal cuff carcinoma after modified radical hysterectomy for cervical cancer: a case discussion

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**Focus of the abstract:** Continuous Medical Education (CME)

Didactic method

Guided Discussion

### Case

A 54-year-old female, gravida 4, para 4 was found to have a high-grade squamous intraepithelial lesion of the cervix with high-risk human papillomavirus positivity on a routine pap smear. She underwent a colposcopic biopsy followed by a conization procedure which confirmed the presence of squamous cervical intraepithelial carcinoma-3 with positive margins. A modified radical abdominal hysterectomy with pelvic lymph node dissection was performed to manage Stage 2A cervical cancer. Lymph nodes were negative for malignancy. The patient was clinically normal at the 2-month follow-up visit. At the 6-month follow-up visit, the patient complained of vaginal itchiness and scant brownish discharge. Speculum examination showed mild erythema on the vaginal cuff. Pap smear of the vaginal cuff showed high-grade squamous intraepithelial with positive human papillomavirus. Biopsy confirmed squamous cell carcinoma of the vaginal cuff.

### Discussion

The American College of Obstetricians and Gynecologists have provided evidence-based guidelines for screening and diagnosing cervical cancer. For a specific patient population with high-grade cervical intraepithelial lesions, excision therapy may be undertaken without the need for colposcopy. A grave complication after definitive therapy is a recurrence or persistence of the carcinoma, a common site being the vaginal cuff.

### What we can learn from this

This case report emphasizes the benefit of performing colposcopy before definitive treatment to prevent disease persistence and the importance of routine, thorough follow-up visits for at least 5 years after treatment to detect disease persistence as early as possible.





## Abstract topic

12. Prevention

**Abstract ID:** P063/ID640

### The use of probiotics in the urinary tract infections in women with recurrent urinary infection in the Primary Health Care area.

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**Focus of the abstract:** Research

**Title:** The use of probiotics in the urinary tract infections in women with recurrent urinary infection in the Primary Health Care area.

**Background:** The urinary tract infection (UTI) affects 150 million people each year. It is estimated that 25% of women will present a recurrent urinary infection (rUTI). The main reason to investigate alternative treatments is the increase of antibiotic resistance, the 80% of uropathogens present resistance to >2 antibiotics. The recent discovery of urobiome allows us to relate dysbiosis with UTI. Several studies conclude that more investigation is needed to determine whether probiotics reduce UTI.

**Methods:** We propose to do a before-after intervention without a placebo group in patients with a rUTI in the last 6 months selected in Primary Health Care area. They will take 4<sup>th</sup> generation probiotics during 4.5 months and we will evaluate it with a survey before the treatment and 6 months later. We will use treat intention analysis, per protocol analysis and a Chi-square test.

**Outcomes and discussion:** The use of probiotics is a safe alternative to prevent rUTI. Our aim is to prove if its use is an effective option to prevent it.

**Take Home Message for Practice:**

The urinary tract infection (UTI) affects 150 million people each year.

- 25% women present a rUTI.
- 80% of uropathogens have antibiotic resistance to 2 or more antibiotics.
- Dysbiosis is related to UTI.
- The use of probiotics is a safe option but needs more research.







## Abstract topic

12. Prevention

**Abstract ID:** P064/ID855

## Hairstyle induced alopecia in women of African origin in Brussels: what preventive intervention can be done in primary care?

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### **Focus of the abstract:** Research

Worldwidely women of African origin suffer from hair loss due to certain hairstyles. Research has identified the hairstyles that often result in hair loss. The disease remains prevalent, despite knowledge on how to prevent it. Brussels is home to many women of African origin and will be the field of study in this research aimed at improving the local preventive actions against hairstyle induced hair loss. After reviewing the literature, we will assess the knowledge of women of African origin as well as their motivations to wear these hairstyles. Subsequently, we write applicable guidelines for effective sensitizing actions within this population. Using a modified Delphi procedure, we will search consensus on the most appropriate preventive intervention in primary care in the Brussels-Capital Region.





## Abstract topic

12. Prevention

**Abstract ID:** P098/ID1014

## Importance of up-to-date information on health problems of patients with intellectual disabilities in general practice.

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### Background

Most persons with an intellectual disability (ID), receive primary care by the general practitioner (GP). More than 20 years ago, the health problems of this group in primary care were mapped. However, over the years more persons with ID moved into the community and are provided with care by a GP. In addition, people are getting older with additional health problems. Therefore, an up-to-date complete overview of health problems reported by patients with ID in primary care will contribute to appropriate care provision to these patients.

### Methods/outcomes

With the use of a newly developed identification tool, persons with ID are identified in GP data of the Nijmegen region (400,000 patients in 80+ general practices). This enables us researchers to match these patients with controls without ID, and further analyse prevalence of health problems and care use in both groups.

### Discussion

This poster provides insight into the method used to map health problems that are registered in patients with ID in general practice. Using the identification tool, we were able to identify more people with ID and therefore accurate health information can be derived.

### Take Home Message for Practice

We hypothesize that the type of health problems for which patients with ID consult their GP have changed over the last 20 years and will differ from people without ID. This information will provide essential insights on if and where GP may need extra support, further training and/or guidelines to provide adequate care to their patients with ID.





## 13. General practise best interventions

### Abstract topic

13. General practise best interventions

**Abstract ID:** E188/ID28

### “What do you prefer to be called?” – The decision of asking a question that led to a successful appointment

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**Focus of the abstract:** Continuous Medical Education (CME)

**Introduction:** Communication is the most important element of interaction with patients, being a good doctor-patient relationship a fundamental step in therapeutic success and biopsychosocial approach of the patient. Furthermore, being aware of the preferences and expectations of our patients is fundamental to provide personalised and efficient care.

**Clinical Case:** 15-year-old female patient, comes with her mother to a Child and Youth Health check-up appointment. Before initiating the appointment and after the doctor's presentation, she was asked “How are you? What do you prefer to be called?” to which the mother responds “Doctor, I'm glad you asked...”. Straight after, the patient says “I prefer to be called Tiago”. The doctor was not expecting that answer. However, that was the trigger question that put the patient and the mother at ease to speak openly about the subject. Tiago explained that since he was 10 that he wanted to cut his hair short and wear boy's clothes and that he did not feel comfortable with himself being a girl. The mother also mentioned that she wants Tiago to be happy and supports him entirely. In the end, the patient was referred to the new multidisciplinary consultation of transgender medicine at Porto University Hospital.

**Conclusion:** Even though every doctor knows that they should ask their patients what they prefer to be called, it is often a neglected question. In this particular case, this simple question led to a better biopsychosocial approach and correct referral to Secondary Health Care, contributing to a successful appointment.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E189/ID50

## Characterization of population with depression in primary health care

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**Focus of the abstract:** Continuous Medical Education (CME)

### BACKGROUND

Depression is a common illness and a major contributor to the overall global burden of disease worldwide. It results from an complex interaction of social, psychological and biological factors.

### QUESTIONS

The objective is to characterize the population and the follow-up of adult patients with depression in primary healthcare units.

### METHODS

Retrospective descriptive multicentric research study. Population: Adults followed by three family physicians with depressive disorder as an active problem. Exclusion criteria: Not attending consultations for more than three years. Variables: age, gender, occupation, schooling, social isolation, substances abuse, follow-up in secondary health care (SHC) and psychology, comorbidities, absenteeism and medication.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E190/ID130

## Evolution of face-to-face and telephone visits to the family doctor of patients with type 2 diabetes during the COVID-19 pandemic

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**Focus of the abstract:** Research

**Objective:** Evolution of visits the family doctor (FD), face-to-face (VFTFFD), telephone (VTFD) of patients with type 2 diabetes (T2D) in primary care center during COVID-19 pandemic.

**Methods:** Cross-sectional descriptive study with cut-off points in 2019, 2020 and 2021. Review of medical records of 390 T2D, collecting sex, age, VFTFFD and VTFD. Comparisons K related samples using the Friedman test for variables non-parametric using Kolmogorov-Smirnov test, statistical significance level  $p < 0.005$ .

**Outcomes:** 52.3% women, 61.8% >65 years.

VFTFFD ( $P_{25}$ - $P_{50}$ - $P_{75}$ ) 2019= (5-7-10), 2020= (2-4-7.5), 2021= (3-6-10),  $p < 0.001$ .

VFTFFD women ( $P_{25}$ - $P_{50}$ - $P_{75}$ ) 2019= (5-8-12), 2020= (3-5-8), 2021= (4-6-9.75),  $p < 0.001$ .

VFTFFD men ( $P_{25}$ - $P_{50}$ - $P_{75}$ ) 2019= (4-6-10), 2020= (2-4-7), 2021= (3-5-10),  $p < 0.001$ .

FPV  $\leq 65$  years ( $P_{25}$ - $P_{50}$ - $P_{75}$ ) 2019= (4-6-9), 2020= (2-4-7), 2021= (2-4-9),  $p < 0.001$ .

VFTFFD >65 years ( $P_{25}$ - $P_{50}$ - $P_{75}$ ) 2019= (5-7-12), 2020= (3-5-8), 2021= (4-6-10),  $p < 0.001$ .

VTFD ( $P_{25}$ - $P_{50}$ - $P_{75}$ ) 2019= (0-0-0), 2020= (1-2-4), 2021= (1-2-4),  $p < 0.001$ .

VTFD women ( $P_{25}$ - $P_{50}$ - $P_{75}$ ) 2019= (0-0-0), 2020= (1-2-5), 2021= (1-2-4),  $p < 0.001$ .

VTFD men ( $P_{25}$ - $P_{50}$ - $P_{75}$ ) 2019= (0-0-0), 2020= (0-2-4), 2021= (1-2-4),  $p < 0.001$ .

VTFD  $\leq 65$  years ( $P_{25}$ - $P_{50}$ - $P_{75}$ ) 2019= (0-0-0), 2020= (0-2-4), 2021= (1-2-4),  $p < 0.001$ .

VTFD >65 years ( $P_{25}$ - $P_{50}$ - $P_{75}$ ) 2019= (0-0-0), 2020= (1-2-4), 2021= (1-2-4),  $p < 0.001$ .

**Conclusions:** Patients with T2D, VFTFFD decreased in 2020, without reaching pre-pandemic levels 2021. Women and >65 years old persist as more frequent users. Men and  $\leq 65$  years constitute target groups for prioritizing interventions. Necessary to strengthen VTFD given the stagnation observed in 2021

**Keywords:** frequentation. COVID-19, Type 2 Diabetes, Primary Care.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E191/ID130

## Cannabinoids: The need for GP education on the risk of psychiatric disorders versus the therapeutic potential

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**Focus of the abstract:** Continuous Medical Education (CME)

Cannabis is the most widely used illicit substance in the United Kingdom. It consists of a group of biological compounds called cannabinoids, which act on the endocannabinoid system. This project aims to explore the interlink between cannabinoids and psychiatric disorders and their therapeutic potential.

Understanding the risks associated with cannabinoids whilst embracing the emerging medical potential is important for general practitioners (GPs), especially with increased decriminalisation and legalisation of cannabinoid compounds occurring globally.

This project was undertaken by a second-year medical student in London, who carried out a literature review using resources including PubMed and NHS web-based information. The association between cannabinoid compounds and the increased risk of psychiatric disorders and their therapeutic potential was explored, particularly focusing on its mechanism of action.

Cannabinoid compounds bind to two receptors, cannabinoid receptor type 1 and cannabinoid receptor type 2, which mediate effects including a pleasant euphoria, hunger and drowsiness. Cannabinoids are associated with an increased risk of altered neurodevelopment, resulting in psychiatric disorders including schizophrenia and major depressive disorder. On the other hand, short-term cannabinoid use has proven to be beneficial in post-traumatic stress disorder, spasticity in multiple sclerosis, childhood epilepsy and chronic pain. However, there is limited research regarding the association between these conditions and long-term exposure to cannabinoid compounds.

Educating GPs regarding the use of cannabinoids is vital in order to minimise harm and maximise their benefits. Further research may aid in comprehensive understanding of the risk-benefit ratio for cannabinoid use in therapeutics.







## Abstract topic

13. General practise best interventions

**Abstract ID:** E192/ID174

## Do we have cholesterol controlled in our patients with myocardial infarction?

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**Focus of the abstract:** Research

**Background:** Secondary prevention measures in patients with myocardial infarction go through adequate control of all risk factors, including cholesterol, with the primary care physician being a key agent in said control.

**Question:** To study the management of cholesterol in primary care, in patients with a history of infarction.

**Methods:** Cross-sectional study in a health area of Spain of patients with myocardial infarction and follow-up in primary care. Adequate control was considered  $\leq 55$  mg/dl (2021 guidelines of European Society Cardiology). We also analyze the attitude of physician and characteristics of drugs used.

**Outcomes:** 55 (64% male) were included, with a mean age of  $67.74 \pm 11.4$  years. The mean for total cholesterol were  $141.5 \pm 36.6$  mg/dl, LDL-c  $78.57 \pm 39.1$  mg/dl, HDL-c  $44.34 \pm 11.5$  mg/dl, presenting a degree of control of 22%. They presented an average of  $2 \pm 2.2$  annual visits to physician, with no differences according to the degree of control. In case of poor control, physician added a drug in 52.6% (mainly statin (95%)), they did nothing in 28.9% and reinforced diet/exercise in 18.4%.

**Discussion:** There is insufficient control of dyslipidemia in infarcted patients followed. There are no differences in the number of medical visits according to the control. Few changes are made with poor control, being mainly a statin used.

**Take Home Message for Practice:** Therapeutic inertia is very important in these high-risk patients





## Abstract topic

13. General practise best interventions

**Abstract ID:** E193/ID176

## Potentially inappropriate medication in the elder population - a study of prevalence in two GP practices

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**Focus of the abstract:** Research

Background: potentially inappropriate medication (PIM) has been a growing concern among physicians. In Portugal, there are few studies evaluating its prevalence, but some observational studies suggest it is common, especially among older patients.

Questions: we aim to evaluate the prevalence of potentially inappropriate medication among older adults in two distinct GP practices, with different working models, in an urban setting in Portugal. We will also strive to identify which is the most frequent PIM, which are the most frequently associated with PIM comorbidities and whether there are statistically significant differences in PIM prevalence among gender, mean age and between both GP practices.

Methods: we will enrol on this study a population sample of 362 patients, for a confidence interval of 95%. Criteria of exclusion include institutionalisation, death and patients without appointments in the last 2 years. With previous patient consent, we will obtain consent medical history from clinical files and prescription data for the previous 12 months from the national prescription platform. START/STOPP version 2 criteria will then be used in their English version for lack of a Portuguese validated translation. We will process data on Excel<sup>®</sup> and GraphPad<sup>®</sup>.

Outcomes: we expect to be able to present results by the end of 2023.

Discussion: by identifying the most common faults regarding to PIM, we expect to be able to share them with our co-workers so that they can be the target of educational interventions in order to improve the quality and safety of our prescription patterns.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E194/ID254

## The use of WhatsApp to send Patient information Leaflets in GP consultations

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**Focus of the abstract:** Continuous Medical Education (CME)

With the advent of COVID more GPs had to adapt their consultation style and work model to formally incorporate telephone and video consultations.

In traditional face-to-face consultations I would often have furnished a paper Patient Information Leaflet to the patient at the end of the consultation.

We started using WhatsApp as a form of secure consultation at the onset of the COVID pandemic. WhatsApp is secure, it is end-to-end encrypted and no patient data is stored on the device or in the cloud.

Most people have WhatsApp on their phone so there is no additional software cost or learning time needed for the doctor or the patient. It is our experience of using this (now for over 20 months) that it is suitable for all age groups.

We set up a database of patient information leaflets which we store on a server.

We can send the Patient Information Sheets to a patient or parent's phone. A case example is mild bronchiolitis. This has all of the information needed on it including a 'what to expect' section and a 'what not to expect' section (signs the child needs a medical review).

Securely sending information sheets to patient/parents phone is safe and medico-legally sound. Patient feedback is excellent as they have a very clear plan on the natural history of the illness and when to re-present. They could also show the information sheet to the re-assessing clinician to explain the concern/reason for re-assessment.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E195/ID258

## The use of WhatsApp for GP video consultations

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**Focus of the abstract:** Continuous Medical Education (CME)

With the advent of COVID, GPs had to adapt their consultation style and work model to incorporate telephone and video consultations.

There are a variety of media offered to facilitate video consultations including software incorporated into GP Practice software and stand-alone packages. On reviewing all of the options we decided to use WhatsApp for our video consultations.

Most people have WhatsApp on their phone, so there is no software cost or learning time needed for the doctor or the patient. The consultation can happen anywhere they have their phone & mobile phone reception (they don't need to be sitting at a PC). It is our experience of using this (now for over 20 months) that it is suitable for all age groups.

We started using WhatsApp as a form of secure communication at the onset of the pandemic. WhatsApp is secure, it is end-to-end encrypted and no patient data is stored on the device or in the cloud. Whatspp have provided a *WhatsApp Encryption Overview Technical white paper* in relation to this.

By using WhatsApp we can easily switch from a telephone consultation to a video consultation (with consent built in) and also as a secure means of sending medical information to the patients phone. We have also used it to send hospital referral letters (Injuries Unit or Emergency Department) directly to a patient's phone.

As society has opened up after COVID lockdown, we find that we are still using this method for video consultations and to send Patient Information Leaflets.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E196/273

## Anaplastic large cell lymphoma

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**Focus of the abstract:** Continuous Medical Education (CME)

A 19-year-old was assessed for pain in the right inguinal region with difficulty in complete flexion of the right leg for 3 weeks of evolution without improvement with rest and analgesia. Associated loss of 20 kg of weight in recent months with night sweating and nonspecific abdominal discomfort. Analysis detects: leukocytosis 91.0000x10E3/mcl, eosinophilia 53,6 10E3/mcl. Large abdominal mass is palpable on the right flank. Abdominal CT: Large right retroperitoneal mass with pelvic extension and right inguinal region suggestive of lymphoma. Biopsy: ALK positive anaplastic large cell lymphoma.

Anaplastic large cell lymphoma (ALCL) is a peripheral T-cell lymphoma that consists of characteristic large pleomorphic lymphoid cells with abundant cytoplasm and horseshoe-shaped nuclei, strongly positive CD30 immunohistochemical staining. ALK+ ALCL is more common in children and adolescents. It is notably more common in the first three decades and shows an overall male predominance. ALCL (ALK-positive) patients can present with variable symptoms. Most cases present with advanced stage (III-IV). Symptoms include peripheral or abdominal lymphadenopathy, extranodal infiltrates, bone marrow involvement, and B symptoms (such as fever and weight loss). In cases of BM infiltration, the patients can present with anemia or pancytopenia, eosinophilia, and high LDH. The small cell variant of ALCL (ALK-positive) may show a leukemic presentation with peripheral blood involvement. ALCL (ALK-positive) is a moderately aggressive T cell lymphoma. The overall prognosis is better than other peripheral T-cell lymphomas. ALCL (ALK-positive) has a better prognosis than ALCL (ALK-negative) with a 5-year overall-all of 80% compared to 48%.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E197/ID300

### A tick bit my patient: how am i supposed to act?

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**Focus of the abstract:** Continuous Medical Education (CME)

A tick bit my patient: how am i supposed to act?

It is known that the tick has a wide distribution throughout Europe, with a special activity from spring to autumn. It can play an important role as a vector of some illnesses. The climate change is favouring the expansions towards classically colder areas. These combined factors make the tick a subject to which it is necessary to pay more attention. The purpose of this report is to review the current consensus regarding the action to be taken in front of a tick bite based on the case of a patient who arrives at the primary care consultation. The diagnosis, prevention, follow-up and treatment, both initially and continuously over the time are included.







## Abstract topic

13. General practise best interventions

**Abstract ID:** E198/ID345

## Visual Hallucinations

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**Focus of the abstract:** Continuous Medical Education (CME)

We report the case of a 86 year-old female patient treated at our health centre whose main symptom was the presence of isolated visual hallucinations in the last 24 hours. The symptoms produced a state of intense concern to the patient and family. The initial assessment by the primary care unit showed the suspect of an acute pathology, so the patient was derivated to the hospital. Brain CT demonstrate acute stroke in right ACP.

Hallucinations can be defined as a perception-like experience with the clarity and impact of a true perception but without the external stimulation of the relevant sensory organ, though this belies the difficulty in discerning the boundaries between normal and abnormal perception. Transient or persistent loss of vision in one eye is a common and distinctive manifestation of occlusive vascular disease. Occasionally, both eyes are involved together or sequentially, with temporary or even permanent blindness. The internal carotid arteries supply blood to the organ of vision; therefore pathologies of those arteries caused by arteriosclerosis may have a direct influence on its functioning. The most common syndromes are temporary (amaurosis fugax) or constant reduction of visual acuity. In fundus examination central retinal artery occlusion and branch retinal artery occlusion are the most common diagnosis, while retinal vein occlusion, anterior ischemic optic neuropathy, ocular ischemic syndrome are less common. There are many clinical ophtlamological manifestations due to vascular brain damage. Proper recognition and diagnosis of the disease may protect the patient against serious life-threatening complications such as stroke





## Abstract topic

13. General practise best interventions

**Abstract ID:** E199/ID387

## Superior vena cava syndrome. A case report

Beatriz López Serrano<sup>1, a)</sup>, Pedro Medina Cuenca<sup>2, b)</sup>, Jeannet Dolores Sanchez Yopez<sup>3, c)</sup>, Adrian Wojcik<sup>3, d)</sup>, Sara Fernandez Bravo<sup>1, e)</sup>, Macarena Nuñez Cueto<sup>1, f)</sup>, Rayrinne Karina Marmolejos del Rosario<sup>1, g)</sup>, Sara Ramon Gutierrez<sup>1, h)</sup>, Carolina Lopez Olmeda<sup>3, i)</sup>, Almudena Garcia Uceda Sevilla<sup>3, j)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

We present the case of a young man of 18 years old who was attended in emergency department because of facial and neck inflammation with jugular ingurgitation in the last 2 days. In the hours prior to being seen in the emergency service, he had collateral circulation in the front upper thoracic region and facial cyanosis. The complementary tests: X ray showed upper mediastinal mass. After complete study in hospital the patient was diagnosed of superior vena cava syndrome caused by mediastinal mass damage to the blood stream to the right auricle. CT radiological diagnostic impression was of mediastinal mass and isolated lymphadenopathy suggesting lymphoma as the first possibility, especially Hodgkin's disease. Biopsies confirm de diagnosis.

Superior vena cava (SVC) syndrome is a critical medical condition that usually results from compression of the SVC by an intrathoracic mass. The majority of contemporary etiology of SVC syndrome are related to mediastinal malignancies and/or to the presence of intravascular devices.

The superior vena cava syndrome (SVCS) comprises various symptoms due to occlusion of the SVC, which can be easily obstructed by pathological conditions . The resulting increased venous pressure in the upper body may cause edema of the head, neck, and upper extremities, often associated with cyanosis, plethora, and distended subcutaneous vessels.

SVC syndrome portends a grim prognosis when associated with malignancy but usually responds to radiation or chemotherapy; CT scan is the best available method to document the extent and location of involvement.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E200/ID404

## Minor surgery in primary health care

João Salgado<sup>1, a)</sup>, Catarina Novais<sup>1, b)</sup>, Joaquim Santos<sup>1, c)</sup>, Cláudia Alves<sup>1, d)</sup>, Maria Filipa Figueiredo<sup>1, e)</sup>, Ema Mendonça<sup>1, f)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

Minor surgery represents a medical act, which can be performed in Primary Health Care, being cost-effective for the health system and very well accepted by patients, who benefit from a proximity service, with a faster response.

### Questions

The main goal of introducing the minor surgery in Family Primary Care Health Units was to promote patients access to simple therapeutic solutions, which are normally only available in some hospital specialties.

### Methods

Minor surgery was introduced in our Family Primary Care Health Unit in November 2022. The appointments take place every Thursday, between 8am and 11am. Patients can be referred to the minor surgery internally by any of the medical staff of our unit.

### Outcome

After only two months of existence, twenty one patients had been referred. Of these, ten consultations were made with ten lesions excised (two skin-tags, one wart, three sebaceous cysts, one seborrheic keratosis lesions, one nevu, one lipoma and one dermal neurofibroma). One appointment was canceled and ten were scheduled until February 2023.

### Discussion

Creating a specialized consultation for this purpose reduces the time interval between the initial contact and the implementation of the chosen intervention, thus avoiding hospital referrals. It is simple, safe, cost-effective and easily implemented in Family Health Units.

### Take Home Message for Practice

This consultation strengthens the proximity service provided by Family Medicine, with a high satisfaction rate from our patients. Minor surgery in Primary Health Care is of great value for patients and for the National Health System.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E201/ID432

## Cancer disease behind a tanned skin

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**Focus of the abstract:** Continuous Medical Education (CME)

Jaundice is a clinical sign characterized by the yellow coloration of the skin, conjunctivae or mucous membranes, secondary to the accumulation of bilirubin, detectable when it exceeds about 3 times the normal range (hyperbilirubinemia). These are common signs, and may have a varied etiology in terms of production, metabolism or elimination of bilirubin. Pancreatic neoplasia, whose clinical manifestations vary according to the location and histological type, may have jaundice as the initial presentation. Taking into account the associated malignancy, increasing incidence and rapid evolution, early detection and differential diagnosis are essential.

**Case Presentation:** Woman 52years, smoker, with a history of Asthma, allergic rhinitis, Dyslipidemia, and Depressive disorder, aggravated since January 2022, which led to regular appointments. In August, returns to reassess the therapeutic adjustment, assuming adherence and denying adverse effects. At this moment she had orange skin, but devalued calling it a "strange tan", assuming photoprotection and denying the use of carotenes, gastrointestinal or urinary alterations, weight loss, self-medication, or herbal medicines use. Physical examination showed apyrexia, jaundice on the skin, mucous and conjunctiva, epigastric abdominal discomfort and choluria. By medical suggestion, was referred directly to the Emergency Department, where completed study (analytical and imaging). This confirmed hepatic cholestasis, documenting alteration of hepatic function, hyperbilirubinemia, hyperamylasemia, and infiltrative lesion in cephalic region of pancreas suspected of neoplasm. Hospitalization confirms cephalopancreatic neoplasia, after a cholangiopancreatography (CPRE) and proposes adjuvant chemotherapy.

**Discussion:** This portrays the importance of complete objective examination for clinical practice and to differential diagnosis and suspicion of pancreatic malignancy.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E202/ID460

## Descriptive study of urine cytologies requested in a Spanish health area

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**Focus of the abstract:** Research

We collected demographic and clinical data and carried out a retrospective descriptive study of urine cytologies performed during 1 year in a basic health area of the Spanish Public Health Service.

In our study population (n=621), 54.64% were men, mean age 61.46 years, between 40-59 7.1%, between 60-79 46.9% and between 80-100 11%.

Urine cytologies by spontaneous micturition (99.35%), 0.64% was instrumentalized. Urine fixation, 84.57% of the studies did not refer.

The reason for consultation, in 53.94% did not refer, while in 37.35% was study of hematuria (macrohematuria 15.78% and microhematuria 21.57%), lower urinary tract symptoms (6.11%). 1.9% personal history of urothelial cell atypia or control after BCG treatment. The most frequent diagnosis (49.75%) were benign non-neoplastic alterations, among which hematuria (31.4%), crystalluria (14.65%) and cystitis (3.7%) were found. Urothelial cell atypia (UAC) was detected in up to 4.99%, while 42.9% were negative for malignancy.

After applying the spss statistical package, we found a relationship between AUC and previous tumor diagnosis or prior BCG treatment (11%) and macrohematuria (8%),  $p < 0.05$  compared to the overall population (5.37%).

AUC is more frequent in males (71.72%), in relation to females;  $p < 0.001$ .

In those over 80 years of age, AUC was 10.3%, compared to 5.3% in general population;  $p < 0.05$

In conclusion, it is important to add the reasons for consultation in requests for urinary cytology studies. Known strong association between age and sex and AUC.

Descriptive studies can help us to improve our daily consultation by providing data that can be improved.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E203/ID513

## When odynophagia turns out to be malignant

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**Focus of the abstract:** Continuous Medical Education (CME)

Oropharyngeal cancer is a malignant carcinoma located in the base of the tongue, vallecula, tonsils, pharynx or soft palate. Its diagnosis can be a significant clinical challenge.

The patient has recurred to outpatient consultation due to fatigue for medium effort, dizziness after the meals, palpitations and insomnia. At the same time he reported throat pain with local inflammation. In a time where the examination of the oral cavity was restricted due to COVID19 pandemic, it was not performed. The investigation was done with holter, echocardiogram and blood samples. Empiric antibiotherapy was started, but the pain didn't stop, it even got worse. Finally there was an examination of the oral cavity and observed a vascular mass in the left tongue, painful to the touch. A CT-Scan was performed and revealed an expansive lesion with infiltration, starting in the left tonsil and extending to surround structures. The patient was immediately referred to the ENT specialist, who diagnosed an invasive squamous cell carcinoma, p16+, T4aN1 and the patient started Chemotherapy.

90% of oropharyngeal cancers are squamous cell carcinomas. Infection by human papillomavirus (HPV) is strongly associated with this type of cancer and it is increasingly prevalent. Other risk factors include alcohol and tobacco consumption or immunosuppression. Signs and symptoms include dysphagia, ear pain, throat pain, hemoptysis, weight loss and fatigue. COVID19 pandemic contributed to a delayed diagnosis. This case shows the importance of an early diagnosis and a fast referral to the ENT specialist, seeking to optimize the care given to the patient







## Abstract topic

13. General practise best interventions

**Abstract ID:** E204/ID516

## Caring in relationship Empathy allows the caregiver to use their emotional intelligence skills

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**Focus of the abstract:** Continuous Medical Education (CME)

Emotional intelligence

based on based on 4 pillars and around twenty skills, on awareness and mastery of oneself and others.

6 ways to develop EI

empathy

three broad categories of social attitudes

Interactions and challenges of the singular doctor-patient colloquium

reciprocal interactions between the different dimensions of attachment, emotional regulation and empathy

conclusion/discussion : Better understanding what is happening to the person, joining them in what they are going through, finding the words and the right attitude are assets to support the patient in a unique and caring way.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E205/ID522

## Summary care records in Belgium: a campaign to improve both quantity and quality

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**Focus of the abstract:** Continuous Medical Education (CME)

### BACKGROUND

In 2005 the Belgian government introduced the ‘Summarized Electronic Health Record’ (Sumehr): a digital summary of the patient care record, made available by the GP for use by specialists and fellow GP’s during out-of-hours care. Today, Sumehrs are generally seen as an important tool for communication. But there is still room for improvement.

### QUESTIONS

A research report (2020) showed that there are still barriers for Sumehr consultation, and that there is a need for training on this topic. As a local GP committee, we asked ourself the question how we could improve the quantity, quality and use-rate of Sumehrs. How could we turn a dull-sounding acronym into an instrument worth putting effort into? How could we raise awareness amongst our members about the importance of good registration practices? (After all, the secret of good summary care records lies in well-structured patient records.)

### METHODS

In 2021 we decided to launch a campaign, named ‘Summer of Sumehr’. The campaign had a deliberate light and summery visual style and vibe. Its content was positive and supportive. We gave a voice to the end-users, shared tutorials on how to consult a Sumehr and spread testimonies about good registration practices.

In 2022 this campaign was picked up nationally.

### OUTCOME

It proved difficult to measure a direct effect. We believe that a yearly (national) campaign is needed to keep this subject top-of-mind.

### TAKE HOME MESSAGE

We want to encourage local and national GP organizations to conceive similar campaigns.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E206/ID598

## An uncommon cause for knee pain

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**Focus of the abstract:** Continuous Medical Education (CME)

This clinical report aims to reinforce two important aspects of Family Practise: the continuity of care and the need for a multidisciplinary vision and resource management.

The patient comes to the outpatient consultation reporting knee pain for two weeks and in the exam there was pain by active and passively mobilize the right knee and also when touching the joint line. A gonarthrosis was assumed and a NSAID was prescribed together with knee X-RAY. One month after he was still having pain, the X-Ray showed bilateral gonarthrosis and the right knee was reddish, swollen and warm so the patient was refered to Orthopedy Consultation. In the consultation with the orthopedist an arthrocentis was performed but the diagnosis was unclear and the patient was refered to Rheumatology. After the Rheumatology consultation an MRI was performed which has showed an extensive myositis of the muscules vastus internus and vastus externos, with swelling of the subcutaneous tissue of unknown cause. The muscular biopsy confirmed the diagnosis of focal myositis. The patient initiated corticotherapy and imunosupression.

Focal myositis is a pseudotumoral lesion of the striated muscle, inflammatory and bening of unknown cause and rare, with only a few hundred cases published. The diagnosis is essentially clinical and histological and its important that the family doctor has in mind the different diagnosis and that the patient is refered as soon as possible to secondary care, as was in this case, to start therapy.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E207/ID641

## COVID-19 and the appointment system of general practitioners in Belgium: results from the cross-sectional PRICOV-19 study

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**Focus of the abstract:** Research

The COVID-19 pandemic severely impacted general practitioners (GPs) and their practice organisation. For infection prevention and control, the adaptation of patient flow management was necessary. Using chi-square and logistic regression analyses, we examined the appointment system in Belgian GP practices during COVID-19 and its association with practice characteristics. Data collection took place using the online PRICOV-19 survey conducted in 479 GP practices. Five survey questions were selected as outcome variables. Results show that group practices, compared to smaller practices were more likely to show an informative online message on which complaints patients can come to the practice (Odds Ratio: 3.742) and less likely to have walk-in consultation hours still (OR 0.224). As opposed to rural-, big city- and suburb practices, practices in mixed urban-rural areas were less likely to ask for a reason when patients made an online appointment (OR 0.532) or an appointment by phone (OR 0.448). Practices in rural areas were less likely to ask for a reason when patients made an online appointment (OR 0.323) opposed to practices in bigger areas. If the infection risk is unclear, both practices in mixed urban-rural areas (OR 0.594) and rural areas (OR 0.197) were less likely to always call patients beforehand to verify this compared to practices in busier areas. Practices with a secretary more often asked for a reason when making an appointment by phone (OR 1.982). Further research on barriers to withholding GPs from implementing safe practice adjustments is essential to inform future policy interventions.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E208/ID654

## Chronic kidney disease among Polish patients with risk factors – epidemiological study preliminary data

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**Focus of the abstract:** Research

Chronic kidney disease (CKD) is a serious social problem. According to available data this condition affects 10-15% of the world's population. Our study aims to assess frequency of CKD among polish patients with risk factors of CKD in the medical history.

### Methods

The study was addressed to patients at risk of developing CKD (age 60-75 years, chronic diseases: diabetes, hypertension, obesity, heart and vascular diseases, kidney disease other than CKD and post-stroke condition. As part of the study, the doctor collected medical history, assessed the BMI and ordered a creatinine test with eGFR and ACR. Based on the first test, patients with abnormal results took control measurements of eGFR and/or ACR after 3-6 months.

### Results

The study involved 3891 patients with an average age of  $61.85 \pm 10.25$ . Among the risk factors for the development of CKD were: age over 60 years of age (67.1%), hypertension (66.4%) and obesity (45.7%). 659 patients had abnormal eGFR and/or ACR and were eligible for reassessment. Of these, 228 made repeated tests of eGFR and/or ACR. CKD was diagnosed in 182 (4.7%) patients by reassessment of parameters. Men ( $p=0.04$ ) suffering from diabetes ( $p<0.001$ ) and with heart failure ( $p=0.03$ ) were much more often diagnosed with CKD.

Preliminary results of the study indicate that abnormalities in the functioning of the kidneys are a significant health problem among patients at risk of developing CKD. Patients with diabetes, heart failure and male patients are much more likely to suffer from CKD in the 60-75 agegroup.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E209/ID682

### Corticosteroid injections in primary health care for periarticular disorders

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**Focus of the abstract:** Continuous Medical Education (CME)

#### Background

Corticosteroid injections represent a medical act, which can be performed in Primary Health Care, being cost-effective for the health system and very well accepted by patients, who benefit from a proximity service, with faster response.

#### Questions

Introducing corticosteroid injections in Family Health Units has the main goal of promoting patients access to simple therapeutic solutions for periarticular disorders, which are normally only available in hospital specialties, like Orthopaedics and Rheumatology.

#### Methods

Corticosteroid injections were introduced in our Family Health Unit in August 2021. The appointments take place every Wednesday, between 12pm-14pm. Patients can be referred internally to the consultation by the medical staff of our unit.

#### Outcome

After sixteen months, eighteen patients had been referred. All the patients had history of not responding to other therapies. Of these, eight consultations were made with twenty-four corticosteroid injections administered. Six patients canceled or failed the appointment. Four patients had their appointment scheduled for 2023. Every patient treated had complete remission of complaints.

#### Discussion

Creating a specialized consultation for this purpose reduces the time interval between the initial contact and the implementation of the chosen intervention, thus avoiding hospital referrals. It is simple, safe, easily implemented in Family Health Units and cost-effective when compared with hospital referrals and psychiatric treatments.

#### Take Home Message for Practice

This consultation strengthens the proximity service provided by Family Medicine, with a high satisfaction rate from our patients. Corticosteroid injections in Primary Health Care is of great value for patients and for the National Health System.







## Abstract topic

13. General practise best interventions

**Abstract ID:** E210/ID722

## Seriousness of the disease, the last trigger for behavioural change

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**Focus of the abstract:** Continuous Medical Education (CME)

Respiratory symptoms and exacerbation of Asthma and COPD are frequent causes of consultation. The two can coexist in Asthma-COPD overlap syndrome (ACOS) more frequent in smokers and +40.

ACOS patients present more respiratory symptoms, greater risk of exacerbation and hospitalisation and worse quality of life compared with isolated asthma or COPD. This case aims to illustrate the complexity of the syndrome and the importance of articulation between Family Medicine and Pneumology

The patient had a recent hospitalisation in an Intensive Care Unit with need of mechanic ventilation for exacerbation of ACOS. In its origin there is a long history of non adherence to therapy and heavy tobacco smoking. This hospitalisation was characterized by acute renal failure, ventilator associated pneumonia with bacteriemia and polineuropathy. She went under rehabilitation and home physiotherapy, and continued to be followed in Family Medicine and Pneumology and finally almost quitted smoking, smoking only 1 cigarette per day nowadays.

The absence of a clear definition, phenotypic heterogeneity, greater need of therapy and greater number of exacerbations, frequently with hospitalisation are major challenges for the management of ACOS. For a better control of symptoms and prevention of exacerbation its important the adherence to therapy and a multidisciplinary approach. Family doctors, being the first contact of the patient with the health system should be specially capable of early diagnosis, therapy and referral when needed, being also very important in helping the patient to change bad habits, that in this case only happened after a nearly fatal event.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E211/ID732

## Epidermolysis Bullosa: a rare case report

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**Focus of the abstract:** Continuous Medical Education (CME)

**Didactic method:** This report will review a rare case of Epidermolysis Bullosa (EB) in a newborn.

**Presented problem:** Female newborn, presented at birth with blisters on the face, neck, hands and thorax. Admitted to the Neonatal Intensive Care Unit for thirteen days without complications. Diagnosed with a mutation of the COL7A1 gene, cause of autosomal recessive Dystrophic EB.

**Management:** At the first primary care appointment the newborn was twenty days old and continued the vaccination program without interurrences. In the subsequent medical appointments, we reviewed the treatment plan and reinforced the wounds care routine twice a day. At twelve months old, she had normal growth and psychomotor development and was well adapted to the family/school environment. Parents main concern were the blisters that appeared with crawling, so they had to reinforce the protective bandages. Other follow-up: Dermatology, Ophthalmology, Gastroenterology, Nutrition.

**Outcome:** This case aims to reaffirm the empathic nature of Family Medicine. Despite being usually the first contact point with the patient, the Family Doctor (FD) also has the responsibility of care coordination, which means integrating clinical information from different medical specialties.

**Discussion:** EB is a rare condition (Portugal 2:100.000 habitants), so it's important that the FD maintain awareness of treatment specifications and the effects on family dynamic.

**What we can learn:** This comprehensive clinical approach will help us not only to assure an effective continuity of care throughout the patient's life, but also to diminish unnecessary interventions or repetitive examinations, contributing to a more efficient healthcare management.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E212/ID743

## Primary health care professionals' perspective on male family planning consultation

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**Focus of the abstract:** Research

**Background:** Family Planning (FP) activities represent a fundamental component of integrated reproductive health care. The Portuguese Directorate-General of Health's Reproductive Health advocates that reproductive health consists of physical, psychological, and social well-being and promotes the creation of conditions that facilitate access to this care for men, especially young men.

**Questions:** What is the perception of health professionals about the relevance of FP appointments for men.

**Methods:** Qualitative descriptive study based on focus groups. A convenience sample of 17 participants (medical residents/specialists and nurses) was used. Three online meetings were held in a semi-structured interview model, addressing: frequency, relevance, benefits, and limitations of conducting FP appointments in males. We also focused on specific groups, the pertinence of couple appointments and strategies to promote this appointment.

**Outcomes:** It was unanimous that the demand for FP appointments by men is low. Some explanations were cultural aspects and the terminology itself. Couple, preconception, adolescent and homosexual appointments were considered relevant. Regarding strategies, the change in terminology and the training of professionals were highlighted.

**Discussion:** FP appointments in men has numerous benefits. However, the expected obstacles led to some participants not considering it pertinent. The relevance of this appointment in numerous areas involving men was consensual. Thus, the training and availability of guidelines are essential to fill the gaps pointed out.

**Take Home Message for Practice:** FP appointment in men brings numerous benefits. Primary health care is in a central and privileged position in the health literacy of this population





## Abstract topic

13. General practise best interventions

**Abstract ID:** E213/ID756

## Transition to appointment system in a family health center in Turkey

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**Focus of the abstract:** Research

### Background

An efficient appointment system encourages more organized attendance and better care for chronic and other cases where follow-up is important. The appointment system in primary care is widely used in developed countries, but in many primary healthcare centers (PHC) in Turkey, the appointment system is not used. It is important to implement a well-planned transition process in implementing the appointment system. In this study, the transition process to the appointment system of PHC is mentioned in.

### Methods

Regular meetings were held with the participation of the lecturers of the department and assistant doctors working in the PHCs of Dokuz Eylul University. The date of transition to the appointment system was determined by evaluating the sociodemographic characteristics, needs and compliance of the registered patients, and a 6-month transition plan was made.

### Result

In this process, posters were hung on the boards of the PHC, hand brochures were distributed to patients. Every patient who visited the PHC was informed that they would switch to the appointment system. The online appointment system was evaluated. In this process, patients were encouraged to use the appointment system. Written and verbal reminders were made again. Priority was given to the patient with an appointment.

### Conclusion

It has been observed that with the transition to the appointment system in the PHC, the waiting times of the patients and the contact time of the patients with each other have decreased.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E214/ID759

## Exploring the use of group lifestyle consultations to achieve positive health outcomes

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**Focus of the abstract:** Research

Engaging patients to make lifestyle changes is difficult. Time pressures, lack of confidence in topics like nutrition, physical activity or coaching plus resistance from patients all lead to barriers. At the Leamington primary care network (PCN) we devised a new way to achieve our aims.

Utilizing non-GP staff at the PCN we formulated a group-based lifestyle clinic made up of 4x1hour sessions to alleviate time pressures by applying economies of scale as well as create safe engaging environments. It is led by highly skilled staff members confident in their understanding of nutrition (dietician), community engagement (social prescriber) and physical activity (Health and wellbeing coach).

The impact of the project has been significant over the last 2-years since its launch. Staff locally have found it extremely useful to refer patients into, overcoming the challenge of time and confidence. It has seen a 285% increase in the number of patients being referred and attending weight management services, diabetic prevention programs, and community groups. Patients have reported during pre/post session surveys improvements in their mood (4-point average reduction in their Patient Health Questionnaire-9) as well as 91% reporting an increase in their belief they can make a sustained change.

The program demonstrates that group-based clinics allow and facilitate connection, learning and engagement with local and national services. It does not exist to replace these existing pathways but to help act as a conduit to help encourage and support patients to start and continue with these programs.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E215/ID790

## Evaluation of distance learning courses of family medicine education and vocational training program by vocational trainees in the COVID-19 pandemic: a cross sectional study

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

Dokuz Eylul University Faculty of Medicine Department of Family Medicine (DEU) adapted an education and vocational training (VET) program for distance learning in COVID-19 period. Evaluation of VET programmes adapted to distance learning is important for its improvement.

### Question

What are the opinions of the VET trainees about the 2020-2021 VET programme completed with distance learning?

### Method

The content of the VET programme of DEU included 3 courses, 22 assistant seminars, 17 lecturer courses, 9 interval training courses, 56 article presentations, 24 thesis proposals, 11 thesis defense, 4 textbooks and movie activities. An online questionnaire which consists of 5-point Likert and open-ended questions that investigate the positive and need-to-development aspects sent to the participant.

### Outcomes

64 VET students participated in the study. Of the students, 75.0% of the courses, 87.5% of the instructor courses, 82.8% of the interval training, 87.6% of the assistant seminars, 76.6% of the movie book activities, and 82.8% of the article presentations and 89% of the thesis proposal and the thesis defenses stated that their expectations were met at a high level.

### Conclusion

Although it has become a necessity to conduct online courses, the online education model also has its own positive aspects.

### Take Home Message for Practice

We have determined from the feedback and evaluations of the students the educational activities that distance education used during the COVID 19 period can be effective. We adapted these training activities to our VET program in later years.







## Abstract topic

13. General practise best interventions

**Abstract ID:** E216/ID802

## Melanoma: the role of general and family medicine

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**Focus of the abstract:** Continuous Medical Education (CME)

Melanoma is the most aggressive skin cancer, representing an important cause of morbimortality, worldwide. Despite the increase of incidence, there is, nowadays, a decrease in mortality due to its early detection, allowing timely treatment and consequent increase in survival. Most of them arise as superficial tumors, confined to the epidermis, initially presenting horizontal growth, without invasion of deep structures. Gradually, melanoma tends to invade the dermis, in a vertical growth phase, with metastatic potential. Sun exposure is the main risk factor for its development, particularly if it is intense, even if intermittent, namely in relation to sunburns. It can appear in any skin location, being more frequent, contrary to other skin neoplasms, in body areas of seasonal exposure.

We present a case of a 53 years-old male, with no previous diseases, who presented for routine evaluation. During blood pressure measurement, an elevated skin lesion was identified in the dorsal side of the right wrist. It showed slightly irregular and assymetric borders, homogeneous dark melanic pigment, largest diameter of about 8 milimeters, standing out from the other local skin findings. This lesion had evolved for one year, with progressive growth. Patient denied the use of daily photoprotection. After complete excision and tomographic staging, a diagnosis of melanoma *in situ*, with no evidence of metastasis, was made.

Due to its aggressiveness, melanoma needs a delicate and multidisciplinary approach. In this context, General and Family Medicine has a paramount role, whose privileged relationship with patients allows for their early diagnosis and guidance.





## Abstract topic

13. General practise best interventions

**Abstract ID:** E217/ID878

## Comparative Effectiveness of First-Line Antihypertensive Medications on the Maintenance of Renal Function in Real-World Primary Care: A Retrospective Cohort Study

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**Focus of the abstract:** Research

### Background

Renin-angiotensin system inhibitors [RASi], including angiotensin-converting enzyme inhibitors [ACEIs] and angiotensin II receptor blockers [ARBs], are commonly used in the treatment of hypertension and are recommended for kidney protection. The study aims to determine the effectiveness of RASi on sustaining renal function in patients with hypertension using real-world primary care data.

### Methods and findings

A retrospective cohort study was conducted in a cluster of public primary care clinics in Singapore. Data were extracted and reviewed from the electronic medical records of newly diagnosed patients with hypertension and in CKD stages G1-G2, and initiated on ACEIs, ARBs, beta-blockers, calcium channel blockers or diuretics as first-line antihypertensive monotherapy. Their estimated glomerular filtration rate (eGFR) trajectories were compared across the classes of medications before and after the medication initiation to determine the time for it advance to the next CKD stage. Inverse probability of treatment weighting [IPTW] was used to adjust for baseline confounding factors.

Results:

After medication initiation in 19,499 Asian adults (mean age 64.1years, 43.5% males) with up to 8 years of follow-up, the baseline eGFR were maintained in the first follow-up year, compared to 3 mL/min/1.73m<sup>2</sup> annual decline without medication. ARBs were slightly inferior to ACEIs (HR=1.14, 95%CI=1.04, 1.23) and other antihypertensive medications (HR=1.10, 95%CI=1.01, 1.20) in retarding the eGFR and CKD decline in the study population.

### Conclusions

Initiating any antihypertensive medication maintain the eGFR in patients with hypertension in the first year. However, RASi has no significant advantage in sustaining their renal function over time.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P066/ID27

## Potential for emojis to facilitate communication between patients and healthcare professionals: results of a digital survey

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**Focus of the abstract:** Research

**Background:** Emojis are universal pictograms that convey emotion and have the potential to enhance patient–Healthcare Professional (HCP) communication.

**Questions:** How are emojis used? Could emojis be a tool to improve patient–HCP communication?

**Methods:** Members of the War On Cancer digital community participated in the survey between September and October 2021. Participants were asked how and if they used emojis in personal and healthcare communications, and to choose ≤5 emojis describing specific emotions.

**Outcomes:** Overall, 290 respondents from 22 countries (15–84 years; 73% were female; majority from Great Britain [38%] or Sweden [26%]) answered ≥1 of 26 questions. Among all respondents, 82% were patients with cancer, 12% were friends or family of someone with cancer, and 6% participated out of study interest. In personal conversations, 70% (n=197/280) of respondents frequently used emojis to express emotion; 37% (n=101/271) expressed no preference between emojis and words. In healthcare settings, 76% (n=197/258) of respondents rarely or never used text-based communications with HCPs but 62% (n=158/256) thought emojis could be or have been useful to express their feelings. Most respondents were positive about using emojis in healthcare communications: 37% agreed (n=97/262) emojis could help improve their communication with HCPs, whereas 35% were undecided. Most respondents chose similar emojis to represent specific emotions.

**Discussion:** Survey respondents perceived potential advantages of using emojis in patient–HCP communications. Further study is required on the benefits and practicalities of integrating emojis into healthcare communication.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P067/ID37

## Development of a face-to-face problem list; enabling care navigation and return to normality post Covid-19 pandemic

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**Focus of the abstract:** Research

### Background

As a consequence of the Covid-19 pandemic, the majority of appointments in General Practice moved to remote telephone consultations. Whilst effective for many presenting complaints, a large proportion of patients were noted to be initially consulted over telephone, then subsequently brought in for face-to-face assessment; thus duplicating appointments at a time of unprecedented NHS pressures.

### Questions

This study aimed to reduce appointment duplication through assessment of the use of face-to-face consultations, and therefore reduce pressures on a local General Practice.

### Method

Face-to-face consultations were coded on SystmOne over a four-week period, alongside retrospective documentation of presenting complaints and any prior telephone consultation. A subsequent problem list was developed for those presenting complaints frequently brought in for assessment, to allow care navigation to immediate face-to-face appointment from reception.

### Outcomes

Over a four-week period, 324 consultations were carried out face-to-face, of which 48.2% had beforehand been consulted via telephone. Presentations commonly converted to face-to-face assessment included shortness of breath, rashes and unwell children. Following introduction of the problem list, a re-audit over four-weeks found the number of face-to-face consultations had increased to 1314, with the proportion brought in following telephone assessment reducing to only 7.2%. Remaining vacant appointments in the periods audited increased from 11 to 62.

### Discussion

Introduction of a problem list allowed care navigation from reception, which vastly reduced conversion of telephone appointments to face-to-face assessments. Given current NHS pressures, this study has been vital in reducing appointment duplication and therefore saving a significant number of appointments.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P068/ID51

## Improving diabetes care by primary healthcare empowerment and continuous practice transformation in New York City, United States

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**Focus of the abstract:** Research

1/3 of our patients with diabetes have uncontrolled and/or untested diabetes. 37% of uncontrolled patients are taking insulin and/or non-insulin injection. A survey to our primary care physicians shows that many agree that lack of their skill in prescribing insulin, challenges in prescribing insulin via Electronic Medical Record (EMR) and the concern about the insulin cost are barriers to providing treatment.

Our question is whether elevating primary care physician's skill and transforming practice capabilities can improve diabetes care.

It is a prospective observation study with over 6000 diabetic patients at community clinics in New York City from 1/2021 to 12/2022.

During the first 15 months, the following practice transformation has been implemented:

**Enabling primary care physicians' skill in diabetes care:** In-service physicians safe insulin initiation/ titration and perform point of care Hemoglobin A1C test at the beginning of a visit

**Recalling diabetic patients for primary care visits quarterly and monitoring its completion rate.**

**A decision support tool** in EMR for uncontrolled diabetes and **a sustainable free insulin program** to patients without insurance have been introduced since May 2022.

With the above-mentioned interventions, the uncontrolled and untested Diabetes rate has been improved from 31% to 26.9% from quarter 1 (Q1) 2021 to Q3 2022.

Barriers to our project are: the needs of ongoing in-service to physicians, 60% follow up visits with physicians and out of pocket expenses for diabetic supplies.

Engaging primary care physicians and enhancing practice resources may have a great impact on improving diabetes care.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P069/ID343

## Statin therapy and creatine kinase

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**Focus of the abstract:** Continuous Medical Education (CME)

Creatine kinase (CK) catalyzes the conversion of creatine and uses adenosine triphosphate (ATP) to create phosphocreatine (PCr) and adenosine diphosphate (ADP), which happens when the muscle contracts. The activity of CK is the greatest in skeletal muscles (MM isoenzyme), heart tissue (MB isoenzyme) and brain (BB isoenzyme). Elevated CK level can be found after hard work, muscle trauma (intramuscular injection), myocardial infarction, diseases of skeletal muscles (polymyositis, dermatomyositis).

**Case report:** Male, 61 years old, with history of myocardial infarction (7 years ago), diabetes, hypertension, came for regular checkup. He is taking perindopril, amlodipine, metformin, nebivolol, aspirin, but he discontinued statin therapy. The patient has regular physical activity. Body mass index 32, arterial tension 150/100 mmHg, heart and lung normal on auscultation, ECG unremarkable, no murmur over carotid arteries, normal palpatory finding over abdomen. Fasting glucose 7.8, HbA1C 6.6%, creatinine 88, GFR 78, LDL 3.9, HDL 1.01, triglycerides 2.1, AST 21, ALT 21. Antihypertensive therapy was modified and rosuvastatin 20mg added to therapy. After 10 days he complained about muscle pain. CK was elevated 1170 U/L. For the first time patient recalls earlier muscle pain, while taking atorvastatin, that continued even after the drug administration ended. Physical examination revealed difficulty rising from squatting position. Rosuvastatin was discontinued and the patient was urgently sent to rheumatologist consultation. He was diagnosed with polymyositis, that has been worsened by statin therapy.

**Conclusion:** Even if the new generation of statins are indicated, there are still conditions that should be considered that limit their use.







## Abstract topic

13. General practise best interventions

**Abstract ID:** P070/ID360

## Enabling family medicine educators in India through a pioneering faculty development workshop

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**Focus of the abstract:** Research

### Background

A faculty development workshop was conducted by the Royal College of General Practice, UK and Christian Medical College, Vellore for delegates across Indian Family Medicine training programmes.

### Methods

The 3-day workshop in October 2022 was run by 7 Indian and 4 UK RCGP faculty for 27 delegates including 15 women. The content of the workshop included a range of educational theories, teaching methods, and aspects of educational leadership. Experiential learning was the key to the workshop and therefore a variety of educational methods were used to deliver the sessions.

Feedback was collected from participants about learning in the areas of curriculum implementation, planning a rotation, education methods, assessment methods and guiding research.

### Outcomes

All 27 participants provided feedback. 18/25 learnt about implementing the curriculum and foundation course. 12/23 mentioned that they will try bedside clinic, one-minute preceptor and case-based discussion for their residents. 19 participants planned to implement either Mini-Cex or field note as a tool for work-place based assessment. 18/27 participants were empowered to try new research methods.

### Discussion

The workshop sensitised the participants to educational theory and new approaches to education including the implementation of curriculum, and new educational and assessment methods. Most of their immediate feedback was recognised to be at the “Reaction level”. Further data from participants 3 months after the workshop will be collected to establish the “Learning” and “Behaviour” levels of change in the participants.

### Take Home Message for Practice

Faculty Development is core to the delivery of an educational programme





## Abstract topic

13. General practise best interventions

**Abstract ID:** P071/ID456

## How to unmask masked hypertension? the importance of home blood pressure monitoring

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Masked hypertension (MH) is more probable in patients with office normal-high blood pressure (BP) and to exclude arterial hypertension (AH) ambulatory blood pressure monitoring (ABPM) or home blood pressure monitoring (HBPM) should be performed. The prevalence of MH is higher in diabetics, estimated at 30% in those with normal-high office BP.

**Questions:** Can we improve MH screening with HBPM in diabetic patients with normal-high office BP?

**Methods:** Implementation of a quality improvement cycle to optimize MH screening in diabetic patients with normal-high office BP at a Family Health Unit. Two interventions were performed, where retrospective results of MH screening were presented to GPs and clinical recommendations reviewed. Of the total 263 diabetic patients without AH, 86 accepted to participate in this study and 37 were selected according to inclusion/exclusion criteria. We evaluated the request and registration of HBPM results and subsequent diagnostic criteria for AH.

**Outcomes:** We obtained an improvement in MH screening in diabetic patients with normal-high office BP with HBPM, which increased from 0%, prior to the beginning of quality improvement cycle, to 50% after the 2<sup>nd</sup> intervention. The increase in HBPM request by GPs resulted in 3 new diagnoses of AH .

**Discussion:** This quality improvement cycle resulted in the improvement of medical practice through awareness of the importance of MH screening within the diabetic population, due to its significant cardiovascular risk and greater probability of MH.

**Take-Home Message for Practice:** Family doctors should consider screening MH in diabetic patients with high-normal BP using HBPM.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P072/ID509

## Use of vaginal tampon or menstrual cup and expulsion of intrauterine devices: an evidence-based review

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**Focus of the abstract:** Continuous Medical Education (CME)

Intrauterine devices (IUD) are long-lasting methods with high effectiveness and safety. One of the side effects described is expulsion.

During the menstrual period, the woman uses different menstrual hygiene products. However, there are few studies about the use and risk associated with expelling IUD. The aim of this study is to review current scientific evidence on the use of vaginal tampons and menstrual cups and the risk of expelling IUD.

A literature search was carried out using the MeSH terms “Menstrual hygiene products” and “Intrauterine devices”. The inclusion of articles in the review was based on the PICO model, Population: Women with IUD; Intervention: Use of vaginal tampon or menstrual cup; Comparison: use of other menstrual hygiene products; Outcome: expulsion from the IUD. The Strength of Recommendation Taxonomy was used to assess the levels of evidence and assign strengths of recommendation.

From the research performed, 41 articles were found, 3 of which met the inclusion criteria: a series of clinical cases and two original studies. A significant positive correlation between menstrual cup use and IUD expulsion was found in one of the studies. In another studies, divergent results were found that did not show any association. Regarding vaginal tampon use and expulsion of IUD, studies did not find any association.

The studies on this topic are scarce, present different conclusions and have important limitations. The relevance of this theme justifies further studies with appropriate methodologies.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P073/ID621

## Bibliometric analysis of medical speciality dissertations studies in family medicine departments and clinics between 2000-2020

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**Focus of the abstract:** Research

**Background:** The thesis is a scientific research and as a result of this research, a contribution to science will be made. The next stage is to share the findings of the research in the scientific community.

**Questions:** What are the topics and publication rates of dissertations in family medicine specialty in Turkey?

**Methods:** This descriptive study was conducted by examining 1628 dissertations in the field of family medicine specialization between January 1, 2000 and 2020. Information about the dissertations was recorded and the conversion of the dissertations into articles and the journal indexes, Q-classification of the publications of the dissertations were determined.

**Outcomes:** Most frequently selected topics in dissertations were preventive health services (8.7%), anxiety and depression (7.1%) and diabetes mellitus (6.1%). Project support was received in 161 (9.9%), laboratories were used in 234 (14.4%) and radiologic tests were used in 96 (5.6%) of the dissertations. The use of project support, laboratory and radiologic tests decreased statistically significantly over the years ( $p < 0.05$ ). 458 (28.1%) of the dissertations were published in any journal. 92 (20.1%) of the publications were published in SCI/SCI Expanded.

**Discussion:** Clinical studies using laboratory and radiologic methods should be emphasized in dissertations in the field of family medicine specialization in order to contribute to the literature.

**Take Home Message for Practice:** Although it is seen that the discipline of Family Medicine is gradually strengthening, the stage of turning theses into articles should be encouraged more, and the experience of dissertations advisors in this regard gains importance.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P074/ID735

## Is there a relationship between the use of statins and the improvement of erectile dysfunction symptoms? - An evidence-based review.

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**Focus of the abstract:** Research

**Introduction:** several scientific studies have tried to evaluate the non-vascular effects of statins. The effects of these in improving Erectile Dysfunction (ED) are still to be explained. Since ED is recognized as an early marker of cardiovascular disease, it is urgent to identify therapies that can positively contribute to the treatment of this problem and to cardiovascular prevention, the primary objective of the practice of General and Family Medicine.

**Objectives:** to analyze the existing evidence between the use of statins and symptomatic improvement in patients diagnosed with ED.

**Methodology:** meta-analyses, evidence-based reviews, randomized clinical trials and guidelines with a time span of 10 years. The MeSH terms "erectile dysfunction" and "statins" were used for research on Evidence-Based Medicine sites. Evidence level and recommendation strength were based on the American Family Physician's Taxonomy. **Results:** after applying the inclusion criteria, only 6 articles were selected for the study. We included 3 clinical trials, 2 systematic reviews and 1 meta-analysis. Except for one of the studies, all of them show that ED seems to improve with the use of statins.

**Discussion:** it's hard to establish a causal relation between the statins' use and ED improvement, given the contrary conclusions of current studies. However, there seems to be statistically significant evidence and, therefore, the authors of this review attribute a B recommendation grade to this premise. Further studies are needed to corroborate this relationship, as statins are one of the cornerstones in the prevention of cardiovascular disease.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P075/ID762

## Modified Infiltration Technique for Cutaneous Nerve Entrapment Syndrome -A Case Series

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**Focus of the abstract:** Research

### Background:

Lateral thoracic or abdominal cutaneous nerve entrapment syndrome is a common ailment. This condition refers to the pain originating from thoracic or abdominal wall which is often misdiagnosed as arising from a source inside the thoracic or abdominal cavity, When correctly diagnosed we find clinicians are hesitant to definitively perform therapeutic intervention out of fear of causing harm.

### Research questions:

We postulate that a simple manoeuvre of manipulating the soft tissue in the region of the of the culprit trigger zone of the pain constitutes a safer procedure.

### Method:

Consecutive patients assumed accurately diagnosed with torso wall pain as a result of cutaneous nerve entrapment were treated by an infiltration of a mixture of a steroid together with a short and longer acting anaesthetic. This is performed with the contralateral hand holding the soft tissue overlying the injected area away from the body surface in a pinching fashion while the dominant hand injects the fascial plane parallel to the torso wall.

### Results:

18 cases underwent the procedure. 10 men and 8 women. 3 cases were thoracic and 15 abdominal. Right side 11 Left side 7 one case bilateral. 4 of the patients were pregnant, three post surgical. In all cases the procedure was deemed successful with full improvement immediately after the treatment.

### Conclusions:

The modified infiltration technique for treating cutaneous nerve entrapment seems a promising, rewarding and effective treatment worthy of wide dissemination and clinicians the world over.







## Abstract topic

13. General practise best interventions

**Abstract ID:** P076/ID771

## Overtreatment or underdiagnosis of vitamin D deficiency?

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**Focus of the abstract:** Research

**Background:** Vitamin D has many roles in major physiological processes, which are still being discovered. In the last years there has been an exponential increase in the number of vitamin D determinations, diagnosis registration and its supplementation, therefore translating into a great economical cost leading us to question if the actual criteria for vitamin D deficiency screening is indeed fitting.

**Questions:** To determine de adequacy in in the prescription of supplementary treatmeant with vitamin D.

**Methods:** Retrospective descriptive study comparing the number of people diagnosed with vitamin D deficiency between 2012-2022, and the number of people with a prescription with supplementary treatment. Setting: urban primary care center. Sample size: the entire population of the primary care center. Inclusion criteria: all patients diagnosed with vitamin D deficiency using a code and all those with a supplementary treatment. Exclusion criteria: not meeting the inclusion criteria. Ethical aspects: Aggregated population data were used, anonymous and with low risk of traceability; no access to any personal data has been required.

**Outcomes:** Of a total of 10,345 patients with a prescription for supplementary treatment with vitamin D only 1,517 patients have registered a diagnosis of vitamin D deficiency (73% women with a mean age of 65 years).

**Conclusions:** There is a disparity between the number of patients diagnosed with vitamin D deficiency and the number of patients prescribed with supplementary treatment, therefore showing a yet to prove lack of consensus in the screening criteria for vitamin D deficiency and treatment.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P078/ID818

### The factor associated with the implementation of safety measures for patients taking alendronate: a retrospective study

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**Focus of the abstract:** Continuous Medical Education (CME)

Background:

Correcting calcium and vitamin D deficiencies before initiating anti-osteoporotic therapy was recommended by AACE Clinical Practice Guidelines in 2020. Hypocalcemia caused by alendronate has been reported. Limited data exists regarding safety measures for patients taking alendronate.

Questions:

What are the factors that influence the implementation of safety measures in patients taking alendronate?

Methods:

We identified patients newly initiated on alendronate therapy from 2019 to 2021 in a single hospital and examined whether they had serum calcium examinations and renal function tests to evaluate potential safety issues. A chi-square test was used to examine the factors associated with the implementation of safety measures.

Outcomes:

Out of 125 patients identified, only 13.6% patients had serum calcium examinations, 67.2% patients had renal function tests, and no one had vitamin D examinations before taking alendronate. 11.2% patients had serum calcium monitoring after alendronate therapy, and 28% of them had hypocalcemia. Hospitalization three months before alendronate therapy was associated with renal function and serum calcium monitoring, while multidisciplinary clinic visits, age and duration of alendronate use were not.

Discussion:

The percentage of patients who had serum calcium tests before and after alendronate therapy was low. This may indicate an oversight in identifying hypocalcemia before initiating alendronate therapy. Greater efforts should be made to improve patient screening and monitoring for when initiating alendronate therapy.

Take Home Message for Practice

Safety measures including monitoring serum calcium should be implemented in patients taking alendronate, especially in those without hospitalization three months before initiating alendronate therapy.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P079/ID824

### A cervical mass hiding two cancers.

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**Focus of the abstract:** Continuous Medical Education (CME)

75-year-old male, with a history of prostate adenoma, reports loss of 9 kg in 6 months and hard cervical mass. Denies accompanying symptoms. In the examination a left cervical stone mass is palpated. Ultrasound is performed in the office where a heterogeneous mass of 3x1.5 cm with positive Doppler was observed.

Blood test shows PSA 34.52 ng/mL and occult blood in stool. Chest x-ray with multiple bilateral masses that impress of metastases in detachable balloons" image.

The patient is referred to Internal Medicine that request Computerized Tomography in which neoplasia of the recto sigma is observed with multiple adenopathies in the abdomen and chest. And prostate biopsy showing acinar adenocarcinoma Gleason 6.

Colonoscopy confirms neoplasia in the sigma with stenosis, whereby the patient is admitted months later for abdominal obstruction treated with stent. Cervical adenocarcinoma conglomerate assessment of fine needle puncture-aspiration is performed that is compatible with intestinal adenocarcinoma.

The patient is referred to oncology where treatment with chemotherapy is initiated. After six cycles, the patient has reduced the size of all the adenopathies.

The use of ultrasound in primary care is essential to be able to quickly diagnose urgent pathologies such as this patient. In this case, thanks to being able to perform the tests in 3 days, the patient has saved an insidious diagnostic process that delayed months the start of treatment.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P080/ID877

## Diagnosing sweet syndrome in primary care: an opportunity to develop efficient services between generalists and specialists

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Skin conditions are the most common presentations in primary care. Most of these are managed by generalist without specialist consultation.

**Questions:** Will the dermatology dialogue between primary and secondary care (DDPS) in combination with wide availability of skin biopsy at primary care enhance effective management in timely manner?

**Methods:** A case study method was employed in this study. An elderly female patient of 73 years age attended the general practice with two weeks history of generally unwell and a painful lesion in left lupper leg which started after gardening. She was started on antibiotics, sent for routine blood tests and arranged a follow up. Her blood tests showed raised CRP and leucocytes. Two weeks later, her skin lesion increased rapidly in size which prompted her referral to dermalogy clinic for suspected sweet syndrome and to rule out any underlying malignancy.

**Outcomes:** She was seen in dermatology clinic he had skin biopsy done which showed ulceration and nectrotic inflammation predominantly associated with neutrophils. No true vasculitis seen on biopsy and histology supported the clinical diagnosis of sweet syndrome. This could have accelrated the process if biopsy were available in primary care.

**Discussion:** It is evident from the literature review that most the skin condition referrals to specialist proved to be benign after long waiting period.

**Take Home Message for Practice:** The combined service of DDPS and skin biopsy in primary care will aid to identify the patients who need to be retained in primary care or referred urgently to specialist.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P081/ID896

## Increasing the Competence of Family Physicians in Diagnosing Cow's Milk Protein Allergy: Study protochol

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

Cow's milk protein allergy (CMPA) is the most common food allergy in early childhood.

### Question

The aim of this study is to determine the effect of an educational intervention on the family physicians working in Izmir on their recognition of CMPA.

### Method

The research is an intervention study and its population is family physicians who work in Izmir city center and volunteer to work (n = 1350). 95% confidence interval, 5% margin of error, 80% power, control/study group ratio 1.0; When the desired change is taken as 40% in the intervention group and 10% in the control group, the number of samples is calculated as 76 (38 interventions, 38 controls). When 20% possible losses are added, the groups will be taken as 46 participants. First of all, it will be learned from the records how many babies in the last 6 months in both groups were diagnosed with CMPA in their first 6 months of age. While the intervention group is given a structured training that will enable the development of CMPA diagnostic skills with the clinical scoring tool (Cow's milk related symptom score CoMiSS), which has been proven to be valid and reliable, the control group will not be interfered with; 6 months after records will be examined in both groups.

### Outcome

Misdiagnosis leads to unnecessary diet and omitting the real cause.

### Discussion

Recognising CMPA by family physicians can increase the success of early diagnosis and treatment.

Take home messages for practice

Educational activities will increase recognition.





## Abstract topic

13. General practise best interventions

**Abstract ID:** P082/ID931

## Long acting contraception in primary care - a new approach

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

According to the World Health Organization, ensuring access for all people to their preferred contraceptive methods advances several human rights including the right to life and liberty, freedom of opinion and expression and the right to work and education. Therefore, family planning consultations at primary care level are fundamental in this process, providing adequate sexual and reproductive health care to the population. In Portugal, most contraceptive methods are available for free in health care units. Thus, family doctors should have the ability to advise women on these topics and provide the chosen contraceptive method.

### Questions / Discussion Point

The need to create a specific consultation consisting of placing and removing long-acting reversible contraception (LARCs) open to all female patients of a health center.

### Content

Due to the large proportion of women of childbearing age in our unit who would benefit from choosing LARCs, this specialized consultation was created. It was performed by a team of trainee doctors, increasing their technical skills, and promoting safe and responsible reproductive health.

### Take Home Message for Practice

We aimed to promote health literacy regarding sexual health and provide women with safe and effective contraception, always respecting their personal choices.







## 14. Making choices in general practice

### Abstract topic

14. Making choices in general practice

**Abstract ID:** E219/ID68

### About a case: hypertensive emergency

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**Focus of the abstract:** Continuous Medical Education (CME)

Didactic method: making good choice in medical practice.

Presented problem: A case about a male evaluated in primary care emergencies is presented. He came due to a general discomfort clinic of 24h of evolution. On examination, high blood pressure figures stand out, as well as atypical neurological involvement: left dysmetria.

Management: Stroke code was activated and the patient was referred to the hospital emergency room.

Outcome: Subsequent study of the case confirmed lesions in target organs with also myocardial infarction and ischemic stroke with serious sequelae.

Discussion: When studying the history, the patient had repeatedly elevated blood pressure in Primary Care that has never been treated. Likely, the patient had not been properly explained the risks of not treating his hypertension and he did not understand the complications that could be caused by not taking the prescribed treatment.

What we can learn from this/open questions: Actually, disease control may remain poor. That's an example of uncontrolled hypertension that, if it had been treated at time, could have prevented a fatal evolution with sequelae.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E221/ID128

## When the prescription does not fit: a case of complicated cellulite

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**Focus of the abstract:** Continuous Medical Education (CME)

Skin lesions are a frequent reason for Family Physician (FP) consultation. The variety of presentations requires a detailed anamnesis and physical examination (PE) in order to guide diagnosis. This case reports a frequent cutaneous pathology, where the correct diagnosis and treatment are fundamental.

Male, 56 yo. Personal history of diabetes, obesity and dyslipidemia. The patient presents in the ER a small reddish painful lesion on the anterior region of the right leg with 2 days evolution and associated local heat. No history of trauma. He was discharged with a diagnosis of cellulitis and treated with naproxen 500mg 3id and flucloxacillin 500mg 2id. Due to non-resolution, he returned to his FP. In the PE, he presented an erythematous-violaceous lesion with elevated and ill-defined borders, with edema and violaceous blisters in the right leg and extension to the thigh, with a swelling area. Given the worsening clinical evolution, the patient was referred to the ER and admitted to the Internal Medicine, medicated with IV clindamycin, with a subsequent favorable evolution.

The term cellulitis is generally used to indicate a non-necrotizing inflammation of the skin and subcutaneous tissues, generally due to acute infection. It presents 4 cardinal signs: flushing, heat, pain, and edema. The concomitant appearance of fever, violaceous blisters, hypotension or rapid progression of the lesion should motivate urgent evaluation. Treatment relies on antibiotic therapy and the use of NSAIDs for analgesia.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E222/ID172

## Knowledge and opinion about rare diseases among medicine students, are they more rare than we think?

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**Focus of the abstract:** Research

**Background:** EU defines a rare disease(RD) as that with a prevalence of less than 5/10,000 inhabitants. There is much ignorance about them for population and health professionals.

**Question:** Analyze knowledge and opinion about rare diseases of medicine students

**Methods:** Cross-sectional study conducted with surveys to medicine students in their final year, in Santander (Spain). We analyze knowledge, training, interest, needs and demands on rare diseases.

**Outcomes:** 36 surveys (83.3% women) with a mean age of 24.3±3.4years; progeria were the best known (6.1%); 77.8% had not received specific training, 44.4% knew the correct prevalence of RD, for 88.9% the main etiology was genetic, 44.4% knew orphan drugs. For 66.7% RD are diagnosed mainly in hospital, but follow-up in primary care (52.8%); 88.9% knew an information portal, mainly ORPHANET (96.9%); 83.3% did not know any association of patients. 86.1% were interested in RD, 94.4% knew the genetic counseling; 100% thought that diagnosis is slow, mainly between 5 and 10 years (61.1%). For 94.4% more information is needed for the population and more training in the career (88.9%).

**Discussion:** Medicine students near graduation have a lot of ignorance about RD. However, there is interest in this topic. ORPHANET portal seems the best known.

**Take Home Message for Practice:** There is a need to improve pregraduate training on rare diseases.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E223/ID367

### Urgent care in arrowhead wound

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**Focus of the abstract:** Continuous Medical Education (CME)

**BACKGROUND:** Although most arrow injuries are survivable, they can potentially lead to death. This case occurred in a primary care center in a Spanish rural area, kilometers away from the nearest hospital

**CASE DESCRIPTION:** A 22-year-old patient came urgently with an arrow stuck in the leg and an open wound. He was slightly disoriented and intensely pale. A 1cm entrance orifice with blood exudate was observed, without presenting an exit orifice. There were no signs of inflammation or infection, no loss of strength or sensitivity. Distal pulses were present. Two peripheral venous lines were cannulated, and analgesia and antibiotic prophylaxis were administered. An x-ray was performed: a hyperdense conical object of approximately 3.5cm was seen, without appreciating bone lesion. The patient underwent emergency surgery to remove the sharp object.

**DISCUSSION:** The initial management of these wounds involves ensuring airway breathing, bleeding control, and replacement of volume. To control the bleeding, a sequence must be followed: first you must try to control it with direct pressure together with compression bandages, if it is not effective a tourniquet or application of hemostatic agents is performed, depending on where the location of the bleeding point. Fluid therapy must also be considered in this initial management.

**CONCLUSION:** Wounds made by arrows usually consist of an entry wound but there may or may not be an exit wound. The control of circulation is prioritized when it endangers the life of the patient. To control bleeding, a sequence must be followed.

**KEYWORDS:** Arrow, wound, treatment





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E224/ID533

## Symptomatic abdominal aortic aneurysm

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**Focus of the abstract:** Continuous Medical Education (CME)

**Introduction:** The prevalence of AAA range from 2% to 12% and is found in about 8% of men more than 65 years. Risk factors include cigarette smoking, advanced age, dyslipidemia, hypertension and coronary artery disease.

**Case report:** This clinical case reports a 74-year-old man who was observed on a scheduled consultation with intense bilateral low back pain, without history of trauma, unresponsive to high opioid therapy. His general practitioner referenced to hospital emergency due his medical history. CT scan was requested, which showed a “excentric mural trombosis. Slighly hiperdensity in the trombus interior, not being possible to exclude eventual rupture”. Transferred to Vascular Surgery and underwent surgical correction of his aneurysm.

**Comment:** This case alerts to the existence of a rare pathology, but of high severity, which can arise in the context of primary health care. The knowledge of the patient’s clinical history by the general practitioner contributed to an early diagnosis and referral.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E225/ID594

### deep vein thrombosis – management

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**Focus of the abstract:** Continuous Medical Education (CME)

#### Introduction

A 70-year-old patient consulted for pain in the left lower limb of several days, after previous immobilisation. Personal history: chronic lymphoid leukaemia B in relapse after chemotherapy treatment, possible idiopathic organised pneumonia in treatment with corticoids, degenerative arthropathy and osteoporosis

#### Aim of the poster

Review the correct management of DVT based on a case

#### Discussion

On examination, there was an increase in temperature and pain in the posterior region of the left leg, with no erythema or oedema. In view of the findings and her personal history, she was referred to emergency department, where after re-exploring, D-dimer was requested with the result 1968. A Doppler ultrasound was performed, which reported "DVT in the popliteal territory, tibioperoneal trunks and left external twin branches". In view of the results, she was admitted and treated with low molecular weight heparin every 12 hours.

Conclusion: DVT is relatively frequent, mainly affecting the lower limbs, with high mortality (6%, due to pulmonary thromboembolism) and significant morbidity (20-50% post-thrombotic syndrome, 3% pulmonary hypertension, and 40% recurrence). Diagnosis is based on a clinical approach (pain, oedema and erythema), Wells Scale and confirmation with D-dimer determination and imaging tests. The Wells scale classifies patients into high probability ( $\geq 2$ ), direct Doppler ultrasound; and low/moderate probability ( $\leq 1$ ), first D-dimer determination (high negative predictive value). In our case, the Wells scale was not calculated (score 2), and D-dimer determination was performed unnecessary. It is important to follow the guidelines to reach an early and correct diagnosis, avoiding unnecessary tests.







## Abstract topic

14. Making choices in general practice

**Abstract ID:** E226/ID604

## Persistent diarrhea following an infectious disease

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**Focus of the abstract:** Continuous Medical Education (CME)

### Current medical history:

A 33-year-old man with no previous relevant medical history attended to primary care on visit 1 for food poisoning symptoms after a barbecue. He was tested for persistent watery diarrhea. Stool sample showed Giardia Lamblia infection. He was successfully treated with Tinidazole: two-grams single dose.

At visit 2, three weeks later, watery diarrhea persisted of up to 4 stools/day with no other concomitant symptoms. Physical examination was anodyne with normal vital measures. Initially diagnosed as acute gastroenteritis astringent diet and hydration prescribed.

At visit 3, 17 days later, symptoms persisted. Persistent diarrhea was diagnosed and the study was initiated.

### Differential diagnosis:

- Chronic Giardia infection with recurrent episode
- Other infectious etiology
- Brainerd's Diarrhea, Tropical Sprue
- Post-infectious sequelae: lactose intolerance, bacterial overgrowth (SIBO) or post-infectious irritable bowel syndrome.
- Others: celiac disease, bile acid malabsorption, microscopic colitis, inflammatory bowel disease.

### Diagnostic studies:

Stool culture and parasites in stool: negative. Laboratory tests revealed positive anti-endomysium, and anti-transglutaminase antibodies.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E227/ID609

## Working mum with fever is not always a cold

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**Focus of the abstract:** Continuous Medical Education (CME)

**CURRENT PROBLEM:** 40 year old female, married and working mother of a 1,5 year toddler, with recurrent mild fever.

**PAST MEDICAL HISTORY:** mitral prolapse, ventricular ectopic beats and anxiety.

**CURRENT MEDICAL HISTORY:** She attended to the surgery for a second episode of mild fever without any specific origin, in both occasions self-limited within 48 hours. Those past two episodes of fever coincided in time with her year and half daughter suffering from a cold. The patient did not mention anything on her second visit but it was obvious that she had lost weight. She did not pay attention to it and related to her stressful life as a working mum and skipping meals. Three months later she attended again complaining of an epigastric pain.

**PHYSICAL EXAMINATION:** only remarkable temperature 37.3° and 3,5kg weight loss.

**DIAGNOSTIC STUDIES:** chest xray and blood test with serum protein electrophoresis which showed monoclonal gammopathy IgMkappa 0.74g/dL. Gastroscopy which showed ulceration with a 1cm incision. Histology: B Cell lymphoid infiltrate MALT type lymphoma (*mucosa associated lymphoid tissue*), H. pylori negative.

**CLINICAL ASSESMENT:** After a recurrent fever without clear origin and weight loss we should always consider: infections, inflammatory diseases and cancer.

**CONCLUSIONS** Medical history starts the moment the patient comes in our consultation room and we have to be aware of the non verbal information. It is also very important to know the patient's social background but we have to be alert to red flag signs and have quick access to clinical investigations.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E228/ID679

### Massive subcutaneous emphysema: management in primary care emergencies.

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**Focus of the abstract:** Continuous Medical Education (CME)

71-year-old male patient with a history of recently diagnosed metastatic adenocarcinoma presented in the Primary Care center due to chest and neck edema of 6 hours of evolution that has been increasing progressively, together with dysphonia and dysphagia. He denies dyspnea, but reports a slight feeling of cervical tightness. A pleurodesis was performed due to metastatic pleural effusion 7 days before.

Examination and diagnostic studies

Hemodynamically stable, oxygen saturation of 93-95%. Diminished breath sounds. Facial, cervical and upper thoracic distribution edema. Crackles were noted around his neck and chest area. An urgent chest X-ray was performed, which revealed cervical and thoracic subcutaneous emphysema as well as the presence of pneumomediastinum in a lateral projection. He was transferred to the emergency room of the hospital where a chest CT scan was performed which revealed an important right hydropneumothorax communicated with superficial planes through the thoracoscopy path with very extensive subcutaneous emphysema.

Orientation

Massive subcutaneous emphysema secondary to thoracoscopy. Urgent thoracentesis with chest drainage was performed.

Differential diagnosis

Superior vena cava syndrome. Central vein thrombosis. Pneumothorax. Anaphylaxis.

Conclusions

The main etiology of subcutaneous emphysema is rupture of the respiratory tree. Other causes such as esophageal perforation, trauma, and surgical procedures such as thoracoscopy have been described also. The diagnosis is clinical supported by a simple X-ray of the chest and/or abdomen that confirms the presence of gas in the tissues. It is necessary to remark the importance of a correct anamnesis and physical examination for early identification, diagnosis and treatment.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E229/ID685

## Herpes-Zoster in a pregnant woman - an atypical case report

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**Focus of the abstract:** Continuous Medical Education (CME)

Varicella-Zoster virus (VZV) infection can cause two distinct diseases: the primary infection with VZV results in varicella (chickenpox) and the reactivation of latent VZV lodged in the sensory ganglia during varicella, resulting in Herpes-Zoster (or Shingles) which is characterized by a unilateral, painful vesicular eruption that typically spreads contiguously by a single or two dermatomes.

A 34-year-old woman with gravida 2, para 0+1, at 24 weeks 1 day pregnancy with a history of asthma, chronic venous insufficiency, polycystic ovary syndrome and chickenpox in childhood was presented with an erythematous, pruritic and painless eruption on the right flank, hypogastrium and the posterior region of the right thigh, since 4 days prior. We could identify vesicular lesions on an erythematous background, pruritic and painless, crusted lesions and two small pustules. She went to the Emergency Department the day before and topical symptomatic treatment was proposed and reassessment by Dermatology was recommended in case of persistent complaints. The diagnostic hypothesis of Herpes-Zoster arises, thus, proper discussion with Dermatology colleague and urgent hospital referral were made. The patient was observed the following day, confirming the diagnosis and targeted therapy was administered.

In addition to the diagnostic challenge due to the atypical presentation, we were dealing with a pregnant woman. The urgency to treat and possible teratogenicity are factors complicating the approach. The truth is that there is no correlation with a significant risk of congenital varicella for the fetus and a pregnant woman should be treated as an immunocompetent person.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E230/ID706

## Stroke and transient ischemic attack - characterization of patients and their follow-up in a Healthcare Center

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**Focus of the abstract:** Research

**Introduction:** Stroke is a medical emergency and the main cause of death and permanent disability in Portugal.

**Objective:** Characterize the group of patients in the Healthcare Center (HC) who suffered stroke and/or transient ischemic attack (TIA) and post-event follow-up.

**Methods:** Retrospective, observational study. Population: users with follow-up at the HC. Inclusion criteria: users with stroke and/or TIA coded between 01/01/2020 and 31/12/2021. Exclusion criteria: users without at least one appointment in the year prior to the event and who died during this period. Data: sex, age, comorbidities, body mass index (BMI), habits, metabolic control data, and follow-up in medical appointments. Data obtained by consulting clinical records and processed using Microsoft Excel<sup>®</sup>.

**Results:** Of the 26 patients included in the study, 73,1% had a Stroke, 26,9 % had a TIA and 65,4% were male. Regarding comorbidities, 73,1% had hypertension, 15,4% diabetes and 65,4% dyslipidaemia, with only 3 users having a lipoprotein cholesterol below 70 mg/dL. 30,8% were alcohol consumers. Only 12 had records of BMI before the event, 83,3% of which being overweight. Regarding post-event follow-up, 69,2% had an appointment in HC in the first month and 80,8% in the first year after the event.

**Discussion/Conclusions:** The number of strokes in Europe is expected to increase by 23% until 2030. That being said, the family doctor has a crucial role in prevention, rehabilitation and control of cardiovascular risk factors.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E231/ID720

## Gender-based violence detection: a challenge to family doctors

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**Focus of the abstract:** Continuous Medical Education (CME)

A 34-year-old woman comes to the practice to renew her chronic prescription. I notice that she has made multiple visits to emergency department due to several recurrent somatic symptoms (headache, dyspepsia, insomnia...).

### Background

Anxiety treated with diazepam 5mg/24h.

### Family and community approach

Born in Andalusia, she has lived in Catalonia since she met her current partner 13 years ago. Mother of two.

No friends or family nearby. She works as a waitress, her husband manages the house finances, including her salary.

Bad relationship with his in-laws. Do not consume drugs. His partner consumes alcohol and cocaine.

### Diagnosis

Given the suspicion I conduct an interview to detect abuse, which the patient confirms. I assess the risk, high according to RVD-BCN Protocol (Protocol for assessing the risk of intimate partner violence against women).

### Management







## Abstract topic

14. Making choices in general practice

**Abstract ID:** E232/ID728

## What they should tell you

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

At the start of 2021, Europe was hitting the maximum number COVID diagnosis. During that time, both infected and showing typical symptoms were contacted daily by their Family Doctor.

It was then normal to contact entire family aggregates for periods longer than one week, becoming a daily routine for doctor and patient alike.

### Methods

For 5 days I contacted a family which consisted by an elder women having 80 years old, a son of 50 years old, and the grandson. Only the 50 years old son was not tested positive in the COVID test. I monitored symptomatic evolution, adjusting therapy and assuring isolation was not broken along the way.

### Outcomes

At the 5th day of active vigilance, the 50 years old son presented a few symptoms which caught my attention: disarthria, tremors and anxiety since it seemed healthy until then. He denied alcohol or drug consumption and didn't have regular medications.

I have requested the patient to be checked out by neurology and, there, an urgent CT scan was requested. The CT scan result was normal with no abnormalities and neurological study was inconclusive. However, symptoms reduced slightly with diazepam.

### Discussion

A few hours later, while under observation, the patient confessed he was showing symptoms since the first isolation day since, during isolation, he has stopped going out to have drinks along with his friends.

The doctor - patient relationship is essential and alcohol withdrawal syndrome can be extremely dangerous and its diagnosis must be done quickly.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E233/ID748

## Reviewing induced prescriptions

Raquel García Trigo<sup>1, a)</sup>, Marta Guerrero Muñoz<sup>1, b)</sup>, Sandra Fernández Barrio<sup>1, c)</sup>, Angela Beltrán Guerra<sup>1, d)</sup>, Victor Manuel Vallejo Aragón<sup>1, e)</sup>, Montserrat Gil Timón<sup>1, f)</sup>

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**Focus of the abstract:** Continuous Medical Education (CME)

**Current medical history:** A 37 year old male with classic migraine disease and no previous relevant medical history attended to primary health care for the first time asking for a induced prescription from a private neurologyst. The patient reports multiple treatments for migraine without noticing clinical improvement and weekly episodes of disabling headache with nausea and vomiting. Among the different treatments to prevent migraine that has been tested are included Amitriptilin, Sumatriptan and Propranolol without any improvement. The last prescription is Verapamil 240 mg once per day and Naproxen 550 mg twice per day. The patient denies any symptoms such as heart palpitations, dyspnea, chest pain or lower limb edema and demands the prescription that has been taken for a month with a little effectiveness.

**Physical examination:** Arrithmic pulse with no cardiac murmurs.

**Diagnostic studies:** The electrocardiogram shows atrial fibrillation at 80 beats per minute without other acute changes in repolarization.

**Clinical assessment:** After testing a new drug, side effects must be considered in a second visit even though the patient may be asymptomatic. In this case, after stopping taking Verapamil, the atrial fibrillation disappears without sequelae or symptoms. Currently, prophylactic treatment with Topiramate has been started with good tolerance and no side effects.

**Conclusions:** Medical prescriptions (induced or not from other physicians) requier always a reassessment of the patient and actively reviewing possible side effects to avoid iatrogenesis and individualize the appropriate treatment.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E234/ID874

## Consumption of strong opioids due to chronic non-oncological pain

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**Focus of the abstract:** Research

### BACKGROUND

Lack of efficacy of strong opioids in chronic non-oncological pain, according to the latest guidelines.

### OBJECTIVES

-Characteristics of strong opioids consumption in the Área Sanitaria Norte de Córdoba during 2018 by chronic non-oncological pain

- Detect situations susceptible to intervention.

### METHODS

Observational, descriptive, retrospective study.

Inclusion criteria: 956 patients with strong opioids prescription.

Sample: 274 selected patients

### RESULTS

Prescription by chronic non-oncological pain: 84%. 76.2% women. Average age: 74.2 years, 40.7% over 80 years old. Osteomuscular pathology (75.2%) is the most common.

Polymedicated 78.8%. Criteria of "chronic complex" 44%: 70% pluripathological. Adverse effects 31.2%.

Psychiatric comorbidity 61.9%.

The most used strong opioids: tapentadol (49.8%). Average time in treatment: 472.8 days for those who were less than 5 years. 14% consume strong opioids for more than 5 years.

16.5% used another simultaneous opioid: tramadol (47.4%) and sublingual forms of strong opioids (10.5%).

23.4% of patients with chronic non-oncological pain consume a MED above 90 mg.





## **DISCUSSION**

- Patient profile: 74-year-old woman, polymedicated, for pathology of the musculoskeletal system, with tapentadol to elevated MED for more than a year.
- Situations susceptible to intervention: Consumption of strong opioids in advanced age, polymedication and with chronic pathology.
- Strong opioids associated with minor opioids, use of sublingual (more addictive) forms.
- High doses of strong opioids for a long time.

## **PRACTICAL MESSAGE TO TAKE HOME**

To adjust the consumption of strong opioids in chronic non-oncological pain to the recommendations of the main guidelines we must take into account the importance of non-pharmacological measures.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** E235/ID941

### Wound care, a multidisciplinary endeavor.

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Vascular ulcers are defined as the loss of skin substance due to a circulatory disorder. They are considered a serious health problem because of an increased incidence and the affects on patients quality of life.

**Methods:** Case report.

**Outcome:** A 77-year-old man with hypertension and long history of smoking attended his GP after finding a wound on his right foot, which had increased in size and was causing him a lot of pain especially at night.

A wound was observed starting from the base of the 1st phalanx and spreading to dorsum of the foot, presenting with erythema on the edges, abundant exudate and areas of necrosis in the center. No distal pulse was present to palpation or echo-doppler and the distal part of the extremity was cold to touch in comparison with his other limb.

The patient was referred to his nurse for wound care, a blood sample was taken and a CT scan ordered.

Laboratory tests showed impaired renal function with creatinine 2.38 mg/dl, CRP:11.75, leukocytes 16,210 with neutrophilia, the rest came back normal.

CT angiography revealed partial occlusion of the right common iliac artery and a complete occlusion of the external iliac artery.

The patient was referred to vascular surgery where an iliac recanalization was performed. Improving the patients condition and decreasing the size of the ulcer.

**Conclusion:** Wound etiology is very important to enable us to correctly treat and prevent complications thus improving our patients quality of life.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** P083/ID281

## Dyspnea subjective feeling objective pathology

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**Focus of the abstract:** Continuous Medical Education (CME)

Dyspnea is subjective feeling most common caused by cardiovascular or pulmological disorders, but often can be manifestation of anxiety. In young, otherwise healthy people, can be attributed to psychiatric conditions, electrolyte disorder it is rarely thought of. Calcium (Ca) is very important electrolyte, essential for neuromuscular transport, with narrow range of normal values. In excess leads to muscle weakness, lethargy and general weakness. CASE: Man, 36 old, comes because of weakness, chest pain, dyspnea. After the initial medical examinations on emergency medical department acute coronary syndrome and PTE (pulmonary thromboembolism) are excluded. He was referred to do coxsackie serology, echocardiography, ergo test, holter TA and holter EKG, also he is examined pulmonologically. Cardiovascular and pulmological causes are excluded. The patient was strikingly lethargic, without energy with dyspnea. He was referred to a psychiatrist who estimated depression and prescribed him SSRI. Because of the slow flow of thought he was performed NMR of endocranium - the organic cause is off. Three months later he went to the emergency center because of vomiting, a headache, anuria. It was measured TA 180/100 mmHg, creatinine 670, Ca 3.75, PTH 774, EKG: sinus rhythm, fq 50/min, aplauded T wave D3, V1. Patient was stabilized and dialyzed on nephrology department and has been repaired. It was discovered parathyroid adenoma which is successful operated. After leaving the hospital he was controlled regularly by nephrologist, endocrinologist and GP. He was better energy and better mood, significantly clear mind. CONCLUSION: Young and healthy patients are often a stumbling block in daily work, electrolyte disorders must not be unrecognized. KEY WORDS: dyspnea, calcium, hyperparathyroidism, depression







## Abstract topic

14. Making choices in general practice

**Abstract ID:** P084/ID355

## The influences on general practitioners' questioning behaviour among victims of sexual and domestic violence

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**Focus of the abstract:** Research

### Background

Sexual and domestic violence are a public health concern given their high prevalence and major health consequences. General practitioners (GPs) can play an important role in the primary care for victims due to their central position and continuous relationship with patients. Holistic and patient-centered care offers the best guarantees of recovery, but few victims seek professional help. This research investigated which factors influence GPs' questioning behaviour regarding sexual and domestic violence and which forms of support they need in caring for these victims.

### Method

An online questionnaire on GPs' needs and their specific role in addressing violence was distributed to Belgian GPs. The sample consisted of 217 participants. The analysis examined the influence of nine factors on four stages of questioning, of which passive questioning behaviour (waiting for a reason or the patient to raise the subject) and active questioning behaviour (discussing assumption and always asking). Four binary logistic regressions were conducted.

### Results

Training and good knowledge of guidelines showed a positive influence on active questioning behaviour ( $p < 0.05$ ). A lack of tools and GPs' intrinsic feelings seem to induce passive questioning ( $p < 0.05$ ). Regarding the need for support in care GPs ( $n=210$ ) mainly need help referring patients (79.0%) and a practical guideline in primary care (72.4%).

### Conclusion

As identification is a first step in healthcare upon sexual and domestic violence, our findings demonstrate how crucial it is to invest in training and supporting GPs with adequate tools to provide appropriate care upon this identification.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** P085/ID398

## Alternatives to statins: need or needless?

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background

New guidelines advise to lower LDL targets. However, the Belgian Health Care Knowledge Centre states that it is not useful to pursue LDL targets. New expensive drugs (PCSK9-inhibitors) are recommended to achieve these targets.

### Questions / Discussion Point

Is it necessarily to pursue lower LDL targets? What is the cost of new therapies?

### Content

Statin therapy reduces cardiovascular risk in patients at (very) high risk of cardiovascular disease. But it remains unclear if there is an association between lower LDL levels and cardiovascular events. The vast majority of statin use is for the primary prevention of CVD. In this group of people, the benefits of statin therapy are relatively small. It remains important to look at pros and cons in every individual patient. If 100 people take a statin for five years, five suffer from muscle pain and one develops diabetes. Treating a patient with a statin costs about 10 to 50 euros per year, while treating a patient with a PCSK9 inhibitor costs 7700 euros per year. Clinical studies with PCSK9 inhibitors show an impressive decrease in LDL cholesterol, but the European Medicines Agency saw no decrease in serious vascular events or deaths.

### Take Home Message for Practice

Given the discussion about the evidence for stricter LDL targets, the known side effects of statins and the high cost of new drugs, it is important to be critical of the recent guidelines. In our practice we implemented a 'fire and forget' approach in primary prevention, combined with shared-decision making.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** P086/ID415

## Complex sleep behaviors associated with zolpidem – an evidence-based review

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**Focus of the abstract:** Continuous Medical Education (CME)

**Background:** Insomnia is the most frequent sleep disorder in adults and zolpidem, has been frequently used for its treatment. An association between zolpidem and neuropsychiatric adverse effects such as parasomnias or complex sleep behaviors (CSB) has been described and, although rare, serious injuries have been reported.

**Questions:** Is zolpidem associated with occurrence of more CSB than other drugs, placebo or no pharmacological intervention?

**Methods:** Review of original studies, randomized clinical trials, clinical guidelines, meta-analyses and systematic reviews published between January 2010 and November 2021, in Portuguese or English, using MESH terms “zolpidem”, “parasomnias” and “somnambulism”. Strength of Recommendation Taxonomy (SORT) scale was used to assign levels of evidence and strength of recommendation.

**Outcomes:** 98 articles were found and two were included after the selection process. The 2021 systematic review intended to assess causality between zolpidem use and occurrence of CSB. The most reported CSB were sleepwalking and sleep-related eating disorder and a probable causal association was attributed to zolpidem intake in 88% of cases (level of evidence 2). In 2017 systematic review zolpidem has the most robust evidence for medication-induced sleepwalking with incidence rates reported between 0.5 and 5.1% (level of evidence 2).

**Discussion:** There is evidence to recommend caution in zolpidem prescription because of higher occurrence of CBS, with potential harm to the patient (strength of recommendation B) although more studies are needed.

**Take Home Message for Practice:** Family Doctor, who knows patient’s context and background, must evaluate the potential safety of zolpidem use before prescribing it.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** P087/ID416

## Prevalence of performing upper endoscopy on patients taking chronic proton pump inhibitors: a research project

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**Focus of the abstract:** Research

Proton pump inhibitors (PPIs) are a class of drugs that have been increasingly used chronically, which has raised concern about the potential complications of this treatment when used continuously without having a formal indication for such, as well as the costs arising from this prescription.

The present study aimed to determine the prevalence of performing upper digestive endoscopy in patients who chronically take PPIs in a family health unit.

A cross-sectional observational study was carried out and used a simple random sample of users aged 18 years or over, from a Family Health Unit, who take PPIs chronically.

In a total of 150 patients, in which 67.3% were women and 32.7% were men, with an average age of 64.1 years, it was found that only 62.6% of the sample had performed upper endoscopy, despite the chronic use of PPIs.

PPIs are among the best-selling drugs worldwide. This study made it possible to identify patients with a formal indication for the use of PPIs, reducing the side effects caused by this group of drugs and the costs associated with improper prescription.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** P088/ID505

## Recurrence of gastric symptoms after suspension of proton pump inhibitors - a research project

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**Focus of the abstract:** Research

Proton pump inhibitors (PPIs) are a class of drugs responsible for the selective and irreversible inhibition of the proton pump, which leads to acid secretion in the stomach. In recent years, there has been a greater concern with the increasing prevalence of the chronic and inappropriate use of PPIs, due to the possible complications associated with their inadvertent use.

The objectives of this study were to determine the percentage of patients, without indication for the chronic use of PPIs, who develop gastric symptoms after discontinuing the PPI and to verify whether there is a relationship between the existence of post-discontinuation symptoms and other variables associated with the user.

A prospective cohort study was carried out, evaluating a sample of the population of users aged 18 years or older and chronically taking PPIs, in a Family Health Unit.

The results obtained show that there is a high prescription of PPIs without formal indication for its continuous intake, without an associated endoscopic study. A high percentage of users without recurrence of post-suspension symptoms was found.

This study shows us that chronic prescriptions should be revised from time to time, in this case a rational prescription is necessary in order to reduce the side effects associated with PPIs and reduce the costs associated with taking them chronically, without indication.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** P089/ID806

## Ferritin levels according to the development period of professional volleyball players

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**Focus of the abstract:** Research

**Background:** The blood parameters of professional athletes are checked regularly every year. One of these values is ferritin levels. Especially in the adolescence period, with the increasing need of the body, iron stores are depleted and cause anemia in some athletes. This directly affects the performance of the athletes.

**Questions:** Is there a difference in ferritin levels according to the last 5 years' blood results of professional volleyball players in 3 different age groups?

**Methods:** The data are taken from the last 5 years' blood tests of Ziraat Bank Volleyball Team players. 105 professional male volleyball players between the ages of 13-35 were included in the study. These athletes were categorized into 3 groups as 13-15, 16-18, and over 18 years old. Athletes with any acute or chronic disease were not included in the study.

**Outcomes:** The mean ferritin levels of professional volleyball players were  $46.64 \pm 106.54$  in the 13-15 age group,  $48.73 \pm 28.41$  in the 16-18 age group, and  $76.73 \pm 35.47$  in the over 18 age group. A statistically significant difference was found between the ferritin levels of the 13-15 age group, the 16-18 age group, and the athletes over the age of 18 ( $p < 0.01$  and  $p = 0.013$ , respectively).

**Discussion:** Ferritin levels were found to be lower in adolescence compared to adulthood due to the increased need for iron. Nutritional recommendations and drug supplements seem to be important in terms of performance in the adolescent age group in athletes.

Ferritin levels should be checked in adolescent athletes.







## Abstract topic

14. Making choices in general practice

**Abstract ID:** P090/ID811

## Prior induced abortion has no adverse effects on delivery in first-time mothers

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**Focus of the abstract:** Research

**Background:** Induced abortion (IA) is a widely accepted procedure for terminating an unwanted pregnancy. Previously we have shown that prior IA has no adverse effects on first-time mother's mental health nor physical well-being during pregnancy.

**Questions:** Does prior IA affect first-time mothers' delivery parameters and the most common diagnoses for mothers and their children during their hospital stay?

**Methods:** Finnish National Birth Register data from 2008 to 2010 were linked with National Register for Induced Abortions data from 1983 to 2007. First-time mothers with a history of IA were compared with non-abortion first-time mothers and non-abortion second-time mothers with one prior regular birth. The study included a total of 61 464 women, 5167 (8.4%) of whom had had an IA.

**Outcomes:** On the contrary to some of the studies published recently, we found that placental complications, hemorrhage in the third stage of delivery, preterm birth, and low birth weight were not linked to prior IA. Preterm birth was observed less often in the medical abortion group than in the non-abortion first-time mothers' group. No relevant findings compromising the mothers with a history of IA or their children's well-being were found.

**Discussion:** First-time mothers with a history of IA do not have a higher risk for adverse delivery outcomes than first-time mothers with no history of IA. The delivery parameters of IA mothers are comparable with those of non-abortion first-time mothers.

**Take Home Message for Practice:** prior induced abortion does not predispose to any risks for delivery in first-time mothers.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** P091/ID873

## For a better GP practice - university criteria

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**Focus of the abstract:** Research

### *Background*

Some countries like Canada, Switzerland, France, ... develop university GP practices but there is no consensus on the criteria to define a “good” GP practice and a university GP practice.

### *Questions*

What are the specificities of a university GP practice? How can criteria be established?

### *Methods*

We realized a scoping review to determine the primary criteria. Those criteria were challenged by researchers and GPs of different types of GP practices to elaborate a guide. This guide was validated by a sample of GPs, trainees, medical students, and patients. All comments were analyzed by the researchers and added to a part of this guide.

### *Outcomes*

We have developed a new reference framework to try to develop quality criteria and characteristics to define what would distinguish one academic practice from another.

We have defined different themes in the clinical, teaching, and research aspects. Each theme has been detailed in a subsection to explore practical and technical aspects.

### *Discussion*

The main objective of the development of a practice framework is to stimulate the desire of each general medicine practices to improve in its profession and skills.

This reference framework is intended to be a dynamic tool adaptable to all types of practice in general medicine.

### *Take Home Message for Practice*

Each GP practice is different.

A guide may be a tool to focus on the same goal of improving the quality of practices.

This referral tries to be an easy way to contribute to exploring university criteria for GP practices.





## Abstract topic

14. Making choices in general practice

**Abstract ID:** P092/UD884

## One more case of headache in the emergency department

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**Focus of the abstract:** Continuous Medical Education (CME)

### Background and Questions

A 61-year-old man, with no toxic habits or medical history, presented to the primary care emergency department consulting for a frontal headache of 15 days' evolution and a feeling of pressure in the right eye. Constant within normality. A basic neurological examination was performed, finding only a homonymous hemianopsia in the right eye in the confrontation visual field testing. Rest of exploration without findings. He was referred to the hospital.

### Methods

Laboratory analysis did not reveal any pathological findings. The CT scan of the skull detected a left occipital lesion with bleeding areas. The patient was admitted to the Neurology Unit and a cranial MRI study was completed showing a left occipital infiltrative lesion with extension to the ependyma of the left lateral ventricle suggesting a high-grade glial lesion. He was discharged with corticosteroid treatment pending surgical intervention.

### Discussion

After craniotomy and resection of the lesion, the diagnosis of non-mutated IDH occipital glioblastoma multiforme was confirmed. Treatment with radiotherapy and adjuvant chemotherapy with Temozolomide was started with follow-up by oncology and neurology.

### Take Home Message for Practice

Headache is a very common symptom detected in Primary Care Emergencies. An adequate basic neurological examination in the emergency department is very important to be performed in patients with headaches which are difficult to control or have a long evolution. We present a case which demonstrates the importance of basic neurological examination for the diagnosis of potentially serious pathologies in which an early possible diagnosis is vital.





## 15. (Large) trials in primary care

### Abstract topic

15. (Large) trials in primary care

**Abstract ID:** E237/ID189

### Bibliotherapy: I recommend this book, it could help you

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**Focus of the abstract:** Research

**Background:** Emotional and mental health problems are very common in Primary Care. Bibliotherapy can be effective as a complementary treatment and could reduce the symptoms of mild mental and emotional disorders in the long term, in addition to reducing the use of medications and, consequently, hyper-attendance.

**Questions, Discussion Point:** Promote behavioral, cognitive and/or emotional change through bibliotherapy and increase emotional and mental well-being. To demonstrate the efficacy of bibliotherapy in reducing symptoms of mild psychiatric disorders and medication use, as well as hyper-attendance in primary care consultations.

**Content:** Randomized comparative clinical trial during the year 2023 comparing the efficacy of Bibliotherapy with routine clinical practice, between two primary care centers. Use of the Goldberg and HAD questionnaire test to patients with symptoms of mild psychiatric disorders before, after the intervention and one year. To evaluate the medication consumption and dose reduction as well as the frequentation in the consultations.

**Take Home Message for Practice:** We believe that individualized Bibliotherapy offers an alternative with a maximum cost/benefit ratio that helps people understand and connect with themselves better, decreases the feeling of loneliness, learns strategies, promotes Self-help and develop different potential capacities for a positive impact on the health of the people comprising Medicine, Psychology, Humanities and Literature. Keep in mind the reading skills, understanding and willingness to change, emphasizing that it is one of the many complementary treatment that can help. In addition, there is no adverse effect described.





## 16. COVID-19

### Abstract topic

16. COVID-19

**Abstract ID:** E238/ID69

### Antibodies and COVID-19 vaccines

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**Focus of the abstract:** Research

#### Background

The pandemic of COVID-19 was declared by the World Health Organization on March 11th 2020. The first vaccine receiving emergency authorization by the end of 2020. was the mRNA-based vaccine Comirnaty from Pfizer and BioNTech.

#### Questions

What was to the serological response to different COVID-19 vaccines?

#### Methods

One year prospective study done on 14 healthcare workers in Public Health Care Center Doboj. During the one year period February 2021 to March 2022 we followed the titer of antibodies prior and after COVID 19 vaccine (first, second, third dose). We used an immunoassay intended for qualitative detection and differentiation of Ig M/Ig G antibodies to the SARS-CoV2 virus in participants' capillary whole blood.

#### Outcomes

There was a statistically significant increase of IgG antibodies 28 days after the first dose in participants who had preexisting IgM and IgG. After two doses of vaccine a statistically significant increase of IgG antibodies was detected in all participants after 45 and 90 days. The highest peak of IgG in both groups was achieved 45 days after initial measurements. After that the IgG started to decline and after 180 days they were as initial measurements.

#### Take Home Messages for Practice

Although a small sample study is a limitation we can conclude that our findings are matching with the official data that after a second shot antibodies are declining and one must go through a booster dose. The longer follow up and bigger sample for more accurate measurements is needed.





## Abstract topic

16. COVID-19

**Abstract ID:** E240/ID480

## Utilization of mental health services by people suffering from long covid and its relationship with the level of emotional wellbeing

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**Focus of the abstract:** Research

Background:

Existing evidence suggests that Long-Covid patients have experienced reductions in their quality of life due to a deterioration in several of their vital domains. Along these lines, some studies confirm the negative emotional impact among people who have suffered from COVID-19, highlighting symptoms of anxiety, depression, sleep disorders or mood fluctuations.

Questions:

Delve into the levels of the emotional well-being of patients diagnosed with Long-COVID according to whether they have visited a mental health service (MHS).

Methods:

This is an observational, cross-sectional study. The sample is made up of 100 Long-COVID patients. The evaluations were carried out during March 2022 and the MHS employment period contemplated the 6 months prior to said evaluation. As study variables, the questionnaire (HADS) has been used to find out the levels of anxiety and depression, in addition to contemplating variables of use of mental health services: they do not go to MHS, they go to public MHS, they go to MHS of a public nature. private or attend both MHS.

Outcomes:

30% of the sample visit at least one MHS and present significantly higher levels of emotional distress (0.013). No significant differences were found between mental health patients, regardless of the service visited. People who visit private mental health services reflect significantly higher rates of discomfort than the total sample (0.023).

Discussion:

Patients cared for in MHS continue to present high levels of discomfort, which is why it is essential to reinforce and strengthen MHS, especially of a public nature.







## Abstract topic

16. COVID-19

**Abstract ID:** E094/ID107

## What do we know about risk factors for severe COVID-19 and how could this knowledge help us in clinical decision making?

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**Focus of the abstract:** Research

**Background** COVID-19 pandemic has led to world-wide overloading of health systems. The risk of severe COVID-19 is not completely defunct despite large-scale vaccination programs.

### Discussion Point

Knowledge on factors predisposing to severe COVID-19 is needed for reliable risk stratification and healthcare planning in primary care.

### Content

Retrospective cohort study based on nationwide e-health databases, including 184,132 SARS-CoV-2-vaccinated individuals (Jan 19, 2021–Feb 9, 2022) and historical cohort of 66,295 unvaccinated individuals (Feb 26, 2020–Feb 28, 2021).

The incidence rate (IR) of COVID-19 hospitalization was 0.093 (95% CI 0.084–0.104 per 10,000 person-days) among vaccinees, and 15.9 (95% CI 15.5–16.4 per 10,000 person-days) for those infected individuals in pre-vaccination era. COVID-19 hospitalization rate among vaccinees with breakthrough infection was at least five times lower compared to unvaccinated individuals (1,2% vs 6,9%,  $p < 0.0001$ ).

Age over 50, male sex, cancer, renal disease, liver disease, heart disease, cerebrovascular and peripheral vascular disease increased the risk of severe COVID-19 regardless of vaccination status.

Isolated hypertension, obesity and rheumatic disorders revealed association with COVID-19 severity only in unvaccinated cohort.

The occurrence of COVID-19-related hospitalization was delayed for at least six months for those received primary series of SARS-CoV-2 vaccination, and the booster conferred substantial (up to 81%) protection against hospitalization.

### Take Home Message for Practice

There are identifiable subgroups at higher risk of severe COVID-19, including among vaccinated individuals. Booster shots administered with defined intervals provide additional protection.





## Abstract topic

16. COVID-19

**Abstract ID:** E096/ID676

### Quality and safety issues of Spanish primary healthcare by high and low Covid-19 prevalence regions: Pricov-19 study in Spain

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**Focus of the abstract:** Research

**Background:** Primary Health Care (PHC) was key element in providing care during the pandemic in Spain. We describe how PHC practices (PCPs) organized according to the COVID-19 prevalence of the different regions in Spain (<5% COVID-19 prevalence or higher).

**Methods:** Cross-sectional study through the PRICOV-19 European Online Survey in PCPs in Spain in 2021. Descriptive analysis and logistic regression model were performed to identify differences among regions by COVID-19 prevalence.

**Results:** 266 PCPs answered. A total of 83.8% PCPs were in high COVID-19 prevalence areas. COVID-19 patients were asked if it was feasible to isolate in 83.5% of the PCPs, high prevalence areas questioned it more often compared to low prevalence areas (84.8% vs 76.7% , p:0.21).

Accessibility was compromised in 41.0% PCPs. Patients with serious conditions did not know how to get appointment in 24.1% of PCPs. Urgent conditions suffered delayed care in 79.1% of PCPs in low prevalence areas compared to 65.9% high prevalence areas (p 0.24). Proactive care for chronic patients was provided in 63.5% PCPs (high prevalence:65% vs low prevalence:55.8%, p:0.25; OR: 0.83 (0.44-1.57)), lists from the electronic medical record were collected in 35.7% PCPs (OR:1.13 (0.55-2.31)). Patients with background of intimate partner violence or mental health issues were checked by the staff in 11.7% and 30.8% respectively.

**Conclusions:** There were no differences in medical care among regions with high and low COVID-19 prevalence. Accessibility was limited but proactive care was provided for chronic conditions.





# 17. Screening

## Abstract topic

17. Screening

**Abstract ID:** E241/ID9

## The diagnostic accuracy of the 14 questions as a dementia screening tool for Thai elderly in a primary care setting

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**Focus of the abstract:** Research

**Introduction** 14 questions dementia screening tool is recommended for dementia screening among the older populations in the community setting that could be used by non-healthcare personnel. However, the tool's properties are limited, such as sensitivity, specificity, and accuracy.

**Objective** To evaluate the accuracy, duration to complete the tool, and factors associated with the accuracy of the 14 questions screening tool.

**Design** Cross-sectional study, Diagnostic test.

**Methods** A total of 320 elderly aged 60 years and over were evaluated through general characteristic information, 14 questions dementia screening tool, function assessment, neuropsychological test, and standard clinical diagnosis. DSM-5 dementia criteria were applied as a gold standard to classified elderly into normal, minor neurocognitive disorder, and major neurocognitive disorder.

**Results** The sensitivity of 14 questions dementia screening tool was 31.5%, the specificity was 83.6, and the AuROC was 0.58. The average assessment duration was 4 minutes 6 seconds. Low-level education interfered with the accuracy of the tool. The new cut-point criteria for a higher accuracy are a sum score of over 20 and a sum score less than 20 together included with the score in questions 1 or 11 are more than 2 points.

## Conclusions

Although the 14 questions dementia screening tool has low sensitivity and accuracy for a dementia screening tool, the tool is practical. Moreover, the tool could be applied by non-healthcare personnel in the community setting. Further study could evaluate the frequency that should be applied for dementia screening and develop 14 questions dementia





## Abstract topic

17. Screening

**Abstract ID:** E242/ID302

## Obesity and cancer screening: a nationwide study in Korea

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**Focus of the abstract:** Research

### Background

As obesity is a risk factor for various cancers, cancer screening is important in obese population. This study aimed to examine the relationship between obesity and cancer screening.

### Methods

Study subjects were participants of the Seventh Korea National Health and Nutrition Examination Survey (2016-2018) who were aged 40-80 years, and the final study population comprised 12,697 participants. Participants were classified as normal weight ( $BMI < 25 \text{ kg/m}^2$ ), class 1 obesity ( $25 \text{ kg/m}^2 \leq BMI < 30 \text{ kg/m}^2$ ), or class 2 obesity ( $BMI \geq 30 \text{ kg/m}^2$ ) based on BMI (body mass index). Multivariable logistic regression analysis was performed to examine the association between obesity and cancer screening rate with adjustment for potential confounders. Subgroup analysis by sex was also performed.

### Results

Class 1 obesity group showed no difference in cancer screening rate compared with normal weight group after full adjustment (aOR [adjusted odds ratio], 0.96; 95% CI [confidence interval], 0.87-1.07), but class 2 obesity group showed lower screening rate than normal weight group (aOR, 0.73; 95% CI, 0.58-0.92). In a subgroup analysis by sex, women with class 1 obesity showed no difference in cancer screening from normal weight women (aOR, 0.99; 95% CI, 0.85-1.15), whereas women with class 2 obesity showed lower screening rate (aOR, 0.68; 95% CI, 0.51-0.89). Meanwhile, no significant difference in cancer screening rate according to obesity was observed among men.

### Conclusion

This study showed that class 2 obesity is associated with lower cancer screening rate, especially in women. Targeted intervention to improve cancer screening rate in population with severe obesity needs to be considered.





## Abstract topic

17. Screening

**Abstract ID:** E243/ID1009

## Smoking Knowledge, Attitude, and Behavior in Female Saudi Medical and Non-Medical Students at King Faisal University

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**Focus of the abstract:** Research

**Abstract:** This study aimed to assess awareness of tobacco smoking, prevalence, and related factors among female university students, while comparing medical and non-medical students. A cross-sectional study was conducted in different departments of King Faisal University, Al-Ahsa, during 2018-2019. A stratified random sampling technique was used, based on college. A modified structured Global Youth Tobacco Survey was used to collect detailed information about tobacco smoking habits and associated factors. All students signed a consent form before receiving the questionnaire. SPSS version 21 was used. Two hundred female students participated, from medical (53%) and non-medical (47%) colleges with an average age of 21.1 +1.8 years; 76.5% had single marital status. Tobacco smoking had an overall prevalence of 13%, cigarettes 5.5%, shisha (water-pipe) 7%, e-cigarettes 4%, and 3% were ex- smokers. However, 79 (39.5%) students refused to answer the smoking question. Medical students were more aware of benefits of smoking cessation (OR 2.03, P 0.03) and treatment modalities (OR 6.19, 0.01), and had lower smoking rates (OR 0.25, P 0.003) compared to non- medical students. Tobacco smoking was highly prevalent among female university students despite their good level of awareness. Qualitative studies are recommended to identify the root causes and develop effective treatment methods.





## 20. Workforce planning

### Abstract topic

20. Workforce planning

**Abstract ID:** E244/ID169

### Improving room utilization in a pediatric clinic: a pilot study

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**Focus of the abstract:** Research

Background:

Better utilization of clinic rooms can improve operating efficiency, patient satisfaction, and revenue capture. There are many challenges related to the examination room schedule which can lead to overbooking or underutilization.

Method:

A pilot study aiming at redistributing room utilization per half day for two pediatric endocrinologists. The current available rooms were decreased from a total of 7 rooms to 4 (3.5 rooms per provider to 2, respectively). This intervention was studied over eleven weeks.

Results:

Analysis of 21 clinic flows was captured. One hundred and six patients were seen. Ninety-five percent of the visits were in-person while five percent were done remotely by using Telemedicine. The room occupation rate was between 50 to 60 % during the study time. Diabetes visits required longer room utilization time (52 minutes) compared to regular endocrine visits (41 minutes). This showed that clinic space could be utilized in a better way however, diabetes-related visits could be a potential slowdown due to medical complexity and certified diabetes educators added time in the rooms. There was a slight decrease (11.3%) in patient satisfaction score when compared with other patients they saw at the same location during the same time frame

Conclusion:

Improving room utilization will allow any health system to increase visits' volume without having to invest in new rooms or buildings or hire new staff.

The aim of efforts targeting better examination room utilization should evaluate operational efficiency, time-saving strategies, improving clinic flow, patients and providers satisfaction and retention, as well as profit maximization.

