

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

**Bratislava**  
**June 26-29, 2019**



**GENERAL PRACTICE:**  
**The Human Side of Medicine**



# BOOK OF ABSTRACTS

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## Keynote Lectures

**Contribution ID: 1246**

**The common touch' - how understanding our own humanity helps us to empower others**

**Authors**

Amanda Howe

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Family doctors emphasise the need to engage with people rather than diseases, as the basis for effective communication, education, diagnosis and ongoing care. Such empathic interaction has enormous potential capacity to help people – therapeutic relationships, enablement, empowerment and healing are all outcomes of these skills when we use them well. But there are challenges, and costs. Emotional engagement is a tough demand, and sometimes circumstances can undermine our motivation and compassion, leaving us drained and at risk of burnout. Recognising our own emotional needs and ensuring these are met in our busy professional lives is important in its own right – this talk will use evidence and experience to reflect on how to do this, and why.

Conflict of interest

no

**Contribution ID: 1247**

**Is primary care research important?**

**Authors**

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There is a more applied clinical research focus in many countries with developed healthcare systems, like the NHS, that complements basic science and discovery research. Potentially, applied research may highlight the importance of more research that answers questions relevant to primary care, especially with health service changes in many countries that result in most patients with chronic disease being managed in primary care. This necessitates the greater involvement of service primary care in the delivery of clinical research, and especially clinical trials and high quality epidemiological studies, not least to help deliver adequate patient recruitment and produce generalisable results.

However, we know that research is more difficult to design and deliver in complex settings and primary care is an exemplar for a “complex research environment”: since it comprises multiple, multi-disciplinary practitioners in small units, with limited space and (usually) low research experience and high service demands. This presentation will consider whether primary care research is important or not, and whether academic primary care has helped enable a greater research capacity in the complex environment of general practice to host more and better research. Finally, after a long career as an academic GP, he will consider whether, over and

above the hosting of research, the research questions initiated and delivered by academic primary care are important for patients and health systems.

Conflict of interest

no

## **Contribution ID: 1248**

### **A balanced approach to patients with functional somatic disorders**

#### **Authors**

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Functional somatic disorders (FSD), like chronic pain of unknown origin, chronic fatigue syndrome or irritable bowel syndrome, are common and represent a major burden for health care systems. Diagnostic and therapeutic approaches to these symptoms vary between countries, within medical specialties and between individual physicians.

A patient's career with a functional disorder is usually lifelong, severe, although life is not threatened, accompanied by alternating crises and periods without difficulties. Patients may be frustrated with the lack of treatment. There are several theoretical concepts that can help practitioners understand the issues of functional problems. In one extreme the functional disorder is perceived only as a somatic expression of the feeling of personal psychosocial imbalance and in the other, functional disorder is a disease for which we have not yet been able to explain the organic cause. Many interesting concepts are, however, evolving in the area between these extremes. FSD present a particular set of management challenges for GPs who meet patients early in their illness trajectory and usually before other doctors. Michael Balint once said that the patient coming to the GP believes he was given a ticket to a wise man, who would help him decrypt the problems even if he could not even name them. This particularly fits patients with a wide range of psychosomatic and functional disorders.

An initial positive diagnosis of FSD leads to a better atmosphere for long-term cooperation and has the advantage of avoiding unnecessary investigations. It is usually possible when the risk of organic problem is low, the history of patient behaviour, his/her symptoms, profile, psychosocial background and basic investigation indicate FSD.

On the other hand patients often expect referral and reassurance by specialists. Physicians, even if they anticipate a functional problem, are taught to rule out first serious diagnosis and to avoid the risk of diagnostic failure. They need to retain the confidence of their patients throughout an illness that may be protracted and have an uncertain therapeutic response. Effective doctor-patient interactions lie at the heart of this process and a number of consultation models for gathering information, building the relationship, explanation and planning are available. In the management of functional somatic disorders a GP should balance the doctor- and patient-centered interventions and master the human side of medicine.

Conflict of interest

no

**Contribution ID: 1249**

**The patient is primarily human being**

**Authors**

Radoslav Herda

*SLOVAK PATIENT and Slovak Alliance of Rare Diseases, -, Slovakia*

The patient is primarily human being There is a lack of doctors in every country, and Slovakia belongs among them. If the general practitioners left for retirement at the age of 65, we would lose half of them within 7 years. We are much more aware of their importance and irreplaceability in the threat of lack. Healthcare system in Slovakia is in transition. We introduce e-health, guidelines on prevention, diagnosis and treatment, and raise importance of healthcare efficiency and patient safety. At the same time as the importance of guidelines and treatment-based examinations grows, the position of the doctor and patient medical history are growing. And there is a growing need for understanding the patient's life and his current situation. And for you, general practitioners, experts. You are specialists in understanding our lives. It's your unique and irreplaceable role. At the same time, you are our allies and protectors before falling into the diagnostic-therapeutic cycle of chronic diseases. Those who hold a protective hand over and care for us to be careful not to fall into it. I am a patient representative. It depends on well-functioning communication and cooperation in the spirit of non-blaming culture. We do not want you to be afraid to cure us. We want you to perceive us through our needs, our vulnerability and fragility. Patients are primarily human being. I wish the WONCA 2019 congress very much to success. I see it as a unique place to sharing of valuable experience and knowledge. I believe you will make the most of it for the benefit of all of us. We thank you.

Conflict of interest

no

**Contribution ID: 1250**

**Exercise is medicine: Can we increase physical activity in patients' everyday life? The challenges of exercise prescription**

**Authors**

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Noncommunicable chronic diseases, including cardiovascular, metabolic and neurodegenerative diseases and cancer, represent the major causes of morbidity and contribute to 65% of mortality worldwide. Low physical activity, sedentarism and excessive caloric intake that characterize the current lifestyle of humans across the globe, contribute substantially to the "diseasome of physical inactivity" and represent the key modifiable risk factors that can be targeted at both individual and population levels. Numerous prospective and intervention studies have shown that regular exercise at a sufficient dose has an unambiguous potential to prevent, slow-down and even reverse the progression of chronic diseases at preclinical and early clinical stages and to improve patient's quality of life at the advanced stages of the disease.

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In our intervention studies, we have observed improved motor and cognitive functions, muscle strength and physical fitness as well as whole-body and muscle metabolism in populations of patients with various chronic diseases. Our recently established Center of Physical Activity enables the long-term supervised exercise interventions which in combination with education, regular feedback and long-term follow-up provide a functioning model of lifestyle modification. Many of our observations clearly support the importance of regular exercise in prevention and supportive treatment of chronic metabolic and neurodegenerative diseases. The biggest challenge, however, is to translate the knowledge from the complex lifestyle intervention studies into clinical practice. Experiences from existing programs provide some evidence that relatively simple physical activity counseling and monitoring algorithms, that could be implemented in the patients' care, have a potential to effectively increase physical activity, reduce the chronic disease burden and/or to achieve a better disease control and quality of life. Supporting collaboration between general practitioners and specialists in exercise physiology, nutrition and lifestyle coaching would create a niche permissive for effective lifestyle modification.

Conflict of interest

no

**Contribution ID: 1251**

**Compassion, respect and empathy: The essence of Family Medicine**

**Authors**

Ana Nunes Barata

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What makes Family Medicine different from other specialties? Family Medicine focuses on the person and the context that surrounds each individual. As a first point of contact with the healthcare system, its holistic scope makes it a complete subject where the well-being and care for the person plays a vital role. Communicating and acting with compassion, respect and empathy are the cornerstone for the work of a Family Doctor. These attitudes make clinical practice patient-centered and are the most important therapies in Family Medicine, supporting the importance of solidarity in healthcare.

Conflict of interest

no

## WONCA Europe Open Meeting

**Contribution ID: 1256**

**WONCA Europe Open Meeting: The primary care at a digital crossroads**

**Authors**

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Digital health is increasingly playing a role in supporting health care systems to deliver equitable, affordable and high-quality services. Around our region, governments have used technology to accelerate reforms, address demographic and epidemiological changes, and tackle inequalities in their endeavour to achieve integrated, people-centred care.

A wide range of innovations are disrupting health care: accessing and sharing health information, issuing e-prescriptions, using teleconsultation and mobile health solutions, employing decision-support tools and advanced analytical methods, and supporting medical education. The advent of advanced computing systems, artificial intelligence and genomics is bound to strengthen a precision-medicine approach.

The technological disruption has also brought about a shift and redistribution of the roles and tasks of the patients, workforce, leadership, and private sector.

What does all this mean for patients, family doctors and the primary health care team? How can we ensure focus on quality of care, patient safety, accessibility and sustainability? This session will solicit opinions and the experience of a panel to attain an understanding of how digitalisation is changing the primary care landscape, which the expected and unforeseen implications may be, and how trust can be established.

Conflict of interest

no

## 1. Global issues

**Contribution ID: 85**

**Presentation form**

Workshop

**WORKSHOP: eHealth and Telemedicine: its Usage, Benefits for Betterment of Primary Healthcare in Resource Constrained Low and Middle Income Countries**

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**Introduction:** In a Resource Constrained Low and Middle-Income Countries country where more than half of population are in rural areas where the nearest hospital is situated away from those areas. The people faces lots of difficulties due to various factors like provision of timely advice on the health status, little knowledge or information regarding the health access. The current hyperbole surrounding telehealth suggests that it is a revolution in the delivery of health care. The term telehealth as well as the specific boundaries for possible applications is difficult to define, as the technological tools and systems are consistently changing. Telehealth

enables continued education, allowing such educated health professionals, despite location and distance, to contribute to a better interdisciplinary and overall expansion of Health care facility.

**Methods:** We will present the different aspects of eHealth and Telemedicine which can be beneficial and share our experiences.

**Conclusion:** ehealth is a relatively recent and complex technology, which explains why it has not been used to its full potential, especially in the providing health care, where it is extremely promising. We are now at the point where possibilities are clearly seen. Telehealth can be a tool of prime importance to rural health care deliveries in Low and Middle income countries. Though, telehealth is not a magical solution to all the difficulties about information on health care, but it is a powerful tool capable of transforming the way with which information is dealt with.

Conflict of interest

no

## **Contribution ID: 87**

### **Presentation form**

Workshop

### **WORKSHOP: What is the best teaching method in family doctor's training?**

#### **Authors**

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**Introduction/Aim:** An interactive workshop on the implementation of different methods used in FM/GP education will be conducted, targeting less experienced and experienced FM/GP trainers. In the workshop, the most effective teaching methods will be presented and put into practice by participants tackling common and more challenging educational topics. The needs of different educational levels of audience will be addressed.

The aims of the workshop are:

- to provide concise information about teaching methods in FM/GP education
- to raise awareness of advantages and limitations of various teaching methods in FM/GP education
- to empower trainers to choose the most appropriate interactive methods for teaching the certain topics in FM/GP education

**Materials and methods:** The workshop will consist of short introductory presentation of various teaching methods, followed by two exercises. Working in small groups, the participants will first have to apply random teaching techniques to random educational topics and create a plan of the teaching module.

Secondly, they will be asked to find the most optimal interactive methods in teaching the special topic in FM|GP education. The decision will be made within small-group work.

The results of the small group work will be presented and discussed with other participants of the workshop.

**Results:** The participants of the workshop will get concise information on methods FM/GP education use. They will be empowered to use various methods in FM/GP education to address different educational topics, relevant to FM/GP.

Conflict of interest  
no

## **Contribution ID: 93**

### **Presentation form**

Workshop

### **WORKSHOP: Breast cancer screening in Europe: from reality to evidence – EUROPREV & Vasco da Gama Movement workshop**

#### **Authors**

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Justification and interest of the workshop

In recent years, the benefits and harms of breast cancer screening have been widely debated. The reality of this screening in European countries is often different. It is critical to identify dissonances with the best available evidence, in order to ensure that patients' preferences and values are also integrated into the decision of undergoing or not this screening.

Learning goals

1. To debate the reality of breast cancer screening in different European countries
2. To discuss the role of family doctors in breast cancer screening and, particularly, in approaching its benefits and harms
3. To acknowledge the best available evidence related to breast cancer screening

Methods

A mix of lecture, small group discussion and plenum discussion will be used. Lecture content will include the presentation of the reality of breast cancer screening in different European countries (EUROPREV's database) and an explanation of the best available evidence related to this cancer screening. In small groups, participants will be invited to share their experiences and to discuss eventual ways of correct breast cancer implementation in their countries. Plenum discussion will be used to share the main results of small group work and summarise the workshop results.

Expected impact on the participants

By comparing between different countries and sharing experiences, participants are expected to increase their resources to deal with breast cancer screening, a challenging field of family medicine.

Conflict of interest  
no

## Contribution ID: 112

### Presentation form

Workshop

### WORKSHOP: How to preserve the human side of medicine

### Authors

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**Background:** Medical decisions are based on consensuses about precise diagnosis and codified treatment. The patients needs require specific competences among general practitioners. They need to preserve or reconstruct the human side of practicing medicine.

**Aim:** In order to assume the human side of contemporary medicine, general practitioners need to know which references and specific competences to fall back on. The necessary competences in primary care psychotherapy need to be adapted to the essential ethical values of the profession. This will lead to a human medical approach that becomes more and more indispensable to general medicine.

**Method:** Considering the unsatisfied needs of the patients, the different working groups will try to preserve the human side in practicing medicine. During the plenary session, the authors of the workshop will regroup the ideas and concepts according to two main themes:

- The ethical values guiding our approach
- Our competences in relation to practicing primary care psychotherapy.

The authors will try to demonstrate how these two methods of practicing medicine are linked and how these concepts facilitate and structure our approach.

**Results and conclusions:** We hope to sensitize general practitioners to promote the human side of medicine. The fundamental needs of our patients are not satisfied by the numerous consensuses of evidence-based medicine, but they need the reflective listening and the empathy of the general practitioners. The physicians should be aware of the patients' suffering and show an ethical attitude towards them.

Conflict of interest

no

## Contribution ID: 129

### Presentation form

Workshop

### WORKSHOP: Mental disorders in primary care: practical guidance from the WONCA Working Party for Mental Health. Focus on dementia and frailty

### Authors

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**Introduction:** Dementia and frailty are two interrelated health conditions that seriously affect the health of the elderly and both seem to not receive the proper attention they deserve within the primary care setting. General practitioners (GPs) and family doctors are the front line practitioners and therefore can play a central role in both the diagnostic process and in the management of the both conditions. Practical guidance on these common conditions may help GPs in delivering effective care for those patients and their families in different stages of the disease's course.

**Aims:** The aim of this workshop is to provide practical guidance on dementia and frailty that has been developed by the WONCA Working Party on Mental Health, highlight the main practice recommendations and components and in general discuss its content with the participants.

**Method:** This workshop will be structured in three parts:

The first will include brief highlights from the three authors on the WONCA working party document;

The will include a discussion on key issues emerging from components of this document and their implementation in real world primary care practice;

Finally, we will discuss issues related to the applicability of this guidance in different national contexts.

**Results and Conclusion:** This workshop is expected to facilitate the spread of the WONCA guidelines on dementia and frailty to GPs and family physicians with diverse origins and needs.

Conflict of interest

no

## **Contribution ID: 211**

### **Presentation form**

Workshop

### **WORKSHOP: Confidentiality of electronic health records and quality improvement in the era of big data**

#### **Authors**

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<sup>4)</sup>*Slovak Society of General Practice, Dunajská Streda, Slovakia*

Background: Electronic health records are usually considered more safe than paper records, but many concerns have been raised about inadvertent disclosure of confidential patient data to people who are not participating in their care. Data can

be made anonymous before aggregating it for analyses, but even anonymous data can allow the identification of individuals. The European data protection regulation (GDPR) sets strict requirements for IT systems.

**Aim:** Define appropriate ways of using patient data in communication between patients and health professionals, and in assessing the quality of care in the whole population.

**Methods:** The facilitators present several scenarios (see <http://bit.ly/2TjTwMS>) of the use of patient data and ask participants to discuss in small groups how they would solve the controversy of confidentiality of individuals and the benefits of data sharing and analysis. Identifying care gaps and measuring the quality of care of the whole population is necessary for equitable provision of care. The GP and his or her team of professionals should be responsible for a defined population. For quality measurement and benchmarking, the data needs to be shared, but it is absolutely necessary to maintain patients' trust and be transparent in how the data are used.

**Conflict of interest**

yes

## **Contribution ID: 567**

### **Presentation form**

Workshop

**WORKSHOP: WONCA Working Party on Women & Family Medicine – open meeting**

### **Authors**

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**Background:** The WONCA Working Party of Women in Family Medicine (WWPWFM) takes leadership role in advocating for the concerns raised by women doctors and women's health in family medicine/general practice and was established in 2001. The vision of WWPWFM is to promote the role of women family doctors working in Wonca to highlight their special contributions and reduce barriers facing them, thereby enabling to reach their full potential and enhance the contributions of family physicians/GPs around the world to clinical care, women's health, education, research and leadership in family medicine.

**Aim of the Workshop:** to identify key issues of women doctors working in family medicine in Europe, to share experience and ideas in strengthening role of women in training, research, management, leadership in family medicine

**Methods:** The 15-minute presentations will be followed by discussion panel guided by moderators.

**Results:** The workshop will inspire participants for engagement to activity of WWPWFM, discussion of plans and directions for future development and activity of the WWPWFM, discussion of influence of women discrimination, approaches to reduce barriers to women family physicians/GPs participating in Wonca initiatives,

career, to share ideas in strengthening role of women in training, research, management, leadership in family medicine and to identify the research topics for future scientific projects.

**Conclusions:** The results will allow to widespread and promote the role of WWPWFM, to engage members to its activity, to identify key issues of women doctors working in family medicine and identify the future direction of WWPWFM activity.

Conflict of interest

no

## **Contribution ID: 613**

### **Presentation form**

Workshop

**WORKSHOP: Dilemmas in confronting vaccine hesitancy in health care workers: examples of good practices**

### **Authors**

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**Background:** Despite considerable efforts of public health stakeholders, vaccine hesitancy remains a considerable barrier to adequate vaccine uptake in various environments. The lay public as well as health care workers have considerable reservations regarding the mandatory as well as optional vaccinations. The issue of professional responsibility of health care workers has often been raised, and even ethical aspects have been considered. According to published evidence, the standpoint of healthcare professionals has a very strong influence on the public attitude towards vaccination. In different environments, this issue has been approached with a variety of strategies.

**Aim of the Workshop:** The aim of the workshop is to recognize, collect and exchange some of the established strategies from different environments to confront vaccine hesitancy in healthcare experts. Health professionals should be aware of their role-model part in the vaccine uptake.

**Methods:** In the interactive plenary discussion, preceded by an introductory powerpoint presentation, the examples of various practices from the home environments of the participants will be collected.

The participants will be divided into small groups, giving everybody the opportunity to comment and share the feasibility of the strategies of the collected strategy examples in their own respective environment.

Various techniques such as vignettes, role play, case report and multimedia will be used.

**Results and Conclusions:** Conclusion will consist of a plenary discussion about the feasibility of the presented models in individual settings of the participants. Universal awareness of the importance of our role in this important preventive field should be underpinned.

Conflict of interest

no

## Contribution ID: 827

### Presentation form

Workshop

### WORKSHOP: The human factor: exploring and learning from stories of family violence

#### Authors

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<sup>9)</sup>*WWPWF, Australian National University and Charles Sturt University, Australia*

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**Background:** Family violence (FV) in all its forms and subgroups is a well established leading public health/societal problem all over the world. Despite its high prevalence, it is still significantly underdiagnosed in clinical practice. There are many reasons for this: lack of training, time pressure, and lack of services or knowledge about them, attitudes and beliefs, among others.

**Aim:** In our workshop we wish to put an emphasis on the facilitating factors – and specifically human factor ones – that enable clinicians to open a discussion on this difficult topic and genuinely make a difference to patients.

**Methods:** Following a short background presentation on Family Violence and barriers to its identification – we will work in small groups sharing personal stories from our clinical work, utilizing the power of the narrative approach. We will work together to identify and map the different factors which help us diagnose and care for these patients and families. The emphasis will be on the human factors, which may facilitate approach to this common and important problem, among them also our emotions related to these complex cases.

**Results and Conclusions:** Participants are expected to gain an understanding of factors which can facilitate and enhance diagnosis, support and adequate treatment of patients affected by family violence either as survivors, witnesses or perpetrators. By mapping these factors each one will be able to see where further personal or organizational work is needed, to enhance ability to care for these cases. Participants will be introduced to useful relevant clinical resources.

Conflict of interest

no

## Contribution ID: 843

### Presentation form

Workshop

### WORKSHOP: Medical and social support for patients with mental and neurodegenerative disorders in rural areas

### Authors

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**Background:** EURIPA is a network organisation founded by rural family doctors to address the health and wellbeing needs of rural communities and the needs of healthcare professionals serving them across Europe, irrespective of location, culture and resource. The network of rural practitioners and organisations across Europe is constantly growing and it is focused on disseminating good practice, initiating research, developing education in rural areas, and influencing policy.

**Aim of the Workshop:** To identify and share knowledge about potentially valuable and transferable solutions implemented in various countries across rural areas in Europe for the care of mentally ill patients. To share practical information about various approaches to the provision of care for dependent persons with mental illness by rural family doctors across Europe. Sharing of the principles utilised and details of the practical activities is highly welcome.

**Methods:** The 5-minute presentations will be followed by the discussion which will be guided and concluded by moderators.

**Results:** Through the following presentations and discussion, the workshop will consider the innovative approaches taken, lessons learned and issues for sustainability when developing new services. In addition, the workshop will also explore, how these lessons could be transferred to the development of health services in other settings or areas of medicine.

**Conclusions:** This WS may inspire participants faced with diverse approaches to care for dependent persons with mental illness in rural areas to try to design similar projects and implement appropriately in their own settings.

Conflict of interest

no

## Contribution ID: 1230

### Presentation form

Workshop

## **WORKSHOP: Guidelines and mindlines in family medicine practice**

### **Authors**

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**Background:** Family doctors often follow guidelines, which aim is that all patients, irrespective of the place of treatment and regardless of personal characteristics, have equal and comparable quality and optimal treatment for an individual health problem, supported by systematic review of evidence, based on randomized controlled trials, conducted on a selected population under controlled conditions, usually outside primary care.

Can the family doctor use such guidelines in specific situation, with articular patient? Unfortunately often not, because our patient or healthy individual is not "fitting" in any of the guidelines. Then we can rely solely on clinical knowledge and experience, on the knowledge of our defined patients, their families, working and social environment. This is called "mindlines", common sense, knowledge and experience from practice.

**Aims:** The aim of this workshop is to discuss benefits and harms od guidelines use in everyday practice and to introduce the mindlines as a necessary tool for good clinical family practice.

**Results:** The workshop will provide limitations of guidelines in everyday family practice and discusse the alternatives.

**Methods:** Lectures, small groups discussion, reports

**Conclusions:** Guidelines are a welcome help in working with patients as they offer professional, evidence-based and equal treatment for all patients, but too often reveal shortcomings in multimorbid, in elderly, representing the majority of our visits, and especially in patients with less serious illnesses. At that time, the equipment can only be based on physicians' healthy wisdom, experience, ingenuity and the needs of the patient.

Conflict of interest

no

## **Contribution ID: 1245**

### **Presentation form**

Workshop

## **WORKSHOP: A Checklist for implementing rural pathways to train and support health workers in low and middle income countries**

### **Authors**

Belinda O'Sullivan<sup>1)</sup>, John Wynn-Jones<sup>2)</sup>, Bruce Chater<sup>3)</sup>, Amie Bingham<sup>2,1)</sup>

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**Background:** There is a strong interest in investing in rural pathways to develop and support the rural health workforce and improve rural health outcomes, worldwide. However, countries and communities are seeking guidance as to effective action.

**Objective:** This WHO-sponsored project involved the development of a Rural Pathways Checklist, as a complete guide to the implementation of rural pathways in a range of contexts, particularly low and middle income countries (LMIC).

**Method:** The Checklist was developed based on evidence from two focus groups, a scoping review of LMIC evidence, a policy analysis and three stages of virtual consultation in 2018. The Checklist covers all aspects of the rural pathway to train and support rural health workers in LMIC settings, and provides for reflection and learning. The next stage is global dissemination and field-testing before its release at The World Rural Health Conference in Albuquerque 2019.

**Results:** Eight core action areas are included: establishing community needs, policies and partners, exploring existing workers and their scope, selecting health workers, education and training, considering working conditions for recruitment and retention, accreditation and recognition of qualified workers, professional support and up-skilling and monitoring and evaluation. For each action area, there is a series of reflective questions and summary of evidence from LMIC. The Checklist comes with exemplars of best practice from different WHO global regions.

**Conclusion:** This important project signals a number of other developments which might occur in conceptualising and developing rural pathways, for the health of rural communities around the world.

Conflict of interest

yes

## **Contribution ID: 67**

### **Presentation form**

Oral Communication

### **Optimising patients' medical care after prison in Luxembourg**

#### **Authors**

Jorge Batista<sup>1)</sup>, Romain Stein<sup>2)</sup>, Emmanuel Andres<sup>3)</sup>, Patrick Tabouring<sup>2)</sup>, Annette Even<sup>2)</sup>, Francis Raphaël<sup>2)</sup>

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<sup>3)</sup> *Faculté de médecine, Université de Strasbourg, Strasbourg, France*

**Introduction :** Passing through prison can be a health gain for the incarcerated population and release from prison can become a period of vulnerability where this potentially acquired gain is lost if the transition back to civil society is not anticipated. The main objective was the identification and analysis of the factors favor and oppose primary care practice for patients leaving prison in Luxembourg. The secondary objective was to develop recommendations based on the key findings through a literature's review. **Methods :** A qualitative study using semi-structured interviews was conducted with general practitioners and patient-inmates. The

questions from the two interview guides were similar so that the analysis allowed the results to be mirrored. Using the interviews' transcripts, a categorical thematic content analysis of those was conducted based on the objectives. On the basis of verbatim, items were formulated and grouped into dimensions and then themes. **Results** : Our analysis has highlighted the lack of links between the prison and the outside world at each stage of medical and psychosocial care from the point of view of care and support proposed in prison until prison release. Recommendations for doable improvements have been proposed, such as the creation of a general practitioners' network continuing the medical care as well as genuine cooperation with organisations dealing with drug addicts. **Conclusion** : Reforms concerning prison care should be considered between the system of prison release, the creation of socio-medical relays and alternatives to incarceration, in analogy to the transitions clinics found in the United States.

Conflict of interest

no

## **Contribution ID: 92**

### **Presentation form**

Oral Communication

### **How to improve influenza vaccination rates in family medicine/general practice in Europe**

#### **Authors**

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<sup>4)</sup>*EUROPREV and Department of family medicine, Ljubljana Medical faculty, Ljubljana University, Ljubljana, Slovenia*

**Background:** Annually occurring influenza infections continue to pose an important public health problem in Europe and around the world. It is associated with deterioration of chronic disease, increased general practice consultation rates, hospital admissions, higher risk of admission to intensive care units and even mortality. It causes economic and social losses due to absence from work and school, decreased productivity, extra pressure on health care and social services during the flu season.

**Aim of the workshop:** WONCA Europe and ESWI share the concern about the need to improve the prevention and management of influenza by family physicians/general practitioners during seasonal and pandemic outbreaks of flu. After all, despite the scientific evidence as well as the efforts to encourage influenza vaccination, the overall vaccination rates among patients in the clinical groups at-risk and healthcare workers remain low. This workshop will therefore provide a current state-of-the-art of influenza vaccine uptake in Europe, explore pathways to improve this uptake, discuss the crucial role of family/general practice teams in influenza vaccination and present scientific arguments for primary care teams to get vaccinated annually.

## **Outcome and dissemination:**

The workshop will yield a set of concrete actions and recommendations to improve influenza vaccination rates in family/general practice. The development of an easy-to-grasp report will make the results accessible for wider distribution through the WONCA and ESWI channels.

The organization of a symposium during the 7th European Influenza Conference in Valencia, Spain (13-16 September 2020) will provide the opportunity to evaluate the progress made.

Conflict of interest

yes

## **Contribution ID: 111**

### **Presentation form**

Oral Communication

### **The human involvement of general practitioners in rare diseases**

#### **Authors**

Patrick Tabouring

*Université du Luxembourg, Luxembourg, Luxembourg*

**Background:** While the national policies regarding rare diseases begin to be implemented, general practitioners are still lacking ways to deal and tend to be intimidated with said diseases. The multiplicity of the pathologies and the diagnostic difficulties justify their reluctance. On the other hand, they have particular competences of empathy and the knowledge to identify psycho-social difficulties and needs.

**Aim:** Rare diseases are often the source of individual and family suffering caused by psychological and social factors. The identification of their suffering and the search for solutions are part of the competence and experience of general practitioners.

**Method:** The harmful psycho-social impact of rare diseases on patients and their families will push us to research the psychological and social causes of their suffering, as well as to come up with viable solutions.

During the plenary session, we will analyze the results in comparison to the different nationally implemented measures in regards to rare diseases.

**Results and conclusions:** We hope to sensitize general practitioners in regards to their perception of the psycho-social difficulties facing rare disease patients and families. Thus, we aim to improve their recognition and their life conditions. The identification of their needs and the elaboration of solutions will permit to improve care options. The international meeting will allow to improve the cooperation between the different governmental decisions in regards to rare diseases. Thus, the general practitioners' key roles in rare diseases will be better determined.

Conflict of interest

no

## **Contribution ID: 120**

### **Presentation form**

Oral Communication

## Obesity and climate change

### Authors

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Obesity leads to severe acute and long-term health and social consequences. Several studies have highlighted the link between obesity and changing climatic conditions.

We try to illustrate the problem by case report of the extremely obese 62-year-old woman, a former smoker, a hypertonic patient, after a heart attack with an implanted pacemaker, a diabetic, in a chronic dialysis program. The reason for admission was unbalanced hypertension. The patient was extremely obese (height of 157cm, weight of 135kg, BMI was 54.7 kg/m<sup>2</sup>., waist circumference 160cm).

All examinations and therapy have become difficult during hospitalization. Sometimes we faced almost irresolvable situations, for example when the patient shrank to the ground at night, and the currently attended medical staff could not pick her up. Patient died despite the excessive medical effort. Pathological anatomical autopsy was not performed.

Patient moved from north-eastern Slovakia to Bratislava in early July 2017 in the hope of better care and support. While in the city it came from, the maximum temperature was in the first half of August 2017 to 33°C. In Bratislava, where she came to live with her daughter, it was up to 40°C. We believe that an extremely obese patient has been terribly tolerant of these temperature records, which seems to have been signified by a worsening of her health condition.

The growing level of income and the consequences of globalization have led to a rapid increase in obesity and vice versa a consumer's lifestyle contributes to climate change.

Conflict of interest

no

### Contribution ID: 150

#### Presentation form

Oral Communication

## Evaluating the disorders of health on refugees due to social factures of war and population moving, in a rural Crete

### Authors

Theodoros Vasilopoulos, Dimitrios Vasilakis, Dionysios Varthalis, Dimitra Kalemaki, Ioannis Poulorinakis

HEALTH CENTER OF AG. VARVARA, Herakleion Creta, Greece

**Introduction/Aim:** During the last year, more than 700 refugees from the countries of Middle East arrived in Heraklion, Crete, by boat, under insecure circumstances. The aim of study is to evaluate the main health disorders of health that refugees appear with in primary health care in Crete. **Materials and Methods:** A qualitative research

with semi-structured interviews was performed in 52 refugees (20-40 years old), with information about PTSD screen for DSM 5, Beck's Depression Scale and the Rome IV Diagnostic Criteria for IBS. **Results:** Refugees who were examined, apart from the post-traumatic stress disorder which was reported from the majority of them (69,2%), according to the Beck's Depression Scale almost 53,8% suffer from depression, 38,5% report symptoms of functional dyspepsia, 34,6% describe irritable bowel syndrome's symptomatology, 46,1% report tension headaches and diffuse musculoskeletal pain in 57,6% of them. Most of their symptoms first appeared in their country at the war zone. After their arrival in Crete, many of them report an improvement of their symptoms, possibly due to better living conditions, hospitality and the easier access to primary health care. **Conclusion:** Refugees suffer, not only from psychological but also from physical and functional health disorders as a result of the general process of immigration. Headaches, depression, functional dyspepsia and IBS and musculoskeletal disorders seem to be the main causes of asking a medical consultation in the primary health care. Accommodation, nutrition, effective social services including the access of health care services and basic determinants of health should be provided and considered as the key of a positive progress of these disorders.

Conflict of interest

no

## **Contribution ID: 160**

### **Presentation form**

Oral Communication

### **Impact and prevention of non-fatal strangulation in cases of domestic violence**

#### **Authors**

Pascale Franck, Bert Groen, Leo Pas

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Strangulation is one of the most lethal forms of violence used by men against their female intimate partners, unconsciousness may occur within 10 seconds and death within 4-5 minutes. Strangulation is in fact one of the best predictors for the subsequent homicide of victims of domestic violence (Journal of Emergency Medicine, 2008). International studies have indicated that between 23% and 68% of women victims of domestic violence have experienced at least one strangulation assault by a male partner.

Victims who are strangled may have no visible injuries whatsoever, yet because of underlying brain damage due to the lack of oxygen during the strangulation assault, they may have long term serious injuries or die days, even weeks later. The lack of external injuries and the lack of identifying near-fatal strangulation cases among professionals led to the minimization of this type of violence, exposing victims of violence to potential serious health consequences, further violence and even death!

Within Europe there's however a big lack of knowledge and expertise on strangulation in domestic violence cases.

The training offers an insight in the dynamics and impact of non-fatal strangulation, and how to recognize, disclose, question and document this form of violence.

The workshop is built up with case-studies, practical information and will provide on-line-materials to further enhance knowledge and how-to-handle information.

There is the possibility to connect with the European Family Justice Center Alliance for further support in handling this cases.

Conflict of interest

no

## **Contribution ID: 166**

### **Presentation form**

Oral Communication

### **Vitamin d deficiency in modern societies – why and how?**

#### **Authors**

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Vitamin D deficiency is prevalent in many countries and there are many risk factors for this condition. In countries located far away from the equator, a reduced production of vitamin D<sub>3</sub> in the skin due to naturally lower solar radiation plays the major role. In addition, unhealthy lifestyle habits, sunlight avoidance, comorbidities, e.g., obesity or malabsorption syndrome, as well as low rates of vitamin D supplementation contribute to the development of low vitamin D status. The understanding of vitamin D physiopathology might help in identifying the main risk groups. For patients in those groups, an analysis of serum 25-hydroxy-vitamin D – the best marker of patient's vitamin D status – should be performed. In case of low vitamin D status, an appropriate supplementation should be recommended.

Conflict of interest

no

## **Contribution ID: 194**

### **Presentation form**

Oral Communication

### **Drug facilitated sexual assault : an emerging reality in the context of gender violence**

#### **Authors**

Maria Yolanda Valpuesta Martin<sup>1)</sup>, Susana Sanchez Ramon<sup>2)</sup>, Maria Yolanda Valpuesta Martin<sup>1)</sup>, Carmen Fernandez Alonso<sup>1)</sup>, Sonia Herrero Velazquez<sup>1)</sup>, Marta Menendez Suarez<sup>1)</sup>, Irene Repiso Gento<sup>1)</sup>, Lydia Salvador Sanchez<sup>1)</sup>, Jose Ignacio Santos Plaza<sup>1)</sup>, Mar De La Torre Carpentel<sup>1)</sup>

<sup>1)</sup>*Sacyl, Valladolid, Spain*

<sup>2)</sup>*Emergency Department, The Universitary Hospital of Río Hortega, Valladolid, Spain*

**Introduction:** In Spain, according to de 2015 National Survey Data, 7% of women will suffer sexual violence at any given point.

The consumption of some chemical substance is involved in approximately 20% of sexual assaults, either because the aggressor administers a hidden substance to their victim to incapacitate her (Proactive DFSA) or because the aggressor takes advantage of their victim's voluntary consumption of alcohol or other drugs (Opportunistic DFSA).

According to the National Institute of Toxicology and Forensic Sciences, in 88% of police reports, the typical substances are ethanol (61.7%), legal drugs (40.2%) and illegal drugs (27.1%) like GHB, scopolamine, amphetamines and their derivatives.

**Method:** The subject will be exposed relying on a patient clinical case.

**Results:** In general, these low-dose drugs are odourless, tasteless, easily administered, quickly eliminated and difficult to detect. They also take effect quickly, can dissolve easily in drinks and have sedative and anterograde amnesic effects.

Victims are usually disoriented, showing unspecific symptoms, which are typically neurological and hard to identify. They usually wake up undressed or with their clothes messed up, in a strange place or next to an unknown man, and feeling they might have had some kind of sexual intercourse.

**Conclusions:** Sexual violence is a silent awkward reality, a pending matter for the health care system, society and justice.

The key to diagnosing this crime is to suspect it. It is necessary to eliminate prejudice and to set protocols for comprehensive care to victims, beyond some right biomedical procedures.

Conflict of interest

no

## **Contribution ID: 221**

### **Presentation form**

Oral Communication

### **Prevalence, components analysis and correlation with lifestyle habit of metabolic syndrome in Korea. : National health examination data from 2014 to 2015**

#### **Authors**

Kyunghee Cho

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**Introduction:** The prevalence of the metabolic syndrome in Korean population was investigated through the National Survey of the National Health Service, 2014-2015. We analyzed the components of the metabolic syndrome and found correlation with lifestyle,

**Method:** We used the national health screening data every 2 years in Korea. It was selected for all the people who were screened in 2014 and 2015. A total of 19,597,748 persons were used for the analysis.

**Result:** Among all investigators, the prevalence of metabolic syndrome was 19.18%. In men, the prevalence rate was the highest in their 40s and decreased with age. In women, the prevalence rate was the highest in the 60s, followed by 70s, 50s, and 40s. In both men and women, there was a tendency to increase according to income and obesity. According to sex, men were in the order of triglycerides, blood pressure,

blood sugar, waist circumference, and HDL. In women, blood sugar, HDL, and blood pressure were similarly high, followed by triglyceride and waist circumference.

In the lifestyle field, in men, the relative risk of metabolic syndrome increased with the increase alcohol consumption, smoking and exercise. In women, the relative risk of metabolic syndrome increased with increasing alcohol consumption and smoking, but no correlation with exercise.

**Conclusion:** In Korea, the prevalence of metabolic syndrome gradually increased, leading to a tendency to increase to a bad lifestyle. For the management of metabolic syndrome, individualized tailored approaches are needed. In addition, sophisticated analysis and management of each factor is required.

Conflict of interest

no

## Contribution ID: 227

### Presentation form

Oral Communication

### Is alcohol risk reduction doable in GP office visits in the French context? Crossing GP and patient perspectives

#### Authors

Géraldine Bloy<sup>1)</sup>, Daphné Brion<sup>2)</sup>, Marie-Laurence Nguyen Dinh<sup>2)</sup>, Marion Thévenot<sup>3)</sup>, Laurent Rigal<sup>4,3)</sup>

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**Introduction/Aim:** Alcohol consumption is frequent and leads to substantial morbidity. GPs are supposed to have many opportunities to question it and bring awareness to patients of its numerous hazards. Cultural habits can complicate this task. By exploring the representations of alcohol in relation to health and disease in both the GP and the patient perspective, we sought to understand why implementing the risk-reduction paradigm in the doctor-patient relationship was so difficult.

**Material/Methods:** Data comes from two qualitative studies. Based on 99 semi-structured interviews with French GPs, the PrevQuali study explored GP experiences and the construction of their practice style in primary prevention. Based on 90 semi-structured interviews with patients, the PrevER study explored people's experiences and representations about prevention. The interviews contained specific questions about alcohol. The transcripts were collectively analysed in the grounded theory framework.

**Results:** Both studies showed a tendency to minimize the risk of 'ordinary' alcohol intake, as long as it met socially accepted norms. Alcohol demonization and patient stigmatization were globally avoided by GPs, reluctant to run a risk of damaging the doctor-patient relationship. Alerts reported by patients were low level ones, softly signaling a temporary reversible problem with a fuzzy risk threshold. Patients reported feeling good about this counselling since risk reduction seemed tinged with familiarity and, paradoxically, reinsurance. They seemed to keep seeing ordinary

alcohol consumption “so normal it’s safe”, as if real dangers concerned only drunkards.

**Conclusion:** Without cultural change, making alcohol-related risks common knowledge remains challenging in office visits.

Conflict of interest

no

## **Contribution ID: 254**

### **Presentation form**

Oral Communication

### **Nutritional assessment of the elderly in primary health care**

#### **Authors**

Juliana Caçoilo, Carlos Bento, Benedita Lima, Maria Correia  
*USF Oriente, Lisboa, Portugal*

**Background:** Nutrition is an important health determinant in patients over 65. However, malnutrition in the elderly is often underdiagnosed. Many patients have an increased risk for malnutrition compared with other adult populations. It is estimated that between 2%–16% of community-dwelling elderly are nutritionally deficient in protein and calories. Careful nutritional assessment is necessary for both the successful diagnosis and development of comprehensive treatment plans for malnutrition in this population. **Aim of the Workshop:** Demonstrate how to assess nutritional status of elderly patients and identify those who are malnourished or at risk of malnutrition. **Methods:** The workshop will consist of a first theoretical approach and then a practical part. Contents will include a structural approach to the nutritional assessment of the elderly in the primary care consultation with the screening of malnutrition situations or patients at risk of malnutrition, applying validity scales and obtaining quality anthropometric data. In the practical part we will approach some forms of food supplementation presenting recipes and we will train anthropometric evaluation. Results and **Conclusions:** Older people are at an increased risk of inadequate diet and malnutrition, and the rise in the older population will put more patients at risk. Inadequate diet and malnutrition are associated with a decline in functional status, higher hospital and readmission rates and mortality. Given these, a careful nutritional assessment is necessary for both the successful diagnosis of malnutrition in the elderly and the development of appropriate treatment plans.

Conflict of interest

no

## **Contribution ID: 290**

### **Presentation form**

Oral Communication

### **Describing rural medical education across Europe: identifying the good practice and the gaps**

#### **Authors**

Silke Brenne<sup>1)</sup>, Susan Höhne<sup>1)</sup>, Markus Herrmann<sup>1)</sup>, Jane Randall-Smith<sup>2)</sup>

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

 Bratislava  
June 26-29, 2019

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**Background:** Due to demographic change and the lack of young medical graduates, willing to practice in rural areas, the medical care situation in many European countries is alarming. International experience shows: The pathway to Rural Generalist Medicine is a 'pipeline' that begins prior to medical school and extends through postgraduate training to lifelong learning. It suggests that students educated in rural areas, are more likely to establish practices in such locations. Although countries like Australia or Canada have implemented rural training concepts, in several European countries the rural-pipeline-to-practice concept is not yet established.

**Aim:** We will present the findings of a survey of the European experiences in teaching rural health, exploring what is happening from school student recruitment in rural areas, in medical school, GP training through to CPD with examples of good practice in European rural medical training programs. Experiences of the participants in recruitment for and teaching in rural health shall be shared.

**Methods:** After a keynote speech about the survey all participants are invited to use a "World Café" to share their experiences, identify opportunities and limitations and to develop new ideas and visions.

**Results:** We expect inspiration in:

Identifying different rural health initiatives existing in Europe;

Implementation of a platform for new ideas;

Networking for exchange of experiences in recruiting for and teaching and learning in rural health;

Improving the pathway of rural medical care programs.

**Conclusions:** International experience of rural-pipeline-to-practice programs is already available. The exchange of experts can help to take the agenda forward.

Conflict of interest

no

**Contribution ID: 308**

**Presentation form**

Oral Communication

**Analysis of food availability facing disaster in Indonesia: a case study of West Sumatera Province**

**Authors**

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<sup>1)</sup>*Community Medicine, Andalas University, Padang, Indonesia*

<sup>2)</sup>*Nutrition, Andalas University, Padang, Indonesia*

**Introduction/Aim:** Indonesia is vulnerable to many major natural disasters. Specifically, the country located in 'the ring of fire pacific' which prone earthquake and volcanic eruption. West Sumatera Province especially, had experience facing the

big earthquake in 2009, which caused more than 1000 people died and environmental damage. The life victims displaced from their home and scarce with the food and clean water supply. This study aimed to explore the preparation and readiness of food and nutrition availability facing disaster from stakeholders and structural policy perspectives in Indonesia, which the case study of West Sumatera Province.

**Material and Method:** A qualitative case study has been conducted by conducting document analysis and interviewing stakeholders who responsible for logistics preparation and food supply during disasters. The thematic framework analysis was used to analyze the data and to draw the conclusion.

**Result:** Indonesian has government acts in disaster management, which regulate mitigation and emergency response for disasters. Logistic and food supply is coordinated by Board of Disaster Management of the province and the district level. Meanwhile infant food is managed and supplied by provincial and district department of health. However, human resource and psychological factors become challenges during disaster to distribute the food stock to reach the victims. The staffs of Board of Disaster Management and Department of Health may also become victims, which hinder them to distribute logistics and food supply.

**Conclusion:** Indonesia has sophisticated regulations in disaster management, however psychological issues during disaster become a challenge to distribute food stock and logistic.

Conflict of interest

no

## **Contribution ID: 341**

### **Presentation form**

Oral Communication

### **What every family doctor should know about minority stress**

#### **Authors**

Piotr Kudłacz<sup>1)</sup>, Stuart Holmes<sup>2)</sup>, Julien Artigny<sup>3)</sup>

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<sup>2)</sup>*Royal College of General Practitioners, Manchester, United Kingdom*

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**Background:** Minority stress theory says that members of certain minority groups (e.g. LGBT people and migrants) are exposed to additional, unique stressors besides those experienced by the general population. This chronic experience can result in higher rates of anxiety, depression and suicide attempts. Moreover, recent studies show that experiencing minority stress can increase the prevalence of physical health problems. **Aims of the workshop:** This workshop aims to improve participants' knowledge of minority stress and how it affects mental and physical health. It also aims to help participants identify possible interventions in their practice as family doctors that will improve care for patients belonging to minority groups. **Methods:** The authors will present the scientific evidence for minority stress and its implications. Participants will discuss opportunities to prevent minority stress and interventions that can mitigate its effects. There will be an emphasis on sharing learning from best practice in different countries across the European region. To

conclude, the authors will summarise the identified solutions and prepare a list of helpful ideas that participants can take back to their daily practice. **Results and Conclusions:** Participants will have improved their knowledge about the concept of minority stress and groups that are at risk. They will have identified solutions that they can implement in their personal practice to provide better care to their patients who are members of minority groups.

Conflict of interest  
no

## Contribution ID: 344

### Presentation form

Oral Communication

### Fundamentals of quality improvement and enhancing professional satisfaction

#### Authors

David Moores<sup>1)</sup>, Mirella Chiodo<sup>1)</sup>, Gail Burns<sup>2)</sup>

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**Objectives:**1) At workshop conclusion participants will have shared their significant event experiences and obstacles/facilitators to professional satisfaction: 2) participants will have modelled a Significant Analysis Process: 3) participants will have developed a Quality Improvement Project and identified the barriers/facilitators to instituting it.

**Description:** The ecology of quality and safety issues in family practice/primary care in many countries is not so well known when compared to hospital-based practices. Evidence suggests when physicians perceive themselves as providing high-quality care or their practices facilitating their delivery of such care, they report better professional satisfaction. Conversely, physicians describe obstacles to providing high-quality care as major sources of professional dissatisfaction. These obstacles could originate within the practice or may be external to the practice. Interventions that address these quality concerns, simultaneously improving both the quality of care patients receive and physician professional satisfaction, should be attractive to multiple stakeholders. This 75 minute workshop consists of a series of brief presentations/videos and significant engagement of participants. (PollEverywhere, small group work and reporting). Reflecting on their clinical practices, participants will individually identify a significant event and participate in identifying an event for more in-depth analysis. Utilizing a Quality Improvement framework, groups will develop a project initiative that could be used to improve quality and safety in their respective practices. Anticipated barriers to significant event identification and analysis and quality improvement initiatives will be identified as well as strategies to deal with these barriers.

Improving service quality and professional satisfaction is fundamental.

Conflict of interest  
no

**Contribution ID: 389**

**Presentation form**

Oral Communication

**The correlation between problematic Internet use and sleep disorders in lebanese adolescents**

**Authors**

Grace Abi Rizk, Yasmine Habli

*family medicine, Saint Joseph University, Beirut, Lebanon*

**Introduction** The purpose of the study is to investigate the association between internet addiction (IA) and sleep disorders in adolescents.

**Materials and Methods:** A self-administered questionnaire was distributed in a private school in Beirut to adolescents aged 12 to 18. It was based on Young's criteria for internet addiction and the DSM V's internet gaming disorder. An addiction score ranging from 9 to 40 points was developed to better assess the degree of problematic internet use. The study was approved by the Ethics Committee of Saint Joseph University of Beirut

**Results:** 280 adolescents answer the questionnaire with a response rate of 56%. The average age was 15,1 and 57% were female adolescents. All have access to the Internet, 44.6% spent between 2 to 3 hours on the net and 21.1% spent more than 5 hours. Teenagers used the internet mainly to communicate, use social networks and watch videos, movies and series. The mean internet addiction score obtained was 21.10 +/- 5.14. Regarding their sleeping hours, 31.2% slept for 6 hours or less. Having trouble falling asleep at night was associated with a higher IA score ( $r = 0.186$ ,  $p = 0.002$ ). Gender and ease access to the internet were not correlated to internet addiction.

**Conclusion:** The study thus showed an association between the level of IA and sleep disorders. A larger and more diverse sample would be useful to better analyze the problem.

Conflict of interest

no

**Contribution ID: 472**

**Presentation form**

Oral Communication

**Transgender people's reasons for visiting their general practitioner: a cross-sectional study in France**

**Authors**

Maud Garnier, Sarah Ollivier, Marie Flori, Christine Maynié-François

*University College of Family Medicine, Université de Lyon, Lyon, France*

**Introduction:** Transgender people may require specific healthcare but, outside of transition-related matters, the data available on primary care is very scarce for this population. Our main objective was to describe trans people's reasons for consulting a general practitioner (GP) outside of the transition context. The secondary objective

was to study the qualitative aspects of the consultations at the GPs for this population.

**Materials and methods:** We conducted a cross-sectional and descriptive study in France. Our questionnaire was composed of both multiple-choice and open-ended questions. The reasons for consulting, described retrospectively by the respondents, were classified according to the International Classification of Primary Care – 2nd edition (ICPC-2). The answers to the open-ended questions were qualitatively analyzed by theme and occurrences.

**Results:** Out of 320 respondents, 50% went to their GP for a problem unrelated to their transition. We coded 155 reasons for consulting. Procedures such as prescription renewal and administrative paperwork came first and represented 33% of the answers. Then came general symptoms (15%), rheumatological symptoms (12%), respiratory symptoms (10%), and psychiatric symptoms (8%). Benevolence from the physician was the most important criteria for a successful consultation. Being misgendered was the most recurring problem participants encountered.

**Conclusion:** Outside of transitioning, procedures and general symptoms were the main reasons transgender people visit their GP. Transgender people reasons for visiting their GP were similar to the general population's reasons. To the best of our knowledge this is the first study exploring primary care visits of transgender people.

Conflict of interest

no

## Contribution ID: 475

### Presentation form

Oral Communication

### The Zi diagnoses thesaurus for primary care: A mapping tool between ICD-10 and ICPC-2

#### Authors

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**Introduction:** General practitioners (GPs) face a broad variety of symptoms, diseases and administrative tasks in their daily routine. Two classifications – the International Classification of Primary Care, Second edition (ICPC-2) and the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) – are used for coding depending on federal laws. Since both classifications exist in parallel the translation into each other is desirable for communication and research.

**Objective:** Objective of this study was to evaluate the usability of a German diagnoses thesaurus for GPs as mapping tool between ICD-10 and ICPC-2.

**Methods:** The German thesaurus had been established previously based on the needs of GPs with the aim to support diagnoses coding in ICD-10. Different approaches have been deployed to link the thesaurus to ICD-10 as well as to ICPC-2.

**Results:** The German thesaurus includes 579 different entries mapped on 365 codes of the ICD-10. For each entry of the German thesaurus at least one appropriate match of the ICPC-2 could be appointed. 127 ICD-10 codes matched exactly one

code of the ICPC-2; 85 ICD-10 codes matched more than one code of the ICPC-2. Vice versa 30 ICPC-2 codes matched more than one code of ICD-10.

**Conclusions:** Although ICD-10 and ICPC-2 originated from different purposes a suitable mapping could be realized by the German diagnoses thesaurus for GPs. Users interested in using both classifications have to decide on a few remaining ambiguities.

Conflict of interest

no

## **Contribution ID: 477**

### **Presentation form**

Oral Communication

### **Sad or sick? A qualitative research about the way GPs are dealing with sadness complaints among young adults**

#### **Authors**

Eva van Dijk, Donald van Tol

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**Introduction/Aim:** The aim of this study is to get more insights into the way general practitioners are dealing with complaints of sadness among young adults. The Dutch Council for Health and Society warns that these complaints are risked being interpreted as individual medical problems. They therefore argue that healthcare professionals more often have to take off their medical glasses, with de-medicalization being part of their professional responsibility.

**Materials and Methods:** Qualitative semi-structured interviews with a case vignette were conducted with 13 GPs in different phases of their career.

**Results:** All participants acted proactively but different. A typology of three types of general practitioners was created. The first type is the 'fast referrer' which was divided in reasons of fast referral: because of concern, ease or feelings of incompetence. The second type is "the expert" and the third type is 'the societal GP'.

**Conclusion:** This study introduces the term semi-legitimized sick role when GPs act proactively but don't call complaints of sadness a depression yet. When they do call it depression, a shift occurs between 'illness' and 'disease' and the sick role (Parsons, 1951) is completely legitimized. There seems to be a paradox in the way GPs think about de-medicalization on a macrolevel and the way they are proactively acting on a microlevel. The third type: 'the societal GP' seems to be most able to take off their medical glasses and show a more multifactorial view on complaints of sadness. Therefore, this type connects most to a course of de-medicalization.

Conflict of interest

no

## **Contribution ID: 478**

### **Presentation form**

Oral Communication

### **Podcasting in Primary Care. Azusalud experience**

## Authors

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**Introduction/aim:** Objectives: To promote health education using the podcasting to improve the healthy lifestyle. Increase the scientific culture in our population and fight against the fake news about health. We want keep the knowledge of the professionals updated and develop communication skills.

**Materials and methods:** The Azusalud podcast is a radio program on internet. We recorded it every 15 days and we spread it free on the internet. You could find it in Spreaker or another channels like iTunes, iVoox, iHeart Studio or Spotify. Available for iOS and Android. We talk about scientific articles, health news and alerts. We recorded it in our health care center. General practitioners, medical internal residents and nurses from health care center. The patients can participate sending their comments and suggestions to our e-mail.

**Results:** We began with the project in February 2018. We have 20 programs until now with great diffusion. We have served 4000 audios, and we have more than 400 followers. The podcast is frequently among the most 100 listened programs in the Medicine section of iTunes. The 85% of the listeners are from Spain, 10% from EEUU, and the others from Europe y South of America.

**Conclusion:** The health professionals are a very important source of information for the patients. The trust that the patients have in us can be extended to the networks. For these reason our presence in them can help to inform better and more directly in addition to promoting the doctors and patients relationship.

Conflict of interest

no

## Contribution ID: 500

### Presentation form

Oral Communication

### PrEP - can one pill a day keep HIV away?

#### Authors

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<sup>3)</sup>*French College of General Practice, Toulouse, France*

**Background:** Most HIV transmissions in the EU/EEA occur through sex between men. Pre-exposure prophylaxis (PrEP) is an antiretroviral therapy used to significantly reduce the risk of HIV infection in adults who are at high risk of infection. However the availability of PrEP to high risk groups varies considerably across the European

region. There is also much variation in knowledge about PrEP amongst family doctors.

**Aims of the workshop:** This workshop aims to inform family doctors about how PrEP works, its proven benefits and side effects. The workshop also aims to provide a forum to gently explore questions or doubts that family doctors may have about a medication that can be seen as enabler of risky sexual behaviour.

**Methods:** The authors will present scientific data about PrEP and its impact so far. They will collaborate with the workshop participants to characterise the different ways PrEP is provided (or not) across Europe. Finally the authors will facilitate group discussion about any doubts or concerns that the participants may have about the ethical aspects of PrEP.

**Results and Conclusions:** Workshop participants will have gained an understanding of PrEP and the benefits it can provide to their patients who are at high risk of HIV infection. They will have had the opportunity to reflect on their role in caring for patients whose lifestyles may not align with their personal values. Hopefully the participants will leave the workshop with the desire to lobby for better access to PrEP in their own country.

Conflict of interest

no

## Contribution ID: 525

### Presentation form

Oral Communication

### "A Pill A Day Keeps HIV Away"- Preexposure Prophylaxis of HIV Infection

#### Authors

Mafalda Coelho, Pedro Teixeira, Vasco Freire, Hernâni Sousa  
*USF Loios - ACES Lisboa Central, ARS LVT, Lisboa, Portugal*

**Background:** About 30 years into the global HIV epidemic and the infection rates still remain high. Over 2 million people get infected each year. During 2017 there were diagnosed 886 new cases of HIV infection in Portugal. Pre-Exposure Prophylaxis of HIV Infection (PrEP) is an oral antiretroviral (enofovir/emtricitabine) pre-exposure prophylaxis, for which the treatment is taken a single pill once a day, reducing HIV incidence among at-risk individuals, including people in serodiscordant relationships, men who have sex with men and other high risk men and women. PrEP may be a reliable tool in preventing the transmission of HIV. Although knowledge among primary care about PrEP is low, nevertheless guidelines have been developed to help incorporate PrEP into primary care practice.

**Aim of the Workshop:** This workshop aims to raise awareness of the HIV/AIDS epidemic and to promote prevention strategies, in particularly PrEP.

**Methods:** This workshop will start with brief presentations about: An overview of the epidemiology of HIV in Portugal, Europe and Worldwide; What is PrEP? Benefits, Risks and Cost-effectiveness; Lessons learnt in other countries who had already implemented PrEP; Primary Care Role. Then participants will be divided into small groups to discuss their own doubts/fears and share their individual experiences from

their countries regarding the PrEP. Then the workshop will close after each group presents their conclusions.

**Results and Conclusions:** We expect to increase awareness about PrEP and its role in HIV prevention and identify opportunities and practical approaches in primary care to contribute to HIV/AIDS prevention.

Conflict of interest

no

## Contribution ID: 529

### Presentation form

Oral Communication

### Validation of the WAST questionnaire for the Primary Care population that suggest changes in its application.

#### Authors

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**Introduction/Aim:** Intimate partner violence (IPV) is a serious Public Health issue. Health System has a fundamental approach role. Woman Abuse Screening Tool (WAST) was validated in the scope of our population, Spanish region Castilla-León.

**Material/Methods:** Cross-sectional survey comprise a random female sample of 422 individuals registered in urban/rural Health Centres in Burgos. An interview is first conducted on pre-screened women willing to take part in this study. WAST-long was used for detecting true cases regarding episodes confirmed by direct questions at interview and was validated assessing area interval under ROC-curve.

**Results:** 38 women (14,39%) revealed IPV. Positive diagnosis direct questioning in the interview (Gold Standard). WAST-long (8 items) with a cut-off point  $\geq 13$  confirmed positive IPV in 19 women (true positive). The best cut-off point under ROC-curve optimizing psychometric parameters was  $\geq 11$ : S:89,5%; E:93,9%; VPP:70,8%; VPN:98,2%. Internal consistency by Cronbach  $\alpha=0,758$ . WAST-short was also evaluated as a screening test and best performance of psychometric parameters was obtained with 3-2-1 scoring system and a cut-off  $\geq 3$ : S:81,6%; E:77,3%; VPP:37,3%; VPN:96,2%. Diagnosed IPV by WAST-short and WAST-long were coincident on 78,3% level, Kappa-Index

40%(IC95%:28,3-51,7%). Women's acceptability being asked about the possibility of suffering IPV was 96.6% of total and 97.6% in victims

**Conclusions:** WAST questionnaire validity using criteria from its authors ( $\geq 13$ ) was low in our population. Our results suggest a change in WAST-long cut-off to  $\geq 11$  optimizing its performance, also suggested by other studies. May possibly prove useful for Healthcare-Services in supporting changes for improving IPV-screening-methods.

Conflict of interest

no

## **Contribution ID: 562**

### **Presentation form**

Oral Communication

### **Violence and women mental health: what general practitioner can do? WWPWFM workshop**

#### **Authors**

Victoria Tkachenko<sup>1)</sup>, Donata Kurpas<sup>2)</sup>, Nil Tekin<sup>3)</sup>

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**Background:** The WONCA Working Party on Women and Family Medicine (WWPWFM) is policy initiator in gender equity and advocating women's health, was established in 2001. According to National Statistics 1.2 million women suffer from violence each year. Research suggests that women experiencing domestic abuse is more likely to experience mental health problem. On the other hand, women with mental health problems are more likely to be domestically abused (30-60%). Violence is associated with depression, anxiety, PTSD and substance abuse in general population and also has significant impact on children's mental health.

**Aim of the Workshop:** To share knowledge and experience about influence of violence on women mental health and vice versa, to share practical information about various approach to problem solutions in provision of primary care across Europe, to determine the role of WWPWFM in resolving this problem.

**Methods:** The 15-minute presentations will be followed by discussion panel which will be guided by moderators.

**Results:** The workshop will help participants to understand better the mental changes in women experiencing violence, mental disorders and illnesses that may be occurred by violence, consider the approaches how general practitioner and WWPWFM can help and support women, to manage the situation and to prevent victimization.

**Conclusions:** The problem of violence is more actual in women and connected with mental disorders. The WWPWFM is advocating women's health, this workshop will help participants to determine approaches to better care of women with mental disorders suffering from violence for implementation in own settings

Conflict of interest

no

**Contribution ID: 563**

**Presentation form**

Oral Communication

**Psychosocial determinants, chronic diseases and quality of life**

**Authors**

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<sup>2)</sup>HIPPOCRATES Association of GP/FM, Athens, Greece

**Background:** Chronic illnesses cause significant physical, emotional and social consequences that may affect patients' and their families' quality of life. They also place a considerable burden on society and health care system. Psychosocial determinants are shown to be factors that may interact with health behaviours, treatment adherence, social habits, patient satisfaction and overall health outcomes.

**Aim** of the workshop is to discuss the influence of psychosocial determinants on quality of life and overall well-being among patients with chronic diseases and to debate on how better approach psychosocial factors (including spirituality, religiosity, self-esteem, perceived self-efficacy, dispositional optimism, positive affect, hope, social support) in order to improve patients' care.

**Methods:** A variety of useful tools and methods including brainstorming, small group discussions, buzz groups and short presentations will enable the discussion on how primary care physicians may address their patients' needs and psychosocial factors and how to incorporate them in the daily practice.

**Results and Conclusions:** The coverage of patients' biological, emotional, social and spiritual needs and the investigation of psychosocial factors that can affect patient's attitudes and behaviours should be a basic ingredient of the holistic approach. Family physicians should take into account psychosocial interventions when planning and offering care their patients in order to positively influence the natural history of chronic diseases, to facilitate social support and to establish human and personal lifelong relations.

Conflict of interest

no

**Contribution ID: 633**

**Presentation form**

Oral Communication

**Vegetarian diet and its Implications on mental health: An evidence-based review**

**Authors**

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**Introduction/Aim:** Vegetarian diets are constantly associated with cardiovascular and other health benefits. However, the relationship between depressive symptoms

and vegetarian diets is controversial and unclear. The aim of this review is to assess the association of depressive symptoms with a vegetarian diet.

**Materials and Methods:** A systematic research was made in several scientific bases including but not limited to Pubmed, using the MeSH terms: "vegetarian diet", "depression symptoms" and "depression" on January 2019. Articles in English, Spanish and Portuguese were included.

**Results:** 13 studies met the inclusion criteria (9 cross-sectional studies; 2 case control; 1 multicenter randomized controlled study; 1 qualitative study). In some studies, vegetarian diets were associated with an elevated risk of mental disorders such as depression, poorer mental health in men, young women and the elderly. One study reported that depressive symptoms gradually increased with the number of excluded food groups, regardless of food type. Nevertheless, other studies have concluded that the vegetarian diet doesn't appear to adversely affect mood, and may improve not only physical, but also mental health. Vegetarians had less anxiety and depression symptoms when compared to non-vegetarian individuals. Furthermore, two of the studies concluded that a healthy plant-based diet might be associated with a lower chance of psychological disorders and less chronic conditions.

**Conclusions:** Studies investigating the relation between vegetarian diets and depression have yielded conflicting results, either demonstrating risk for mental disorders or having a preventive effect. Due to the heterogeneity of results, further studies are needed in this area.

Conflict of interest

no

## **Contribution ID: 641**

### **Presentation form**

Oral Communication

### **Allergy testing (serology with specific IgE) in children with asthma could lead to substantial cost savings for the NHS: a population-based simulation study**

#### **Authors**

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**Introduction/Aim:** Asthma is the first cause of hospital admissions for children in the UK. As 65% of asthmatic children are sensitized to mites, dust-mite-impermeable encasings could reduce the burden of asthma.

This study estimates the potential savings to the NHS, should allergy serology testing be performed in all asthmatic schoolchildren, and should interventions to reduce mites exposure be in place.

**Materials and Methods:** In 2016, 8,669,085 pupils attended school in the UK; 788,099 of them were asthmatic and 512,264 sensitised to mites. Allergy testing (serology with specific IgE d1) in all asthmatic schoolchildren was simulated, to reduce exposure to allergy triggers in allergic individuals through dust-mite-impermeable encasings. Model parameters came from the literature; the modelled

output, from the NHS perspective, were exacerbation-related hospital admission costs. Uncertainty was addressed with sensitivity analysis.

**Results:** In 2016, mites-related hospital admission costs were estimated in £611,896,729. The simulated intervention consisted in testing with d1 all asthmatic children (£88,858,163), and in the usage of house dust mite-impermeable encasings in all mites sensitised children (no cost for the NHS). After the intervention, simulated total hospital admissions costs dropped to £432,011,928 in 2016. The total savings associated to the simulated intervention were £91,026,638 in the year 2016, and £105,098,890 in a 5-year time horizon.

**Conclusion:** A screening strategy based on serology with specific IgE in schoolchildren with asthma, in the UK, could hypothetically lead to substantial cost savings for the NHS due to reduced hospital admissions with asthma exacerbations.

Conflict of interest  
yes

## Contribution ID: 816

### Presentation form

Oral Communication

### Gender discrimination in medicine: it is not just about women

#### Authors

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**Background:** Inequality in medicine among and towards health professionals as well as patients based on gender, race and age can compromise patient care undermine trust, and damage the working environment. Recent studies suggest that implicit bias, detectable since medical training, leads to a lower quality of care in primary care as well as other medical fields, a reduction in patient safety and a decrease in cooperation in working environment such as operating rooms.

**Aim of the Workshop:** the objective of this workshop is to arise awareness on gender inequality in medicine and primary care along with its consequences on quality of care. We wish to start a discussion on structural biases in order to inspire medical leaders to adopt policies that tackle inequalities.

**Methods:** After a short presentation on few essential form of discrimination in medicine, the audience will be divide in groups to discuss specific inequality in medical training and among patients. Participants will be offered the possibility to

share experiences, policy and solutions from their own medical community in the attempt to produce strategies and suggestions.

**Results and Conclusions:** at the end of the workshop participants should be able to identify inequalities in their own medical environment as well as be open to suggest and practice a model of fairness that turn into high quality of care. Discrimination in medicine is not just a “women’s issue”, it is also about men, patients and medicine itself.

Conflict of interest

no

## **Contribution ID: 828**

### **Presentation form**

Oral Communication

### **Air pollution: a public health emergency**

#### **Authors**

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**Introduction:** Poor air quality is the largest environmental risk to public health worldwide causing 7 million deaths a year (1). Research shows exposure to small particles and gases from fossil-fuel pollution contributes to diseases such as cancer, stroke, heart disease, asthma and around 500,000 early deaths each year in Europe(2). Air pollution receives little attention in public health promotion and education. Healthcare professionals should educate and advise patients about the health risks associated with air pollution, particularly those in population groups most vulnerable to the health impacts of poor air quality such as the elderly, pregnant women and those with chronic respiratory diseases (3).

**Methods:** We carried out research in primary and secondary care settings in England to assess (i) understanding amongst healthcare professionals of the impact of air pollution on health (ii) whether healthcare professionals were providing health promotion and education on the issue of air pollution to their patients and (iii) understanding amongst patients of the risks of air pollution to their health.

**Results:** Our key findings were; (i) the majority of healthcare professionals have a poor understanding of the extent of air pollution as a risk to public health (ii) almost no healthcare professionals provide education on the risks of air pollution on health and (iii) patients are highly concerned about the risk of air pollution on their health.

**Conclusion:** We subsequently created guidance for patients and healthcare professionals on the health impact of air pollution based on information provided by Public Health England (PHE) (4).

Conflict of interest

no

## **Contribution ID: 847**

### **Presentation form**

Oral Communication

## Serum autoantibody multi-analyte testing in rheumatoid arthritis can reduce avoidable costs associated to false positive results. A simulation study across Europe.

### Authors

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**Introduction/Aim:** Rheumatoid arthritis (RA) diagnosis requires a combination of clinical, laboratory and imaging investigations. The consequences of wrong serology test results are costly: False Positive results (FPs) are initially managed as RA-patients, bringing about extra costs until correct diagnosis is made.

### This study:

1. simulated the diagnostic performance of Rheumatoid Factor (RF)-IgA, RF-IgM, and CCP2, used alone or in multi-testing combinations;
2. quantified the economic consequences of FPs to serology across Europe.

**Materials and Methods:** 190 established RA patients and 197 controls were used to assess the diagnostic performance of single-/multi-serology testing. A 12-month Markov model simulated 10,000 RA-suspected individuals tested in Primary Care with single- or multi-analyte testing. Costs came from the published literature.

**Results:** Multi-analyte testing increased diagnostic accuracy ("CCP2+RF-IgM" increased specificity to 99.5[97.2-100]; triple positivity maximized specificity (100[98.1-100]) but reducing sensitivity (35.8[29.0-43.1]). With respect to single-analyte testing, multi-testing options reduced importantly the number of FPs. Therefore, in each of the 11 European countries considered, multi-testing allowed important cost savings due to reduced clinical procedures and resource utilization of FPs.

**Conclusion:** Multi-analyte testing in RA, if performed in Primary Care, improves the diagnostic accuracy over testing for the individual RF IgA, RF IgM and CCP tests by helping to maximize either sensitivity or specificity (depending on results interpretation). Double- and triple-positive serology combinations minimize the number of FPs, thus reducing the associated avoidable costs to the National health Service. Simultaneous multi-analyte testing demonstrates superior value from the patient and Payor perspectives.

Conflict of interest

yes

### Contribution ID: 852

### Presentation form

Oral Communication

### Communicating bad news in primary care: Workshop on different approaches

### Authors

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**Background:** Primary care physicians are usually faced with the necessity of delivering bad news in their daily practice and it can often be a terrifying task. When physicians have no training, breaking bad news can lead to negative consequences for patients and families, which may impair the doctor-patient relationship. Bad news delivery requires skilled communication and, most of times, team support. Some consensus groups have focused on how to communicate bad news and different protocols and guidelines have been suggested to simplify the approach on communicating bad news. These protocols are based on preparation, building a therapeutic environment, avoiding communication mistakes, managing reactions and validating emotions.

**Objectives:** With this workshop we intend to show essential tools on communicating bad news in a structured way.

**Methods:** Provide a workshop based on real-life cases aimed at primary care professionals in order to perform a structured training using SPIKES and ABCDE protocols.

**Conclusions:** Communicating bad news may have different issues, in a way that the physician has to be objective enough to make the patient understand the problem and empathetic enough with their emotional pain. Learning communication skills can enable physicians to deliver bad news in a less uncomfortable way for himself and easier to cope for the patient. For that reason training this competency should be included in undergraduate and postgraduate curricular programmes for healthcare professionals, demystifying the fears underlying communication failures. We must not forget that we are dealing with human beings, full of particularities and emotions.

Conflict of interest

no

## **Contribution ID: 866**

### **Presentation form**

Oral Communication

### **Consensus methodology to Improve Opportunities in Primary Care and Advocacy for Family Violence - A collaborative WONCA network workshop**

#### **Authors**

Leo Pas<sup>1,2)</sup>, Nicola Blunden<sup>3)</sup>, Patrick Ouvrard<sup>4)</sup>, Jinan Usta<sup>5)</sup>, Ana Nunes Barata<sup>6)</sup>, Ana Claveria<sup>7)</sup>, Katryn Hoffmann<sup>8)</sup>, Herrmann Markus<sup>9)</sup>, Nena Kopcavar<sup>10)</sup>, Raquel Gomez Bravo<sup>11,12)</sup>

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

 Bratislava  
June 26-29, 2019

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<sup>12)</sup>*Family Violence Working Group, SEMFyC, Valladolid, Spain*

**Introduction/Aim:** WONCA calls for implementation strategies on family violence response to intimate partner violence, child abuse and elder abuse. This collaboration aims to develop a multi-country and country level consensus on applicability of effective strategies to realise a common framework for further implementation in collaboration between WONCA networks.

**Materials and Methods:** A literature review about consensus development strategies was performed how to take into account the diversity of care settings and family violence presentations. A Delphi methodology combined with nominal groups at local and international level started with documenting country facilities and review models for care.

Following questions are answered:

1. How to develop a consensus on acceptable and feasible strategies to promote effective care ?
2. How to apply such strategies for the variety of contexts and family violence presentations?

**Results:** National nominal groups are constituted representing locally professional groups in primary care and thematic experts. National coordinators and experts form a second level international nominal group. Nominal groups and online Delphi rounds are combined to explore basic topics, summarise concerns, problems and solutions. Analysis is performed using standardised qualitative methodology. Differences are compared between professions and countries. Consensus is reached based on agreed scoring of their relevance and feasibility nationally and across countries.

**Conclusions:** Our workshop aims to enhance implementation research about clinical care models according to acceptability and resources reaching consensus at different levels. We invite all Wonca networks to promote adherence to the national or international nominal groups in IMOCAFV. Full protocol and adherence form, go to: <https://fs10.formsite.com/FAMVIOLENCE/IMOCAFV/index.html>

Conflict of interest

no

**Contribution ID: 875**

**Presentation form**

Oral Communication

**Organization of out-of-hours primary care in the EU: let's do it better**

**Authors**

Paul Giesen, Martijn Rutten

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

 Bratislava  
June 26-29, 2019

*Radboud Institute for Health Sciences, Scientific Center for Quality of Healthcare (IQ Healthcare), Radboud University Medical Center, Nijmegen, Netherlands*

## **Aim:**

- To give an overview of out-of-hours primary care in the EU (current models, strong and weak aspects and desired future developments).
- To present the Dutch GP cooperative model as example
- To comment and reflect on the current models and to generate ideas for optimal organization and quality of out-of-hours primary care in the EU.

**Contents:** In the EU there are many different organizational models for out-of-hours primary care and there is a tendency towards large-scale primary care organizations as GP cooperatives.

The main reasons for this tendency towards large-scaled GP organizations are the increasing workload, the low commitment of GPs, and their minimal financial and personnel support. Another factor is the increasing shift of patients towards ambulance and hospital care. This is cost ineffective and undermines the role of the GP.

What are the consequences of these large-scaled organizations? Does this lead to a higher GP commitment? Does it lead to better access, quality and safety of out-of-hours primary care? Does it lead to better triage and collaboration with ambulance care and accident and emergency (A&E) departments of hospitals?

In this workshop, we will try to get answers to these questions. The participants will gain insight into different organizational models in the EU and experiences with GP cooperatives in the Netherlands.

## **Program:**

1. Introduction (5 min)
2. Organization models in the EU (15 min+ 5 min discussion)
3. The Netherlands: example (15 min + 5 min discussion)
4. Let's do it better! Towards optimal EU models (30 min)

Conflict of interest

no

## **Contribution ID: 912**

### **Presentation form**

Oral Communication

### **Participation in healthcare research – reflecting the ongoing research project "Women 5.0"**

### **Authors**

Lorena Dini, Cornelia Thierbach

*Institut of General Practice, Charité Universitätsmedizin Berlin, Berlin, Germany*

**Introduction/Aim:** General practitioners and gynecologists are the major providers of ambulatory healthcare services for women in Germany. The project "Women 5.0" has identified a reduced utilization of gynecological healthcare services among women 50 years of age and older. We aim at designing a new model of healthcare delivery for women 50+ and subsequently implement it in the northern region of Germany.

**Materials and Methods:** In this healthcare research project we combine mixed-methods with participatory and implementation research methodologies. Project implementation is supported by an internal reflection on the research progress to identify lessons on GPs' and stakeholders' participation on healthcare research in primary care and its consequences for research, policy and practice.

**Results:** Participation can take many forms and is a dynamic process. To ensure participation, there is the need to establish trust. It is important to acknowledge barriers, fears, motives and synergies. Willingness to collaborate and a respectful attitude towards each other's perspective is required. Participatory approaches take time but lead to fruitful discussions between research and practice. Alignment to the overall purpose can be the most effective way to unite efforts.

**Conclusion:** Early reflection on the project implementation and process is required in order to facilitate stakeholders' active participation in the research. Engaging stakeholders leads to an increased awareness on the topic of investigation, in our case health for women 50+. Closing the gap between research and practice is a crucial requirement for sustainable outcomes of healthcare research and the uptake into policy.

Conflict of interest

no

## **Contribution ID: 918**

### **Presentation form**

Oral Communication

### **Gender-specific differences in working hours and income among German primary care providers**

#### **Authors**

Steffen Terbrueggen, Christoph Heintze, Lorena Dini

*Institut of General Practice, Charité Universitätsmedizin Berlin, Berlin, Germany*

**Introduction/Aims:** The feminization of family medicine is a transnational trend which provides new opportunities and may require different approaches to ensure top-quality patient care. There is growing need to identify strategies to increase the number of general practitioners. Extrinsic factors like working conditions and financial incentives are easier to be directly regulated than personal factors like gender, age, personality and personal preferences. The aim of this study was to investigate differences among female and male family physicians in Germany regarding income and working hours.

**Methods:** We conducted a postal anonymous survey of a random sample of 1/3 of primary care practice owners (n=2.412) in the German state of North Rhine-Westphalia. Response rate of the survey was 31.7%. In this study we analyzed working hours and income as two major incentives for women to work in general practice.

**Results:** Female general practitioners settle significantly fewer bills compared to their male counterparts. Males were three times more likely to settle 860 or more bills per quarter than women [OR=2.95 (95 % CL 2.03 – 4.27) (p<0.001)]. Female general practitioners work slightly less hours per week, which means that the financial loss is disproportionately high.

**Conclusion:** In order to enthrall more women to become family doctors it is necessary to consider their specific needs. Aspects like modern, team-orientated work organization and the reconciliation of work, private and family should be implemented along with mechanisms to improve womens' financial outcome e.g. using tailored training seminars regarding accounting or legal aspects.

Conflict of interest

no

## **Contribution ID: 919**

### **Presentation form**

Oral Communication

### **The impact of having an animal on the owner's diet**

#### **Authors**

Adrianna Tupaj<sup>1)</sup>, Malgorzata Gluz<sup>2)</sup>, Maria Malarska<sup>1)</sup>

<sup>1)</sup>*Department of Clinical Genetics, Medical University of Lodz, Lodz, Poland*

<sup>2)</sup>*Wroclaw University of Environmental and Life Sciences, Wroclaw, Poland*

**Introduction/Aim:** Comparison of dietary habits between animal owners and non-owners. Determining the influence of animal ownership on people's diets.

**Materials and Methods:** We've conducted a survey on the group of 1461 people about their everyday diets with special regard to the consumption of meat products. We've also asked about the reasons of meat reduction and we've asked if the respondents are satisfied with their current diet. The answers of animal owners and non-owners were considered separately. The survey was posted on the Internet, respondents were mostly females (95,3%) and the mean age was 25,6 years old.

**Results:** The early results of our study shows that about 20,37% of the respondents who own an animal reduces the meat consumption in their everyday diet, while this percentage amongst people who do not own any animal is 7,8%. It also shows that animal owners are statistically more satisfied with their diets – only 17,9% of them have chosen the option "not satisfied", while in the group of patients without any animals this option has been chosen by 26,8% of respondents. The most popular reason for reducing meet in both groups was the way the animals are bred, health reasons were on second place amongst people without animals and on fourth place amongst animal owners.

**Conclusion:** Reduction of meat consumption may have many positive effects not only on our health, but also on the environment. Our study shows that animal ownership may have an influence on patient's diet.

Conflict of interest

no

## **Contribution ID: 945**

### **Presentation form**

Oral Communication

### **Global health: a local issue**

#### **Authors**

Aliki Traianou, David Jameson

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

 Bratislava  
June 26-29, 2019

*Junior International Committee RCGP, Glasgow, United Kingdom*

**Background:** With the increased movement of people, professionals and diseases 'Global Health' has never been more relevant to family doctors. The precise meaning of global health can often be broad, and frequently thought to be solely the concern of doctors working internationally. This workshop will explore global health values including equity and aims to challenge this concept and emphasize how Global Health touches your practice locally too. **Aims**

This interactive workshop will:

Examine the definitions of global health, including identifying transnational approaches to health issues and determinants

Explore what global health means to participants and share experiences from different countries.

Explore global health in a local context including what this means and opportunities available

Discuss the unique skills family doctors possess to provide healthcare in a global context locally.

Group discussion of global health case studies in a local context and how learning from this can be incorporated in participants own future practice.

**Methods:** Small group discussions on participants personal experiences from their own countries.

Feedback from group work to inform a wider discussion.

Case studies including topics such as culture and language barriers to stimulate discussion and spark debate on local global health issues.

**Conclusion:** Globalisation has changed the context of global health. Family doctors need an awareness of the importance of global health at both a local and international level. This session aims to raise awareness and equip participants with the necessary skills to develop a 'think global, act local' approach working locally in their own country.

Conflict of interest

no

**Contribution ID: 972**

**Presentation form**

Oral Communication

**Beyond childbearing age: Womens' healthcare utilization after the age of 50**

**Authors**

Lorena Dini

*Institut of General Practice, Charité Universitätsmedizin Berlin, Berlin, Germany*

**Introduction/Aim:** Women's Health and the use of gynecological services is worldwide heavily linked with motherhood. With the exception of mammography screening programs there are no specific services targeting middle aged and older women in Germany. Shortages in health care personnel can lead to a reduced access of women aged 50 years and older to gynecological-related health services in primary care. The aim of the Project "Frauen 5.0" is to designing a new model

of healthcare delivery for women 50+ with stakeholder participation and its subsequent implementation in the northern region of Germany.

**Methods:** The "Women 5.0" healthcare research project combines mixed-methods with participatory and implementation research methodologies. We explore the perspective of general practitioners, gynecologists and patients as well as policy makers.

**Results:** In Germany, we identified a reduced utilization of gynecological health services for women 50+. Health systems barriers, healthcare organizational obstacles and individual determinants are negatively affecting access to health services for the middle aged and older women. Components identified for a new model of healthcare include professional collaboration, task-sharing (i.e. general practitioners and gynecologist), delegation to non-medical personnel (e.g. medical assistants) and the introduction of financial incentives.

**Conclusion:** In Germany, about 25% of the population are women aged 50 years and older. After childbearing function ceases, women will live another 40 years. In the SDG era of "leaving no one behind" acknowledging and addressing the unmet needs of Women 50+ is from a public health perspective an issue of utmost urgency.

Conflict of interest

no

## **Contribution ID: 1039**

### **Presentation form**

Oral Communication

### **The relationship between Mediterian diet adaptation and mood in universty students**

#### **Authors**

bilal durmaz, Dokuz Eylül

*Family Medicine, Dokuz Eylul University, izmir, Turkey*

**Introduction and Aim:** Mediterranean type nutrition is a form of nutrition recommended due to its positive effect on cardiovascular health. There is evidence that there is an interaction between the diet and the mental state possibly due to the gut-brain axis. The aim of this study was to investigate if there is any association between Mediterranean diet and mood.

**Method:** This cross sectional study was conducted in 1106 university students. The data collection form consisted of questions related with demographic data, the Mediterranean type adaptation scale (KIDMED) and the profile of mood state questionnaire. The stratification was done according to the classes in order to see if the nutrition was related to the university years.

**Results:** The ages of the participants were between 17 and 25 and the mean was 20.78 ( $\pm 1.871SD$ ). 51.6% were women. the acordance of mediterian diet was %46.4 poor, %44.2 good and %9.4 very good. The mood scores of the group with good and very good adaptation to the Mediterranean type diet were significantly lower than those of the poor adapters. This significant difference was valid for all subscales except confusion-bewilderment. In womens, the rate of adaptation of

mediterian diet is higher than mans .But difference to point of mood state was not significant in genders

**Conclusion:** The positive correlation was found between good adaptation to Mediterranean diet and lower points of mood state(positive mood).

Conflict of interest

no

## **Contribution ID: 1068**

### **Presentation form**

Oral Communication

### **Sex work and STI's - opportunities and pitfalls for primary care**

#### **Authors**

Nadia Toumi, Rianne Van Vliet

*N.T. Huisarts, Utrecht, Netherlands*

**Background:** In this workshop we will talk about the position of sex workers and sexually transmitted infections (STI's) in primary care. Should the GP play a role? What kind of role and to what extent? What clinical problems might sex workers bring to the GP? And what should a GP actually know about STI's?

**Aim of workshop:** to discuss how different countries provide care to these patients and to update the participants' knowledge about STI's.

**Methods:** the workshop will be partly a plenary presentation in which we will share background information, figures and facts, alternated with an interactive part with discussions in smaller groups and a quiz about sexually transmitted infections.

**Results and conclusions:** More than 1 million sexually transmitted infections are acquired every day worldwide<sup>1</sup>. After this workshop the participant will have more up-to-date knowledge about diagnosis, treatment and prevention of STI's. Sex workers are at higher risk for contracting STI's. What kind of role the GP should play remains a topic of discussion and is variable among different countries.

<sup>1</sup>WHO key facts about sexually transmitted infections

Conflict of interest

no

## **Contribution ID: 1115**

### **Presentation form**

Oral Communication

### **Health services of migrant in Turkey and an example of a tertiary hospital**

#### **Authors**

Tuğba Babacan<sup>1</sup>, Tarik Eren Yilmaz<sup>1,2,3</sup>, Muhammed Tayyip Babacan<sup>1</sup>, Tuğba Yilmaz<sup>4</sup>, İsmail Kasim<sup>1</sup>, İrfan Şencan<sup>1</sup>, Adem Özkara<sup>1</sup>

<sup>1</sup>*Family Medicine, Health Science University, Ankara Numune Training and Research Hospital, Ankara, Turkey*

<sup>2</sup>*Department of History of Medicine and Medical Ethics, University of Hacettepe, Ankara, Turkey*

<sup>3</sup>*Department of Disaster Management, University of Ankara Hacı Bayram, Ankara, Turkey*

<sup>4)</sup>*Department of Family Medicine, Ankara Provincial Directorate of Health, Directorate of Public Health Services, Ankara, Turkey*

**Introduction/Aim:** From 190 different countries, about 4.7 million immigrants live in Turkey, including 3.6 million Syrians under temporary protection. According to the data of the official 2019 health budget commission, from 2011 to the present, health services of immigrants such as 43,776,782 outpatient clinics, 1,710,649 inpatients, 1,446,670 surgeries, 375,394 births and 4,520,095 vaccinations were provided within the scope of migrant health services. The total health cost is over one billion dollar. Our aim in this study is carried out to assess the general migrant health services in Turkey and analyze a center of migrant health services in a Hospital between the years 2014 -2018 in Ankara.

**Materials and Methods:**Our study is a retrospective descriptive study. In this study, the age, gender, outpatient clinic, number of admissions, number of emergency patients, number of cases of surgery and all of their financial data will be examined in the study group of all patients in the International Patient Unit of Ankara Numune Training and Research Hospital Center between 2014-2018. It is planned to complete a structured information collection form which is specific to the study. Services provided within the scope of Health Tourism and Touristic Health will not be included in the study.

**Results and Conclusion:**The analysis of this study is still in process. The results will be presented during the conference. The results of this study would be expected to help improve the awareness of physicians about humanitarian aid and diplomacy and also to draw attention to health care of migrant.

Conflict of interest

no

## **Contribution ID: 1128**

### **Presentation form**

Oral Communication

### **The effects of hyaluronic acid in children with respiratory tract infections – evidence based review**

#### **Authors**

Alexandre Abreu<sup>1)</sup>, Ana Elisabete Costa<sup>1)</sup>, Ana Elisa Matos<sup>1)</sup>, Carla Patrícia Duarte<sup>1)</sup>, Silvana Moreira<sup>1,2)</sup>, Tracey-Ann Fernandes<sup>1)</sup>

<sup>1)</sup>*USF Salvador Lordelo, ACES Tamega II VSS, Lordelo, Portugal*

<sup>2)</sup>*USF Egas Moniz Ribadouro, ACES Tamega II VSS, Penafiel, Portugal*

**Introduction/Aim:** The prevalence of Respiratory Tract Infections (RTI) is very high in children, resulting in a major impact on quality of life, health, missed school and parental work days, representing a massive familiar and economical load. They motivate recurrent visits to Family Doctors and General Physicians, consumption of various health resources and services. Hyaluronic Acid (HA) is present in respiratory epithelia, participating in mucociliary clearance, inflammatory regulation and airway repairing, therefore presenting potential therapeutic uses. We aimed to determine the current evidence of HA's therapeutic effect and safety on RTI in children.:**Materials and Methods:** Meta-Analyses, Systematic Reviews (SR),

Randomized Controlled Trials (RCT) and Practice Guidelines were researched in the main medical scientific evidence databases, using the MeSH Terms "Child", "Respiratory Tract Infection" and "Hyaluronic Acid" and the PICO question (P – "child with respiratory tract infection", I – "Hyaluronic Acid", C – "placebo", O – "respiratory signs and symptoms"), published since 2013, in English and Portuguese. Articles that weren't related with this review's objectives were excluded. The Strength of Recommendation Taxonomy scale was used to determine the evidence level and strength of recommendation. **Results:** Six articles were found, five of which (1 SR, 4 RCT) were included, all revealing consistent and considerably positive results about HA's therapeutic use in these diseases, resulting in statistically significant improvements in various aspects and proving to be a safe treatment option for children. **Conclusion:** There is consistent, high quality, patient oriented evidence that supports the use of HA in the treatment of RTI in children.

Conflict of interest

yes

## **Contribution ID: 1153**

### **Presentation form**

Oral Communication

**Don` t worry be happy - Let`s heal humanly and electronically**

### **Authors**

Michaela Macháčová

*Faculty of Medicine, Comenius University in Bratislava, Bratislava, Slovakia*

S - Skills

O – Options

F - Future

T - Treatment

W - Work

A - Ambulances

R - Reliable

E - eHealth

**Skills** combined with **Options** deliver **Future Treatment** possibilities for daily **Work** within our **Ambulances** and **Reliable eHealth**.

Today's modern world is generally online, instant fast. Our patients are used to live their lives online, instantly and quickly. The question is how to link these elements of modern life with quality medicine and health care? How to provide the best quality health care while meeting all those requirements and time pressure on a daily basis?

Properly selected software that reflects all demands and expectations of a doctor, patients and legislation has become a key platform for healthcare of a modern era.

More time with patients and less in front of the laptop screen, paperless ambulances and effective time management can and will allow us be more human – professionals with human touch.

So.. Don` t worry be happy - Let`s heal humanly and electronically.

Conflict of interest

no

## Contribution ID: 1215

### Presentation form

Oral Communication

### Causes of renunciation and of non-take-up of primary health care by disadvantaged patients

#### Authors

Marie WICKY<sup>1,2)</sup>

<sup>1)</sup>Mobile Tuberculosis Team, Samusocial de Paris, PARIS, France

<sup>2)</sup>Permanence of Access to Health Care, University Hospital Center, Besançon, France

**Introduction/Aim:** Effective access to fundamental rights such as universal access to health care has been at the center of public policies for decades, and are further encouraged in Sustainable Development Goal 3. Renunciation and non-take-up of primary health care, which are predominant among people living in socially and economically precarious situations compared to the rest of the population, illustrate the difficulties for disadvantaged patients to access health care and questions the effectiveness of public policies in place.

**Materials and Methods:** We conducted a review of French literature on the causes of renunciation and of non-take-up of health care beyond financial reasons, exploring sociological, anthropological and psychological causes.

**Results:** At the light of the review of literature and its illustration by the study of a patient's "path of care", we have been able to inventory many different factors of renunciation of health care at many different levels: institutional, professional, individual etc.

**Conclusion:** This supports the idea that a holistic and interdisciplinary approach, embedded in the clinical management of socio-economically disadvantaged patients is necessary in order to offer effective health care.

Conflict of interest

no

## Contribution ID: 1216

### Presentation form

Oral Communication

### When are you going to have kids? Women's dilemmas in a gender unequal society: marriage, motherhood and social norms.

#### Authors

Elena Klusova<sup>1)</sup>, Sara Rigon<sup>2)</sup>, Anna María Pedro<sup>3)</sup>, Nina Monteiro<sup>4)</sup>, Yusianmar Mariani Borrero<sup>5)</sup>, Özden Gokdemir<sup>6)</sup>, Ana Nunes Barata<sup>7)</sup>, Alessio Platania<sup>8)</sup>

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<sup>8)</sup>VdGM, Louth, United Kingdom

**Background/Introduction:** Recent studies show that in modern society childless women are made to feel ashamed and unnatural when they reach a certain age, as the only purpose of women and their bodies was procreation. The same social burden and stigmatisation is not put on men who regardless of age, are simply pushed look for a younger and fertile body to have kids with. Nonetheless statistics show that the number of childfree women in high resource countries has doubled (1 in 5) in the last 40 years.

**Materials and Methods:** Based on a literature review and survey carried out across 15 European countries we plan to open a discussion on beliefs, social norms and women as well as men needs and rights

**Results:** Not all childless women are the same: women who choose to be permanently childfree perceive more social pressures to become mothers than other women, however feel less distress than women who are childless from infertility. Moreover women who felt the pressure of motherhood (reproductive violence?) team up in 'I regret having kids groups'. While all mothers (regretting and fulfilled ones) are equally faced with the eternal work-life balance conundrum and if physicians also with a higher risk of burn-out and working (earning) less.

**Conclusions:** Social pressure on women to have children can lead to shame, reproductive violence and regret. We need a new concept for motherhood, supporting policies that helps mothers in their challenging tasks as well as non-judgemental reproductive health strategy.

Conflict of interest

no

**Contribution ID: 1217**

**Presentation form**

Oral Communication

**Designing dementia environment and mediteranian style as a part of nonpharmacological treatment**

**Authors**

Tatjana Cvetko

*Zdravstveni dom Koper, Koper, Slovenia*

**Background:** Dementia is a long-term disease, and patients are more likely to remain in homecare. In addition to pharmacological, non-pharmacological measures also contribute to the maintenance of remaining patient abilities. Mediterranean vegetation has some special features that can be used in designing a living environment for patients with dementia. Evergreen and fragrant plants, early flowering plants with colorful fruits throughout the year offer numerous opportunities for patients with dementia and their relatives to spend time outdoor. The external environment calms down, reduces behavioral problems and strengthens physical abilities. At meetings, caregivers discuss with physiotherapists and occupational therapists about the ideas how to spend time living outdoor and promote

communication with patients. restoring memories and preserving speech, tiny skills, and strengthening the sense of usefulness in patients.

AIM. To show the basic principles of designing of outdoor living in dementia at home and in the institutions, and the possibilities of designing the Mediterranean garden

**Methods:** literature review and discussion between caregivers and professionals at self-help group meetings.

**Results:** Presenting practical examples of garden planting with Mediterranean plants, shaping walking paths, motion surfaces, resting places and chat rooms and the possibility of organizing non-pharmacological therapeutic activities with patients in the external environment.

**Conclusions:** Motivation-oriented regulation of the living environment helps to improve the quality of people living with dementia and facilitate their care. The Mediterranean Garden offers many opportunities to carry out therapeutic activities in an outdoor environment that relax and soothe patients with dementia.

Conflict of interest

no

## **Contribution ID: 1221**

### **Presentation form**

Oral Communication

### **Climate change in medical curriculum**

#### **Authors**

Tarek Ezzine, Paulina Birula, Marian Sedlak

*International Federation of Medical Students' Associations, Ezzahra, Tunisia*

**Background and Purpose:** Climate Change has been defined as the greatest threat to global health of the 21st century but also as the greatest opportunity if addressed correctly, through Climate Change mitigation and adaptation measures. For years now the International Federation of Medical Students' Associations has been advocating toward Climate Change & Health, gathering activities from a local to a global level and expressing the opinion of 1.3 million Medical Students' coming from 125 countries in climate conferences and high-level meetings.

During their last General Assembly in Montreal on August 2018, Medical Students came together and adopted the IFMSA 2020 Climate-Health in Medical Curriculum Vision.

#### **The aim of this campaign is:**

1. To have an element of climate-health included in the curriculum of every medical school by 2020.
2. To have an integration of climate-health in all aspects of medical school life, including research, advocacy, training, and university healthcare systems by 2025.

**Methods:** Workshop.

**Results:** Climate Change impacts heavily on Human Health thus the importance of its inclusion in Medical Students' Curriculum. This decision has been adopted by the International Federation of Medical Students' Associations representing 1,3 million medical students coming from 125 countries.

#### **Goals**

- Explain the importance of Climate Change for Global Health.
- Promote Medical Students' advocacy toward Environmental Health.
- Encourage other stakeholders to join the Climate-Health Vision

**Conclusion:** This oral presentation will raise awareness about the importance of Environment, Climate Change & Health knowledge for any future healthcare provider.

**Keywords**

Climate Change, Climate Health, Medical Curriculum, Meaningful Youth Participation

Conflict of interest

no

**Contribution ID: 1224**

**Presentation form**

Oral Communication

**The Refuge; is a new citizen?**

**Authors**

Ozden Gokdemir<sup>1)</sup>, Kemal Mustan<sup>2)</sup>

<sup>1)</sup>*Faculty of Medicine, Izmir University of Economics, Izmir, Turkey*

<sup>2)</sup>*Family Medicine, Ministry of Health, Gaziantep, Turkey*

**Introduction/Aim:** Turkish Open Gate Policy is the main theme after the Turkey-Syrian border crisis. Nowadays this is not a new phenomenon anymore. Many refugees do not speak Turkish. Results:

**Materials and Methods:** The study was designed as a descriptive pattern. The main aim of the study was to evaluate the needs of refugee individuals and/or patients attend the Family Health Care Center in a year duration. Sociodemographics features, diagnosis, recipes were defined retrospectively.

**Results:** Most of the participants were now Turkish citizen (81.24%) and their ages were less 18 years old (68.18%). They received health care and treatment usually because of pregnancy, common cold, respiratory system infections, gastroenteritis while the other diagnosis (6.25%) were malnutrition, psoriasis, and epilepsy. There were no reports about mental disorders, mood disorders, developmental disorders, domestic violence, etc. The recipes were mostly included analgesics, antibiotics, nasal decongestants, anti-protozoan drugs.

**Conclusion:** The temporary protection transformed into a permanent situation in Turkey. The guests could be the hosts in need of jobs which has security. The sociodemographic features of the cities are changing immediately so the new strategies should be structured for not only healthcare system but also for the education and labor programs.

Conflict of interest

no

**Contribution ID: 1252**

**Presentation form**

Oral Communication

## Subjective assessment of health status, satisfaction with homeopathic treatment and comparison of results obtained from different countries

### Authors

Katarina Lucija Glas<sup>1)</sup>, Michael Frass<sup>2)</sup>

<sup>1)</sup>General Practice, Health Center Litija, Litija, Slovenia

<sup>2)</sup>Vienna University, Vienna, Austria

**Introduction/Aim:** Homeopathic medicine is interwoven into health systems to a different extent in various countries. Classical homeopathic doctors worldwide prescribe one diluted and succussed (potentised) homeopathic medicine at a time. The prescription is always based on the Law of similar and the medicine is prepared according to the instructions of the Homeopathic Pharmacopeia. The correct homeopathic treatment may improve the level of health (1). The main objective of the present observational multi-centric study was performed to find out the subjective assessment of health status, the reasons to visit a homeopathic doctor and satisfaction with homeopathic treatment obtained from patients in five countries.

**Materials and Methods:** A number of 700 questionnaires, each containing 23 questions were to be handed out to patients of 14 homeopathic doctors. Results: The statistical data of the subjective assessment of health status from the questionnaires that were returned was processed and results obtained.

**Conclusions:** Subjective satisfaction with results of homeopathic treatment in questionnaires among other answers was marked as unsatisfied (4%), satisfied (17%), very satisfied (42%) and extremely satisfied (37%). More research on homeopathic medicine should be done. Literature: 1. Mahesh S, Glas KL. Migraine – case treated with classical Hahnemannian homeopathy 2. In: Glavobol 2019 (Headache 2019): Collection of scientific papers of International Experts Meeting for doctors, health professionals and textbook for doctors, health professionals and students of medicine and health sciences. Ljubljana: Society for the Prevention of Cerebral and Vascular Diseases; 2019. p.235-8. [Cited May 8, 2019]. Available from: <http://glavobol.com/Glavobol2019.pdf>

Conflict of interest

no

### Contribution ID: 86

#### Presentation form

One slide - 5 minutes presentation

## Delivery mode and early childhood anthropometric outcomes from age 12-72 months: results of the GUSTO cohort study

### Authors

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**Introduction/Aim:** Global caesarean section (CS) rates, especially elective ones, have risen rapidly in the past two decades. Inadequate data on CS indications may have obscured associations with childhood overweight/obesity. This study investigated associations of elective and emergency CS with early childhood BMI from age 12-72 months.

**Materials and Methods:** 1237 infants from GUSTO (Growing Up in Singapore Towards healthy Outcomes) prospective mother-offspring cohort were recruited. Delivery mode obtained from clinical records. Infants measured at ages 12, 18, 24, 36, 48, 60 and 72 months. BMI-for-age z-scores (BAZ) calculated using 2006 WHO Child Growth Standards; "overweight/obese" defined as BAZ>1. Associations analyzed with multivariable logistic or linear regression models.

**Results:** 29.9% were born via CS, of which 32.4% were elective. Overweight/obesity prevalence increased from 14.5% (age 12m) to 18.7% (age 72m). After adjusting for maternal ethnicity, age, education, BMI, parity, antenatal smoking, gestational diabetes, hypertensive disorders, and sex-adjusted birth weight-for-gestational age, elective CS was associated with increased odds of overweight/obesity and/or BAZ at 12m ( $OR_{\text{overweight/obese}}=2.02$ , 1.07-3.83;  $b_{\text{BAZ}}=0.08$ , 0.02-0.50), 18m ( $OR_{\text{overweight/obese}}=2.26$ , 1.11-4.62) and 36m ( $b_{\text{BAZ}}=0.10$ , 0.10-0.68). Associations persisted after further adjustment for potential mediators (intrapartum antibiotics and first 6 months infant feeding). No significant associations found for emergency CS.

**Conclusion:** Elective CS may increase risk of early childhood overweight/obesity. Such a delivery choice for non-medical reasons is a potentially modifiable risk factor for offspring obesity that clinicians should consider counseling pregnant women on. Future studies may investigate influence of different indications for elective CS.

Conflict of interest

no

**Contribution ID: 116**

**Presentation form**

One slide - 5 minutes presentation

**An internship in primary care in India - What volunteering in a developing country can teach us about being family physicians?**

**Authors**

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**Introduction:** Volunteering has been appreciated in medical curriculum since there is a public concern about the human side of medicine. Volunteering can be a tool to develop the ability to adapt to unfamiliar circumstances and enhance important social and humane skills such as empathy, patience and tolerance. **Aim:** Reflect about how an internship in a non-governmental organization (NGO) in India helped us as future family physicians. **Materials and Methods:** We joined an NGO in India, during the month of July 2018, responsible for providing primary health care to poor people in Kolkata district, in rural and urban settings. As volunteers we attended indoor and outdoor clinics where patients would go for multidisciplinary appointments. We also took part in the educational and microcredit programs. **Results:** During this internship we were able to: practice medicine with less resources, learn the way cultural differences can influence people's health beliefs, contact with less common diseases in Portugal, provide health education lectures and practice communication skills where the language can be a barrier. **Conclusions:** This volunteering experience had a significant impact in our medical training: it was a challenge to our adaptation capacity, we improved our communication skills and it will be helpful with the contact with patients from Asia and living in Portugal. Furthermore, we believe that being empathetic, tolerant and humble is something we have learnt from the experience and hopefully this will help us not only personally but also as family physicians.

Conflict of interest

no

## Contribution ID: 295

### Presentation form

One slide - 5 minutes presentation

### Antibiotic consumption in Serbia compared to European Union

#### Authors

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**Introduction/Aim:** At the beginning of antibiotic era, the impact of antibiotics on health was so colossal that many experts believed that infectious diseases will soon become extinct. On the contrary, nowadays infectious diseases are expanding, and new pathogen strains are discovered daily. Simultaneously, because of negative effects of antibiotics, especially the induction of bacterial resistance, in many cases we have no appropriate drugs to counteract bacteria. We wanted to introduce the official data of antibiotic consumption in Serbia and compare them with the consumption in EU countries.

**Methods:** We used data on antibiotic consumption from Health Statistical Yearbook of Republic of Serbia, Data on Consumption of Medicinal Products of the Medicines

And Medical Devices Agency of Serbia, and Reports on antimicrobial consumption of the European Centre for Disease Prevention and Control. All data were for 2016<sup>th</sup> year.

**Results:** Expressed in DDD/1000 inhabitants/day, antibiotic consumption in Serbia was 34, and in EU range was 10.4 – 36.3, with mean value of 21.9.

In consumption by antibiotic group, both in Serbia and EU, penicillins were the most often used antibiotics, followed by macrolides and cephalosporines. In Serbia these antibiotic groups comprise 82% and in EU 75% of total antibiotic consumption.

**Conclusions:** The consumption of antibiotics in Serbia is among greatest in Europe. In order to decrease antibiotic use, academic communities and health authorities are introducing new policy, based on continuous medical education, guidelines for empiric antibiotic use, and patients' education. Family doctors are the cornerstone of this intervention.

Conflict of interest

no

## **Contribution ID: 313**

### **Presentation form**

One slide - 5 minutes presentation

### **Sexual risk behaviour of men who have sex with men in an urban society of West Sumatera Province of Indonesia**

#### **Authors**

Hardisman Dasman<sup>1)</sup>, Firdawati Firdawati<sup>1)</sup>, Ilma Nuria Sulrieni<sup>2)</sup>

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**Introduction/ Aim:** The cases of HIV/AIDS have increased in Indonesia in the last decade, especially in Padang Municipality of West Sumatera Province. The cases are consistency higher in high risk population groups, including man who have sex with man (MSM). The study exmanines sexual behaviour of MSM, which becomes a potential risk of HIV transmission.

**Methods:** We have conducted a qualitative research by interviewing 44 MSM and three HIV/AIDS prevention commissioners and two health workers. The data was analyzed using content thematic analysis approach, which presented narratively and semi-quantitative features.

**Results:** The result shows that most of MSM are very sexual active and have multi sex parners. On the contrary, most of the sexual contacts are unprotected with low consistency of condom use. They also have limited knowledge of HIV/AIDS and lack of awareness of its transmission. Voluntary of HIV testing is very low due to personal and access barrier, such as feeling shameful to be recognized by other people and perceive healthy and free from HIV/AIDS risk.

**Conclusion:** The sexual behavior of MSM becomes a potential risk of HIV transmission. Our findings indicate that there is a need of improvement of health promotion to decrease the risk of HIV transmission, including health education and special access to HIV testing to reach this community.

Conflict of interest

no

**Contribution ID: 465**

**Presentation form**

One slide - 5 minutes presentation

**Be married makes us healthy or.....not**

**Authors**

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**Introduction:** In a traditional society like Bosnia and Herzegovina, most love relationships end up in marriage.

There are numerous studies that show that marriage has a positive impact on people's health.

**Objectives:** To determine whether there is a significant difference in the morbidity of most common chronic diseases between married and unmarried women in the reproductive age.

**Methods:** A retrospective study was conducted in the period from September to December 2018 on a sample of women aged 35-55. The data were taken from medical records (marital status, age and the most common chronic disease)

**Results:** Of 136 women, 50% are married and 50% unmarried, the average age is 45.2 years. The disease has 87% of married and 85% of unmarried women.

The most common disease in the group of married is CVD with 41%, of which 35% is well regulated. The second disease is osteomuscular with 30% of which 10% is well regulated.

In the group of unmarried, the most frequent diseases are osteomuscular with 32% of which 16% is well regulated. The second most common disease is CVD of 26%, of which 25% is well regulated.

**Conclusion:** In general, there is no significant difference in the diseases of married and unmarried women.

However, there is a significant difference in the type of most common diseases. For married women are CVD and for unmarried osteomuscular diseases. Good regulation of the disease in both groups is a great satisfaction. Further research should include a larger sample of patients and risk factors.

Conflict of interest

no

**Contribution ID: 526**

**Presentation form**

One slide - 5 minutes presentation

**Understanding the aching brain – pain neuropathways and biology**

**Authors**

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**Background:** Pain, in its various forms, continues to be one of the greatest burdens of healthcare systems across the world, accounting, in some studies, for about 75% of what leads patients to an appointment with their family doctors. Studying how we perceive pain has therefore been a goal of the scientific community since the inception of modern medicine and has seen huge progress in the last century alone. Understanding how the painful stimuli is transmitted through the network of neurons and the different fibers in it and the role of pain processing centers in the nervous system allows us to better comprehend the complex interactions responsible for the modulation of pain and phenomena like the chronification of it.

**Aim of the Workshop:** This workshop aims to review and provide knowledge to general practitioners and family doctors about the anatomo-physiology and neurobiology of pain, especially chronic pain, allowing them to better understand the neurological pathways involved. This will make them more capable of recognizing therapeutic targets to a better prescription.

**Methods:** This workshop will have brief presentations concerning:

- An overview of the anatomy and physiology of pain
- Modulation and chronification of pain
- Therapeutic targets/treating pain

Participants will then have the opportunity to discuss their own doubts and fears and share their individual experiences in small groups.

**Results and Conclusions:** We expect to increase comprehension of painful syndromes and capacitate the participants to identify the underlying neurophysiologic disturbance so they can improve their practical approach to pain.

Conflict of interest

no

## **Contribution ID: 535**

### **Presentation form**

One slide - 5 minutes presentation

### **LGBT health care: medical education needs**

#### **Authors**

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**Introduction/Aim:** Lesbian, gay, bisexual, and transgender (LGBT) individuals have specific health needs. LGBT patients often face health care disparities and experience discrimination. Since sexual orientation and gender identity are social determinants of health, gender sensitivity is a critical factor in quality care. The objective of this systematic review is to characterize LGBT-related medical education and training.

**Materials and Methods:** A systematic research was made in several scientific bases including Pubmed, using the terms MeSH: "LGBT " and "medical education", from 2007 to 2017, and considering articles written either in English or Portuguese.

**Results:** From the search results, 21 articles met the inclusion criteria. Currently there is an effort towards incorporating the LGBT topic into medical education. In some places where LGBT-related health content is taught, usually this is brief, unsystematic and not incorporated into the overarching structure of

curriculum. Most medical students evaluated their LGBT-related curriculum as "fair" or worse, revealing that they felt comfortable, but not fully ready to care for LGBT patients. Physicians with previous LGBT education were associated with the desire of inclusion of these topics in further training. Some of these studies cite as barriers to implementation the limited curricular time, lack of consensus on the exact educational interventions and underwhelming institutional support.

**Conclusions:** There is a need to raise awareness of LGBT discrimination in health care. Currently, medical training is limited regarding LGBT health care content, so it is necessary to increase LGBT-related education in order to better address the particular needs of LGBT patients.

Conflict of interest  
no

## **Contribution ID: 572**

### **Presentation form**

One slide - 5 minutes presentation

### **Z generation and internet addiction disorder**

#### **Authors**

Inês Martins de Almeida, Daniela Santareno Marques, Gonçalo Envia, Mariana Sequeira, Michela Savocchio, Filipa Moreira, Ana Rita Jesus Brochado  
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**Introduction/Aim:** Internet Addiction Disorder is a growing social problem of the current days. It influences health dramatically, causing neurological complications, psychological disturbances and social problems. The generation Z (those born between the mid-1990s to mid-2000s) is the most affected by this pathology. Some countries considered it as a significant public health threat. As a recent mental disorder, there is a lack of consciousness and experience in order to advance public education, diagnosis and treatment of this important disorder by health professionals.

**Materials and Methods:** We made an internet research of scientific publications in medical databases.

**Results:** There is considerable variance of the prevalence rates reported and this may be attributable to the fact that diagnostic criteria used vary between countries and due to cultural factors. Nevertheless, the rates we encountered were generally high and alarming (varying between 1.5% to 18.5%). There is a general consensus that total abstinence from the Internet should not be the goal of the interventions and that instead, an abstinence from problematic applications and a controlled and balanced Internet usage should be achieved. Despite the broad range of treatment strategies, there is lack of studies proving their efficacy.

**Conclusions:** In the last decade, the use of digital technologies became massive, even at very early ages. Knowing the risks people are exposed to, the right path is to prevent it. Recent studies reveal worrying data and reinforce the importance of modifying behaviours. Should we, family doctors, create a specific consultation for this purpose?

Conflict of interest

no

## Contribution ID: 594

### Presentation form

One slide - 5 minutes presentation

### Evaluation of elderly nutritional status in correlation to their cognitive impairment

#### Authors

Theodoros Vasilopoulos<sup>1</sup>, Dimitrios Vasilakis<sup>1</sup>, Dionysios Varthalis<sup>1</sup>, Iosif Kapasakis<sup>1</sup>, Nikolaos Tsakountakis<sup>2</sup>, Dimitra Kalemaki<sup>1</sup>, Paraskevi Zampakidou<sup>1</sup>, Maria Gelasaki<sup>3</sup>

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<sup>3</sup>HEALTH CENTER OF VIANNOS, Herakleion Creta, Greece

**Introduction/Aim:**The evaluation of nutritional status of elderly and its correlation to their cognitive impairment.

**Materials and Methods:**184 elderly (104 female and 80 male) >65 years (average 73,4 ) included to the study. Mini Mental State examination test used to estimate the cognitive impairment and MiniNutritional Assesement tool to estimate nutritional status. Geriatric Depression Scale tool also used to estimate the psychological status of elderly.

**Results:**A notable 31,4% of elderly was in malnutrition status or in danger of malnutrition. 23,9% of elderly had a mild , middle or severe cognitive impairment. 36,9% of them diagnosed with depression with a GDS score over 15. A statically strong relationship recorded between nutritional status and cognitive impairment (Spearman's rho = 0.439 , p<0,001). Elderly that was in malnutrition status , or in danger of malnutrition had a low score in MMSE in comparison to elderly with a normal nutrition status (18.6±8.2 and 23.4±4.9 vs 26.6±2.8 , p<0,001). Elderly that were in malnutrition status or in danger of malnutrition had a higher score in GDS tool in comparison to elderly with a normal nutrition status. (16.3±5.3 and 13.5±4.5 vs 12.2±4.1 , p<0,00).

**Conclusion:**A high percentage of elderly people are in danger of malnutrition and physicians must emphasize in prevention and nutrional status improvement. Elderly with cognitive impairment are more possible to be in malnutrition status, while malnutrition of elderly is correlated with psychological impairment. Brief assessment tools is an easy way to make the diagnosis of malnutrion and cope with it.

Conflict of interest

no

## Contribution ID: 653

### Presentation form

One slide - 5 minutes presentation

### Legislative and operational status of migrant populations hotspots in European Union

## Authors

Dimitrios Floros, Maria Tsironi, Panagiotis Andriopoulos  
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**Introduction/Aim:** European Union has always hosted, a tendency that maximized in 2015, requiring new legislations to deal with what became a humanitarian crisis. Aim of this work is the recording of various organized refugee camps in Europe and outline major issues in their operational facilities

**Materials and Methods:** 10 year data from European legislations, state member reports and reports on distribution of EU funds were reviewed.

**Results:** The new legislation on the refugee crisis was implemented in 2015 after the enormous influx of people from Syria. There are now ten official hotspots for identification and registration of refugees in Greece and Italy. Northern Europe has hosted 160.000 refugees (40% of the asylum seekers). The agreement between EU and Turkey has led to a gradual but still existing trend of migration in the EU. Gradually, hotspots in Denmark, Finland, Germany and Sweden ceased their operations and in Hungary it closed due to changes in border policy. Around 22000 from Greece and 12500 from Italy have relocated in other EU countries. Hotspots in Greece are hosting 3 to 5 times more people than their capacity. Refugee care is organized by NGOs funded by EU without state supervision. The registration and asylum petitions are systematically delayed, leading to overpopulation in the facilities.

**Conclusions:** The effective management of refugee influx requires a complete redesign of the existing legislation, in order to provide a binding framework for all country-members, in compliance with the humanitarian principles that form the core of the EU.

Conflict of interest

no

## Contribution ID: 705

### Presentation form

One slide - 5 minutes presentation

### Risk of nonmelanoma skin cancer and exposure to hydrochlorothiazide: retrospective descriptive analysis. First results to consider

#### Authors

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**Introduction/aim:** To determine the relation between use of hydrochlorothiazide (HCTZ) and risk of basal cell (BCC) and/or squamous cell carcinoma (SCC), according to the pharmacological alert after the published Danish study 'Hydrochlorothiazide use and risk of nonmelanoma skin cancer: A nationwide case-control study from Denmark'.

**Materials and methods:** Retrospective descriptive cross-sectional study held in two basic health areas (BHS); population 41,945 people, prevalence(P)1.46% in nonmelanoma skin cancer(NMSC), 10 years follow-up. Selection criteria: patients

with registration in clinical history of HCTZ and BCC/SCC diagnosis after the start of HCTZ. Exclusion criteria: no HCTZ start registration. Patients with NMSC and exposure to HCTZ 110; 39 follow inclusion criteria. Variables: age, sex, begin year HCTZ, cumulative dose, type of NMSC, diagnosis year, smoking, alcoholism, birth place, immunosuppression, family history. Analysis: "Big data" type study. Statistical program: SPSS17.0/Epidat3.1. Encrypted data. Authorization by Ethical Committee. Limitations: start HCTZ before registration. Lack of therapeutic adherence.

**Results:** 41945 patients. P(NMSC)1.46%. P(NMSC+HCTZ)1.5%. HCTZ prevalence 5.9% (2484) of them 4.5% (112) CCNM. 39 included: 64.1% women(25), 94.8%(37)>75 years. 28.2%(11) smokers, 97.4%(38) no enolism. All born in Spain, a German. 74.4%(29)BCC, 25.6%(10)SCC. Accumulated dose 48.7%(19)>20,000mg HCTZ,10.25%(4)>40,000 mg. Prevalence ratio=1,077. Cumulative dose >20,000mg 48.7%(19).

**Conclusion:** Results suggest possible relation between exposure to HCTZ and NMSC, higher NMSC prevalence in those exposed to HCTZ (Prevalence ratio 1.07,p=0.6) perhaps due to small sample.

Conflict of interest

no

## **Contribution ID: 805**

### **Presentation form**

One slide - 5 minutes presentation

### **Working conditions and health of hotel housekeepers**

#### **Authors**

Joan Llobera Canaves<sup>1</sup>, Xenia Chela Alvarez<sup>1</sup>, Clara Vidal Thomas<sup>1</sup>, Encarnación García Illan<sup>1</sup>, Esther García Buades<sup>2</sup>, Jose Manuel Aranda Regules<sup>3</sup>, M<sup>a</sup> de Lluch Martínez Cañellas<sup>4</sup>, Oana Bulilete<sup>1</sup>

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**Background:** Working as a hotel housekeeper (HH) has been associated with important morbidity, chronic pain, an important number of sick leaves and high analgesic consumption. They also reported poor psychological well-being and worse quality of life.

**Objectives:** Explore perceptions and opinions of various informants regarding HH's work and health problems. Estimate and evaluate HH's health determinants, the exposition to several occupational risk factors, their life styles and health problems, their quality of life and other consequences.

**Methods:** Design: mixed methods: 1). exploratory qualitative study (QS) including semi-structured interviews carried out to 10 key informants and 6 focus groups conducted with 34 HH in different areas of Balearic Islands (Spain); 2). descriptive

study (DS) including a representative sample of 1115 HH, conducted through individual interviews and information gathered from their medical records. The included HH are older than 18 years and had worked during the last summer season; every participant signed the written informed consent prior inclusion. **Analysis:** transcription and content analysis of qualitative interviews; descriptive statistical analysis for the rest of variables.

**Results:** QS: HH identified positive aspects of their work, such as timetables, relationship with other coworkers, attending the clients. The negative aspects highlighted were: working conditions, hard physical workload, stressful duties and insufficiently rewarded. HH associated their health problems with their work and cope with them by self-medication or going to their general practitioner.

DS: ongoing (89% of HH included, results in April)

**Conclusion:** HH perceive hard and stressful working conditions and health problems related with their work.

Conflict of interest

no

## **Contribution ID: 870**

### **Presentation form**

One slide - 5 minutes presentation

### **Utilization of and confidence in primary health care in aging Serbia. Retrospective analysis of national surveys 2009-2015**

#### **Authors**

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**Introduction/Aim:** Serbian population is getting older (in 2015. 18.3% of population was 65+, 17.2% in 2015.). Health systems have to accommodate to that changes meeting old aged patients needs. This study assessed health care utilization of aging patients (65+y) compared with that of younger ones (19-64y) in period between 2009 and 2015.

**Materials and Methods:** In this retrospective study data from National health care consumers' satisfaction surveys were used. The sample consisted of those adult patients, who visited their GPs on the days of surveys in 158 community centers in Serbia.

**Results:** There were 206.088 participants of all age and 45.523 (22.1%) over 65 years. Older patients visited GPs more often than younger (10.8±6,7 vs 7.3 visits/year). They change their GPs less frequently (stayed with the same more than 3 years in 67.5% vs younger ones 52.0%, p<0.001). There is a difference in waiting time for GPs' visits (p<0.001). Old aged have to wait longer than younger (waiting 1-3 days: 28.4% vs 25.7%, more than 3 days: 11.2% vs 8.1%). After visiting GPs old aged felt more capable to deal with their health problems than younger (82.0% vs 77.2%). If new health problem occur, old aged are willing more frequently than younger participants to visit their GPs first (90.4% vs 86.0%).

**Conclusion:** Patients over 65 have confidence in their GPs, their health care needs are connected with chronic health conditions and that can be used for organizing adequate health care for them.

Conflict of interest

no

## Contribution ID: 1004

### Presentation form

One slide - 5 minutes presentation

### Social media as an opportunity for public health interventions: the #MeToo movement as an exemplar

#### Authors

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**Introduction:** Social media have been used exponentially and globally, providing a means for billions of users to connect, interact, share opinions and criticise, becoming one of the main channels of communication for users around the world. One of the most popular free social media networks is Twitter, with more than 100 million active users per day worldwide.

**Aim:** The aim of this study is to analyse a sample of the public conversations generated, using the hashtag #MeToo, around the topic of sexual abuse on Twitter.

**Methods:** Using social media marketing software, the use of the #MeToo hashtag was analysed over a period of 60 days (14 September 2017 to 13 November of 2017).

**Results:** The #MeToo conversation was mainly in English (79.3%), located in the United States (48.2% of cases), but with global repercussions. The volume of mentions of the #MeToo hashtag was far greater (97.7%), compared with other hashtags related to violence over this period of time, using mostly Twitter (96.2%).

**Conclusions:** These results suggest that it is possible to describe different groups using the social media, and analyse their conversations to identify opportunities for successful public health interventions. If the topic is relevant for the general public, it will generate interest and conversations at the global level, supported by a universal and borderless channel such as Twitter.

Conflict of interest

no

## Contribution ID: 1029

### Presentation form

One slide - 5 minutes presentation

### Inspiration to learn: WHO and Antibiotic Stewardship

#### Authors

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**Introduction:** Antibiotic resistance is one of the huge problems all over the world without any discrimination if the countries are wealthy or not.

**Material and Method:** Due to the "gatekeeper role" of the FPs/GPs more than 17 ( India, Turkey, UK, Peru, Niger, France, Kazakhstan, Pakistan, Portugal, Brasil, Greece, Sweden, Indonesia, Argentina, Lubnan,..) countries and 211 FPs/GPs have been attending a MOOC: "Antibiotic Stewardship" is a web-based course accessed through digital devices for free, structured by WHO. The participants were also consulted by the mentors from different countries. The learning objectives: By the end of this course, participants should be able to understand the core competencies of antimicrobial stewardship and how they can be applied to common clinical scenarios. And be able to sensitize self and others in his team regarding the practical concerns around Antibiotic Resistance and a bring about a seriousness about implementing a competent Antibiotic Stewardship program leading to Robust Infection Control policies.

**Results:** The results of the audit will be presented at the conference because there are still some colleagues who will complete the course.

**Conclusion:** Team-work for online course inspire all FPs/Gps to take the learning forward by conducting a global audit on antibiotic usage in upper respiratory infections. They're planning to create "Antibiotic Awareness Champions" in each young doctors movement/country who will in turn spear heard a strong antibiotic awareness movement locally.

Conflict of interest

no

## **Contribution ID: 1099**

### **Presentation form**

One slide - 5 minutes presentation

### **Intervention project on child obesity in a health unit in portugal**

#### **Authors**

Filipa Santos Jorge, Adriana Coelho, Rogério Pastor Fernandes, Eduardo Jubran, Luana Lima, Ana Paula Cruz, Maria José Saramago  
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**Introduction / Aim:** Obesity is the most prevalent pediatric disease worldwide. In 2013, the prevalence in school-aged children in Portugal was 13.9%. In 2017, in our health unit, was 7.32%. AIM: provide selected parents and children with fundamental bases that promote healthy lifestyles. Weight loss of 5% in 30% of the children in 6 months.

**Materials / Methods:** Improvement in healthy lifestyle knowledge with 70% of "Good" quality rating on parents and children. This intervention project whose target population were parents and children with 7,8,9 and 10 years with obesity in the last

consultation of 2017. The project included 6 sessions of health education. A knowledge assessment was applied in 3 sessions, and the children's BMI was monitored at the 1st and 6th sessions. The group study requested authorization from the ARS Norte ethics committee and consent to the parents

**Results:** 76 children and parents /caregivers selected. There was an improvement of knowledge assessment in parents and children. Most of the children maintained a BMI in percentile >97, however all reduced the BMI value by the growth.

**Conclusion:** The goal of a weight loss was not reached. However, it was possible to achieve improvements in knowledge about healthy lifestyles in parents and children. Sedentary lifestyle, bad eating habits, pressure on fast food in media, difficulties in interpreting food labels were some of the reasons identified as causes for the growing problem of childhood obesity. To combat this problem we have to involvement the child, family, school, community, media, political and social dimensions.

Conflict of interest

no

## Contribution ID: 1165

### Presentation form

One slide - 5 minutes presentation

### Observational study of childhood obesity prevalence and healthy habits in the city of Chiclana de la Frontera, Spain

#### Authors

Ana Lima Chedas Fernandes<sup>1)</sup>, Ignacio Ruz Franci<sup>2)</sup>

<sup>1)</sup>CS Montealegre, Andalusian Health Services (SAS), Jerez de la Frontera, Spain

<sup>2)</sup>CS El Olivillo, Andalusian Health Services (SAS), Cádiz, Spain

**Aim:** Determine the prevalence of overweight and obesity in primary school students in the city of Chiclana and analyse their healthy habits.

**Material and methods:** Observational cross-sectional study, with the participation of 540 students enrolled in Primary Education, aged between 6 and 9 years and residents of the city of Chiclana (30% loss rate). A probabilistic randomized sampling by conglomerates was carried out. Validated surveys on healthy habits were distributed and minors were measured to calculate BMI, Waist to Hip Ratio and Waist-Height Ratio. Quantitative and qualitative variables were analysed.

**Results:** 23% of schoolchildren present obesity (the Spanish average is 18.1%) and 22.2% are overweight.

We found a relationship between excess weight and cocoa consumption at breakfast ( $p < 0.05$ ). Children consume more pastries than fruit (7.3% vs. 5.6%). Only 27.3% of the children eat fruit every day, and vegetables only 9,1%.

66.2% practice sport weekly, with a significant difference between boys (76.7%) and girls (45.2%) ( $p < 0.005$ ). Boys also have more screen time ( $p < 0.05$ ) and there is a relationship with the BMI.

45.3% of school children have a parent with excess weight and 34.6% two. A greater weight of the children corresponds to having more progenitors with excess weight ( $p < 0.05$ ).

**Conclusion:** 45.2% of the children population of Chiclana presents excess weight. Action is urgently needed, with an integral and common approach, from the different public and private entities and our community, towards a more just and healthy society.

Conflict of interest  
no

## **Contribution ID: 1177**

### **Presentation form**

One slide - 5 minutes presentation

### **Forensic cases and tea burns in a university hospital's policlinic**

#### **Authors**

M Gökhan Eminsoy, Cihan Fidan, Ali Ümit Geçkil, Funda Salgür, Altug Kut  
*Family Medicine, Baskent University Hospital, Ankara, Turkey*

**Introduction/Aim:** Hot tea burns as a forensic case is one of the most prominent reasons among burn phenomenons. Aim of this study is to analyze the forensic cases especially tea burns attending policlinic or emergency room (ER) of a university hospital in a time span of one year.

**Materials and Methods:** This study is planned as a cross-sectional survey that analyzes all of the forensic cases attended to policlinic room in ER of Başkent University Ankara Hospital in the year of 2015. Whole cases were classified according to the reason of their admittance, age, time and place of event.

**Results:** 182 forensic cases admitted to Baskent University Ankara Hospital in January 2015 were evaluated. Of them 53,3% were male (n=97) and 46,7% were female (n=85). Mean age of the patients was found to be 27,34 years. 16,5% of cases (n=30) were industrial accidents, 24,2% (n=44) were traffic accidents and 59,3% (n=108) were other types of forensic cases (burns, trauma, falling down, poisoning etc.). Most of the cases classified under "other" subgroup were blunt trauma and burns by 34,1% and 22,0% accordingly. Moreover 7,7% of burn cases were caused by hot tea (n=14).

**Conclusion:** This research is still going on. The causes, referral reasons, sociodemographic features, judicial profiles and date and time of forensic cases are really crucial while evaluating patients especially in Family Medicine practice. Primary care physicians have to handle both medical and forensic needs of their patients and be aware of them.

Conflict of interest  
no

## **Contribution ID: 1180**

### **Presentation form**

One slide - 5 minutes presentation

### **Methods for academic performance and cognitive enhancement in university students**

#### **Authors**

M Gokhan Eminsoy<sup>1)</sup>, Irem Olcay Eminsoy<sup>2)</sup>, Cihan Fidan<sup>1)</sup>, Fisun Sozen<sup>1)</sup>, Funda Salgür<sup>1)</sup>, Altug Kut<sup>1)</sup>

<sup>1)</sup>*Family Medicine, Baskent University Hospital, Ankara, Turkey*

<sup>2)</sup>*Department of Nutrition and Dietetics, Baskent University, Ankara, Turkey*

**Introduction/Aim:** The use of prescription or recreational drugs, vitamins and alternative and complementary medicine for cognitive enhancement is prevalent among university students. The aim of this study is to investigate and analyze the methods to enhance the academic performance and cognitive functions in university students.

**Materials and Methods:** This study is planned as a cross-sectional face to face survey that analyzes the methods like using psychostimulant drugs, vitamins, coffee, tea, energy drinks, caffeine, vitamins, meditation, memory, concentration and attention enhancing games, applications, techniques, hobbies and sound frequencies.

**Results:** This research was applied to proportionally determined number of grade 3 and 4 students from all of the faculties inside Başkent University campus. A questionnaire including demographic traits and properties of students' living environments were applied.

**Conclusion:** In the survey, the use of vitamins, herbal products, stimulating beverages (tea, coffee, energy drink), alternative and complementary medicine (ex. meditative methods), including psychostimulant drugs and addictive substances also attention and memory utilizing computer and smart phone applications were asked. Most of the participants preferred tea and coffee. Whether they used any of these methods and if they used those; "have any of these methods affected academic performance, learning, success / cognitive function?" will be investigated.

Conflict of interest

no

## **Contribution ID: 1226**

### **Presentation form**

One slide - 5 minutes presentation

### **Acceptance of renewable sources of energy among Polish adults and irritation of those living in rural areas near wind farms**

#### **Authors**

Bozena Mroczek

*Department of Humanities in Medicine, Faculty of Health Sciences,, Pomeranian Medical University, Szczecin, Poland*

The development of wind energy brings notable benefits for humans and the natural environment through the reduction of pollution, including lower CO<sub>2</sub> emission to the atmosphere. Nevertheless, it also causes anxiety of people living in the regions of investment, resulting mainly from the myths about adverse influence of wind farms on human health. The purpose of this study was to assess the level of acceptance of renewable sources of energy and the level of irritation among Polish adults. The majority of the surveyed promote the development of **renewable energy industry, but few of them seek information on these issues. The primary**

**health** consequence of wind farms is a worse quality of sleep. The lack of knowledge enhances anxiety ( $p < 0.0001$ ) and irritation ( $p < 0.0001$ ), which emerge at the stages of planning and constructing a wind farm. The strongest contributor to anxiety and irritation is a close distance between a house and a wind farm (700 m) ( $p = 0.000$ ). The respondents indicate the need for social consultations and access to reliable information. Wind energy has a positive impact on residents' health (83.23%), the natural environment (90.6%), employment (53.72%), technological progress (81.8%), air pollution (91%), energetic safety of the country (71.85%), and independence of Poland from natural gas supply (63%).

**Conclusion:** The stage of investment is the strongest contributor to anxiety and irritation as well as sleep problems. Ecological attitudes of the Polish society can be developed through implementing European regulations on the role of local communities in making changes in their places of residents.

Conflict of interest

no

## 2. Discipline and profession

**Contribution ID: 20**

**Presentation form**

Workshop

**WORKSHOP: Increasing family physicians' capacity to coach and mentor - the next evolution in medical education and professional development**

**Authors**

Victor Ng<sup>1)</sup>, Val Wass<sup>2)</sup>

<sup>1)</sup>*College of Family Physicians of Canada, Mississauga, Canada*

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

In this symposium we explore how mentorship and coaching can be optimized to support our roles as family physicians. With more family physicians with enhanced skills or added competence working side by side with other family physicians there is an opportunity to maximize our collective strengths to provide comprehensive care. Within this interactive session, participants will consider what is known about peer mentorship and coaching and share experiences describing when and how it has been helpful to them. Participants will consider how family physicians with enhanced skills or added competence can coach generalist family physicians to adopt a wider scope of practice and improve health care delivery within team-based health systems. If we did this well, what might be different for our patients and for ourselves if we had robust practice networks of care with family doctors mentoring and coaching each other? What might be different in how we provide continuing professional development within our practices? How can we maximize mentorship and coaching in vocational postgraduate training for learners? How might WONCA and its member organizations help nurture the growth of coaching and mentoring amongst family physicians?

By the end of symposium – participants will:

1. Describe current concepts and behaviours related to mentorship and coaching
  2. Discuss how mentorship and coaching can enhance medical education and professional development within clinical practice
- Identify enablers and barriers and create recommendations to advance mentorship and coaching  
Conflict of interest  
no

## Contribution ID: 30

### Presentation form

Workshop

### WORKSHOP: Filling the evidence gap on outcomes from primary care development

#### Authors

Amanda Howe<sup>1)</sup>, Felicity GoodYear Smith<sup>2)</sup>

<sup>1)</sup>Wonca Working Party on research, Wonca, c/o Norwich, United Kingdom

<sup>2)</sup>University of Auckland, Auckland, New Zealand

**Background:** There is a global focus on the need to strengthen the scope and functions of primary care in health systems. This is based on the evidence that a stronger, central role for primary health care leads to improved population health, lower costs, better equity and more effective health care. As a consequence, prioritising primary health care and putting this sector at the centre of health systems is also an essential element of realising universal health coverage.

International comparisons are a powerful method to understand primary health care development. There are multiple proposed means of measurement to capture these outcomes, but not all countries have the expertise or resources to utilise these. The Wonca Working Party on Research has undertaken research to map the research gaps in models of primary care and financing.

**Aim:** This workshop builds on prior work to explore how countries are progressing towards the development and measurement of primary care, and how regional studies might further strengthen health reforms and primary health care policy.

**Methods:** Expert presentation of Wonca research to date; summary of key policies and metrics (from OECD, WHO and World Bank); participants will be invited to share country specific data and examples. We shall then work through a framework for country level evaluation and comparative studies.

**Results:** Planning collaborative regional studies on the performance of health systems and primary health care, utilising Wonca's academic leadership and member networks.

**Conclusions:** workshop dependent - but will prepare a report for WONCA Europe, EGPRN and Wonca World.

Conflict of interest

yes

## Contribution ID: 31

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## Presentation form

Workshop

### **WORKSHOP: How to write and how to publish – a practical workshop**

#### Authors

Mehmet Akman<sup>1</sup>, Karen Flegg<sup>2</sup>, Felicity Goodyear Smith<sup>3</sup>

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<sup>2</sup>*WONCA, Editor, Canberra, Australia*

<sup>3</sup>*University of Auckland, New Zealand., Department of General Practice & Primary Health Care, Auckland, New Zealand*

**Introduction/Aim:** This workshop aims to teach scientific writing skills. Being able to publish your work is critical for researchers, but many lack these skills. Knowing how to prepare a logical, structured scientific publication enables your research to be disseminated. These skills also assist with writing research proposals, ethics applications and reports.

**Materials and Methods:** This workshop, run on behalf of the WONCA Working Party on Research, will teach generic skills on how to write. There will be a short presentation followed by an interactive session. You will learn how to structure your material logically by answering the questions: Why was this important? (Social value / Rationale), What did you already know? (Scientific value / Background), What knowledge gap did you fill?(Aim), What did you do and how? (Method), What did you find? (Results), and So what? (Discussion) and how to use consistent syntax. Participants will work together in small groups identifying errors in a provided work and will have the later opportunity to practice rewriting this. Depending on numbers and participant experience, there may be a separate presentation for more experienced researchers on how to publish in a peer reviewed journal. The workshop will conclude with whole group report-back and discussion.

**Results and Conclusions:** Participants will get basic information and practical experience on scientific writing and /or how to publish

Conflict of interest

no

## **Contribution ID: 34**

### Presentation form

Workshop

### **WORKSHOP: Family doctors can prevent suicide in the medical profession and medical students at a local and global level – together**

#### Authors

Leanne Rowe

*Department of General Practice, Monash University, Melbourne, Australia*

We have failed to address the scale of suicide and mental illness in the medical profession, which is a global issue. Each of us can help prevent doctor suicide with these five strategies at a local and global level:

1. **We can destigmatise mental illness for doctors of all specialties and medical students**

2. **We can encourage all doctors and medical students to have their own trusted independent family doctor**
3. **We can provide early, optimal management of mental health problems in doctors and medical students**
4. **We can change our medical culture**
5. **We can make our national and global medical organisations work for us**

While we have many competing priorities in medicine, the poor mental health of doctors and medical students, which reflects global trends and is impacting on the standard of patient care, deserves ongoing urgent action by the whole medical profession and all medical organisations.

Some medical organisations have set up forums, conferences, websites, doctors' health services, mentoring programs and other mental health initiatives, but these activities are yet to address the scale of our problem, our complex systemic issues and our challenging culture at national or global levels. Many programs are currently being evaluated and are yet to be promulgated across countries.

Doctors and medical students require training to care for the special needs of medical colleagues. None of this is easy. This interactive workshop focuses on how family can prevent the tragedy of suicide in doctors and medical students– together.

The principles are based on:

<https://www.doctorportal.com.au/mjainsight/2018/44/we-can-prevent-doctor-suicide/>

Conflict of interest

no

## **Contribution ID: 68**

### **Presentation form**

Workshop

### **WORKSHOP: Managing my practice: finance for doctors**

#### **Authors**

Josep Vilaseca<sup>1,2,3)</sup>, José Miguel Bueno Ortiz<sup>1)</sup>, Valerie Wass<sup>1)</sup>

<sup>1)</sup>*Statutory Committee of Finance, Treasury Dept., WONCA Europe, Ljubljana, Slovenia*

<sup>2)</sup>*Department of Medicine, Universitat de Barcelona, Barcelona, Spain*

<sup>3)</sup>*Department of Medical Education, Universitat de Vic - Universitat Central de Catalunya, Vic, Spain*

The participants in the workshop will be introduced to the basic concepts of finance as follows:

- profit and loss
- assets and investments
- cost calculation and financial indicators

Then the participants will be divided into groups and will be asked to develop this case study:

"you are the partners in an urban practice situated in a city of 100.000 inhabitants. The practice has a contract with the government and also accepts private patients.

The demand is increasing over the last five years. You decided to open a new practice in the neighbourhood. You are asked to indicate:

- the forecasted list of patients (public and private)
- the sources of money to fund the new practice and the proportion of each (partners, credits, mortgages...)
- the distribution of the investments: staff (doctors, nurses, clerks, others), assets, consumables, supplies...
- the forecasted incomes
- the forecasted expenses"

By using a spreadsheet or an Excel file, the students will have to demonstrate the sustainability of their plan during the first year.

All the cases will be analysed in common.

Finally, all the participants will set the conclusions and lessons learned. The workshop will terminate with some key ideas to take home.

Conflict of interest

no

## **Contribution ID: 76**

### **Presentation form**

Workshop

### **WORKSHOP: The PoC- US applications - The basic ultrasound diagnosis in the abdominal and pelvic pathology - An effective diagnostic tool for the family physicians practice**

#### **Authors**

Mihai Iacob<sup>1)</sup>, Roxana Sirli<sup>2)</sup>, Ilse Hellemann<sup>3)</sup>

<sup>1)</sup>*Research in Family Medicine, ► EADUS - European Association for the Development of Clinical Ultrasonography in Ambulatory Health Care (Outpatient Health Care). / ► EUVEKUS - Europäische Vereinigung für die Entwicklung von Klinischen Ultraschalluntersuchungen im Ambulanten Gesundheit, TIMISOARA / VIENNA, Romania*

<sup>2)</sup>*Ultrasound Learning Center, WFUMB Center of Education, Victor Babes University of Medicine and Pharmacy Timisoara, Clinic of Gastroenterology and Hepatology, Timisoara, Romania*

<sup>3)</sup>*Lecturer of the Department of General Practice and Family Medicine, Medical University of Graz, Austrian national representative to the council of the European Society of General Practice / Family Medicine, Wonca-Europe and EURACT., Graz, Austria*

The Point of Care Ultrasonography performed by the clinician, both in the medical office or at home, is an important tool to guide and improve the case management for the early diagnosis and treatment. It represents basically, an extension and complement, to the clinical examination of the physician, to achieve an accurate positive and differential diagnosis. A new opportunity for PoC-US represents the application in primary care of the medical projects related to „telemedicine” connections among specialists and family doctors. Early diagnosis can help to save many patients in primary care, based on notions of good clinical practice.

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We need training and quality standards, to ensure us, that this will be done in a way with positive benefits for our patients, being useful, to the implementation of ultrasound standards and practice guidelines. The Educational needs of GPs on new methods and technologies are increasing, but the resources and infrastructure are limited now. It is thus necessary, collaboration among family physicians trainers or academics, for the preparation and continuing medical education. Therefore, we will involve, to inform family physicians about the latest diagnostic and treatment protocols in clinical ultrasound.

The workshop will include an interactive presentation and practice examples with ultrasound movies, role plays and a short Hands On Session, and we will debate lectures and practical demonstrations by the interpretation of various ultrasound images of some applications of POCUS in Family Medicine. Participants will receive information and practical advice regarding the PoC-US new-applications in the practice of GPs.

Conflict of interest

no

## **Contribution ID: 97**

### **Presentation form**

Workshop

**WORKSHOP: European Primary care Multi-professional Researcher network (PRIMORE) – Workshop by the European Forum for Primary Care (EFPC)**

### **Authors**

Diederik Aarendonk, Mehmet Akman

*European Forum for Primary Care, Utrecht, Netherlands*

**Background:** Insufficient coordination of care continues to be a major cause for lack of responsiveness to the needs of populations in European countries. Therefore there is a need for coordinated research efforts, with sufficient capacity in primary care research (PCR) that is not always available in all European states. The PRIMORE (PRImary care Multi-professional REsearcher network ) project aims at bringing together researchers with different disciplines, sectors and countries to develop and share knowledge for the benefit of PCR and, eventually, the quality of primary care (PC) in Europe. In this workshop the network and its' online platform PIE will be introduced based on the experiences of the kick-off meeting organized in the nature of The Netherlands

**AIM of the WORKSHOP:** After the workshop, the participants will:

- be aware of the goals of the PRIMORE network and the PIE platform
- have a chance to get involved in interprofessional research and join the PRIMORE Network

### **Methods:**

1. Introduction (10 mins)

2. Work in small groups (35 mins):

Groups will discuss 5 different dilemmas in nature conservation based on pictures and short video's and link these to health care situations.

3. Group Reports (10 min)

4. Conclusion (5 mins)

**RESULTS and CONCLUSIONS:** After this Workshop, new members are expected to join PIE in order to provide ideas and experiences about interprofessional PCR.

Conflict of interest

no

## Contribution ID: 102

### Presentation form

Workshop

### WORKSHOP: Research in Family Medicine Strengths and weaknesses in Family Medicine research

#### Authors

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<sup>3)</sup>Clinic of Social and Family Medicine, University of Crete, Crete, Greece

<sup>4)</sup>Department of Family Medicine, Trakya University, Edirne, Turkey

<sup>5)</sup>Department of Family Medicine, Medical Faculty, Zabreb, Croatia

<sup>6)</sup>Department of Family Medicine, Medical Faculty, University of Ljubljana, Ljubljana, Slovenia

<sup>7)</sup>Department of Clinical Sciences, Centre for Primary Health Care Research, Lund University, Malmö, Sweden

Research in general practice matters. A universal truth is that the effectiveness of any national health care system is strongly correlated with the strength and position of general practice within that system. A strong research basis is essential for a strong and vibrant primary care system.

The European General Practice Research Network (EGPRN) has gathered information from its members on the organisation of general practice research in their countries. This information on the problems encountered and the solutions found to overcome them in different scenarios provides an insight into how we can learn from one another and build solid foundations. Representatives from three countries will present the situation in their countries with regard to the following questions:

1. Is there a Family Medicine/General Practice specialty in your country?
2. If yes, is research a compulsory part of the specialty Family Medicine/General Practice in your country?
3. Is Family Medicine/General Practice usually an autonomous Department at the Medical Universities in your country?
4. If so, what kind of research is conducted/published from these Departments? (Qualitative, Quantitative, and if so, descriptive studies, experimental studies, etc)
5. Do researchers in Family Medicine/General Practice in your country have positive experience with EU international funding (without including EGPRN funding)?

6. What are the positive parts of the research in the field of Primary Care in your country that could be "exported" to other countries?

After the three brief presentations, there will be a discussion of how participants could collaborate and learn from the experiences elsewhere.

Conflict of interest

no

## **Contribution ID: 133**

### **Presentation form**

Workshop

### **WORKSHOP: Understanding the migrant patient**

#### **Authors**

Guus Busser<sup>1)</sup>, Maria van den Muijsenbergh<sup>1)</sup>, Ellemieke Rasenberg<sup>1)</sup>, Patrick O'Donnell<sup>2)</sup>, Amanda Howe<sup>3)</sup>

<sup>1)</sup>Primary Care, Raboudumc, Nijmegen, Netherlands

<sup>2)</sup>Primary Care, University of Limerick, Limerick, Ireland

<sup>3)</sup>Norwich Medical School, University of East Anglia, Norwich, United Kingdom

**Introduction & Aim:** Communication with patients with a migrant background is often challenging. Several factors do play a role: language skills, cultural differences, lower education level. Doctors and patients are feeling discomfort. Research shows that consultations with migrant patients are in average of shorter duration compared to consultations with native patients, with a higher prescription of medication and more requests for diagnostic tests. Mutual understanding is poor and outcomes of care are worse. Use of professional interpreters is low despite evidence of the benefits. How is this possible?

What can or even should we change to improve this?

**Material & methods:** Presentations and interactive discussions. We will present some research and background information and some best practices. We will try out some exercises to improve our skills.

**Results:** Increased knowledge and awareness of communication issues with migrant patients and practical ideas of what we can do to improve our communication skills. Hereby achieving a better understanding between the patient and the doctor.

**Conclusions:** Exchanging views from international perspectives will help to get a better understanding of these communication challenges. Exercises will improve insight into one's own communication skills and learning needs.

Communication with a "different" patient is the ultimate example of person-centered care.

Conflict of interest

no

## **Contribution ID: 155**

### **Presentation form**

Workshop

### **WORKSHOP: Balint Group Workshop: The Human Side of Balint Groups**

#### **Authors**

Iwona Tomczak Silva<sup>1)</sup>, Jorge Brandão<sup>2)</sup>

<sup>1)</sup>*UCSP Alvalade, ARS-LVT, Lisbon, Portugal*

<sup>2)</sup>*APMGF, Lisbon, Portugal*

**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.

**Aim of the Workshop:** 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.

**Methods:** 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.

**Results and conclusions:** A Balint group is a form of reflective practice, an experiential, small group educational activity in which clinicians discuss cases from their own work with a focus on the practitioner-patient relationship. We invite clinicians interested in participating in and learning more about Balint groups to consider joining Balint Groups in own countries.

Conflict of interest

no

## **Contribution ID: 265**

### **Presentation form**

Workshop

### **WORKSHOP: Educational Training Requirements for GP training: what does it mean in practice?**

#### **Authors**

Nele Michels<sup>1)</sup>, Chloé Delacour<sup>2)</sup>, Nynke Scherpbier<sup>3)</sup>, Roar Maagaard<sup>4)</sup>

<sup>1)</sup>*Center for General Practice, Faculty of Medicine and Health Sciences, University of Antwerp and EURACT, Antwerp, Belgium*

<sup>2)</sup>*Département de Médecine Générale, University of Strasbourg, Strasbourg, France*

<sup>3)</sup>*Radboud Institute for Health Sciences, Radboud UMC, Nijmegen, Netherlands*

<sup>4)</sup>*Centre for Health Sciences Education, Aarhus University, Aarhus, Denmark*

**Background:** Recently, the EURACT Specialty Training Committee wrote Educational Training Requirements (ETR) for GP/FM Specialty Training (Europe). In three chapters training requirements for trainees, trainers and training institutions are covered. This guideline has an advisory, informative and non-exhaustive

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character. It is an inspiration for all institutions and countries to bring their GP/FM Specialty Training on the highest standards.

**Aim of the workshop:** How can we bring this ETR guideline (theory) into practice?

**Methods:** After a short introduction on the ETR document, participants will actively work on three essential topics in GP/FM Specialty Training: goal-oriented learning, workplace learning, and learner-centeredness. After a brainstorm in small groups, an exchange of ideas between groups and a prioritisation of actions, we shall end with making a top 10 of small practical actions.

To enrich the discussions we encourage participants to read the ETR document in advance; the ETR document can be found on the EURACT[1] or WONCA website[2].

**Results and Conclusions:** At the end participants will take home a list of very practical actions and tips that help in implementing the ETR guideline into the real work- and learning place. We welcome GP trainers, GP trainees and curriculum designers.

[1]<http://euract.woncaeurope.org/sites/euractdev/files/documents/publications/official-documents/european-training-requirements-gp-fm-specialist-training-euract-2018.pdf>

[2]<http://www.woncaeurope.org/content/european-training-requirements-gp-fm-specialist-training>

Conflict of interest

no

**Contribution ID: 285**

**Presentation form**

Workshop

**WORKSHOP: Ethical Challenges of Sharing Information through Electronic Health Records**

**Authors**

Issam Shaarani<sup>1)</sup>, Tania Moerenhout<sup>2)</sup>

<sup>1)</sup>*Faculty of Medicine, Beirut Arab University, Beirut, Lebanon*

<sup>2)</sup>*Department of Philosophy and Moral Sciences, University of Ghent, Ghent, Belgium*

**Background:** Care is no longer confined to the individual patient-provider relationship, but has become increasingly complex, mostly requiring the coordinated effort of a medical team. The electronic health record (EHR) could present itself as a powerful tool to facilitate communication between different stakeholders. Many European countries either have, or are in the process of developing, a national EHR system. These systems facilitate the exchange of medical information between care providers and with patients, and are expected to improve the quality of care. However, they also pose numerous ethical challenges which will be addressed in this workshop.

**Aim of the workshop:** To create a better understanding of some of the most pressing ethical challenges presented using the EHR. This workshop wants to develop an ethical awareness in the participants that can be useful both at the level of individual patient care, and at an organizational level of EHR and e-health implementation.

**Methods:** The workshop will focus on three themes, namely informed consent, patient autonomy and confidentiality. These themes will be explored through the use of vignettes and live polling to facilitate an interactive discussion of the presented topics.

**Results and Conclusions:** In order to reap the benefits of a broadly shared EHR, several ethical challenges need to be considered. This will allow us to assure the continuation of a morally sound patient-provider relationship extending into the digital realm.

Conflict of interest

no

## Contribution ID: 391

### Presentation form

Workshop

### WORKSHOP: Nonverbal communication: techniques for improving doctor-patient encounters

#### Authors

Teresa Rodrigues<sup>1)</sup>, Ana Marques Pinho<sup>2)</sup>, Ana Rita Aquiar<sup>3)</sup>, Joana Fiúza<sup>4)</sup>, Inês Pintalhão<sup>5)</sup>, Marta Tavares da Costa<sup>6)</sup>, A. Catarina Ribeiro<sup>7)</sup>, Teresa Maria Sousa<sup>8)</sup>

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**Background:** Nonverbal communication (NVC) is a communication behavior without linguistic content, including eye-contact, gestures, position and tone of voice. It may signal unspoken concerns and emotions, thus playing a significant role throughout the medical interview and influencing the doctor-patient relationship. Being aware of NVC patterns and responding effectively to them is an essential skill to every family doctor that wishes to improve patients' satisfaction, trust and adherence.

#### Aim of the Workshop:

- Recognize the importance of proper NVC with patients and their families;
- Incorporate NVC skills into daily practice;
- Develop an approach to dealing with various patterns of NVC

#### Methods:

- Define the workshop objectives and purpose (5 minutes)
- Icebreaker activity (5 minutes)
- Exposition about NVC patterns (posture, facial expression and microexpressions) using photos and videos (20 minutes)
- Division in 2 groups with facilitators to do exercises regarding identification of posture and facial expressions. Each group will analyze facial expressions and postures and share opinions (15 minutes)

- Brainstorming and discussion about strategies to respond to NVC patterns (10 minutes)
- Discussion about difficulties in daily practice (5 minutes)
- Review strategies and present keypoints/take home messages (5 minutes)

**Results and Conclusions:** This workshop will be presented by doctors who have completed a postgraduate course on clinical communication. It will promote a dynamic interaction between peers, allowing them to share their experiences, their obstacles but also their success in identifying NVC patterns. It is expected that by the end, participants feel comfortable and confident to identify NVC patterns to build a successful doctor-patient relationship.

Conflict of interest

no

### **Contribution ID: 421**

#### **Presentation form**

Workshop

**WORKSHOP: Continuity under threat - how can we achieve continuity of care in an incoherent world?**

#### **Authors**

David Jameson, Sonia Tsukagoshi, Cemal Kavasogullari  
*RCGP Junior International Committee, Gateshead, United Kingdom*

A cornerstone of General Practice in Europe, and across the world is the patient relationship. A longitudinal, personal and caring relationship is valued by both patients and doctors. Personal continuity is a fundamental part of this relationship. It improves health outcomes, reduces hospital admissions, controls healthcare costs and improves patient satisfaction.

Due to changes in society, professional practice and healthcare system organisation continuity is under threat like never before. Preserving and improving continuity will require sharing ideas and best practice from around the world and creating bespoke solutions for individual healthcare systems.

This interactive workshop will explore the evidence on why continuity is important to general practice and why it is under threat across Europe and the world. We will look at how through sharing experiences from the diverse countries of Europe, we can learn from each other and work together to create solutions to improve continuity in a sustainable way for the future.

Continuity of care is relevant to GPs at all stages of their careers, from trainees to experienced GPs. This workshop will generate practical ideas that can be used to generate bespoke solutions tailored to the needs of local patients and healthcare systems.

Conflict of interest

no

### **Contribution ID: 456**

#### **Presentation form**

Workshop

## **WORKSHOP: The Third WHO Global Patient Safety Challenge: Medication without Harm (MWH)**

### **Authors**

Maria-Pilar Astier-Peña<sup>1</sup>, Jose Miguel Bueno Ortiz<sup>1</sup>, Maria Rosario Fernandez Garcia<sup>2</sup>, Jiseo Maria Vilaseca<sup>2</sup>

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**Background:** The main nature of adverse events in primary care is related to the use of medications. The World Health Organization (WHO) has launched in 2017 a new challenge to reduce adverse events concerning the use of medications in health systems in five years: "Medication without Harm" (MWH).

This Challenge involves crucial topics on the use of medications: transitional care, polypharmacy and high-risk medications. It considers enhancing patients' participation in their own safety. A tool has been developed to use in medical offices with patients: "5 Moments for medication safety".

WONCA is involved in this World Challenge and has a commitment to promote patient safety culture in WONCA Conferences. WONCA World Working Party on Quality and Safety, @WONCA\_QSafety, consider running this workshop to encourage family doctors for safer use of medications.

### **Aims:**

1. To present MWH Challenge.
2. To describe crucial topics as transitional care, polypharmacy and high-risk medications in primary care.
3. To present different tools for patients.
4. To think of a plan for safer use of medication in each practice.

**Methods:** First, a short theoretical introduction. Second, participants will work in small groups to prepare a checklist or plan to improve medication use in their practices and to assess the feasibility of using patients' tools for safer use of medications.

**Results:** To share plans on crucial topics and to give feedback on the 5 moments tool.

**Conclusions:** This workshop can be used by primary care teams to promote the safer use of medications in their practices.

Conflict of interest

no

## **Contribution ID: 458**

### **Presentation form**

Workshop

## **WORKSHOP: Integration of primary care and public health: What does it mean for the family doctor's practice?**

### **Authors**

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**Introduction/Aim:** Family doctors (FDs) are increasingly faced with the challenges of dealing with an aging population and non-communicable diseases. The Astana declaration again puts an emphasis on the role of Primary Health Care (PHC), fostered by the integration of Primary Care (PC) and Public Health (PH) and WONCA reacted to it by underlining the role of FD and released a joint report on the integration with WHO. These integration requires involvement of FDs and their practice. However, PH approach might face difficulties at the practice level due to some barriers. The objective of the workshop is to encourage FDs to reflect on several dimensions of the integration of PC and PH at their practice level and to share strategies on how to achieve this.

**Methods:** This 75-mins workshop will be delivered by 4 FDs with interest on PH including an expert on the topic and the director of WHO Collaborating Center for integration. After the introduction, participants will split into groups to analyse the opportunities and barriers. The results of the group work along with country-specific examples will be shared with all participants and will be set in context with the current efforts of WHO and WONCA in this field.

**Results and Conclusion:** The integration is of key importance to improve population health. FDs can play a significant role in this. By attending this workshop, the participants will reflect on the integrating PH aspects on a practice level and will be able to learn from international examples.

Conflict of interest

no

## **Contribution ID: 459**

### **Presentation form**

Workshop

### **WORKSHOP: Promoting patient safety tools in family practices**

#### **Authors**

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**Background:** Health care has become more complex, requiring greater use of new technologies, medicines and treatments. Health services are frequently treating older and sicker patients presenting with significant co-morbidities that demand increasingly difficult decision making with regards to health care priorities. This scenario increases risks of harm. Family Doctors want to guarantee safer healthcare for all. There are many activities which can be promoted in family practices (FP) to improve patient safety and to mitigate the impact when adverse events (AE) occur.

Many organizations have promoted a Patient Safety Toolkit which consists of a kit of activities which plays an important role in preventing patients from being harmed or giving support to patients and professionals after an AE has happened.

**Aims of the workshop:** 1. To review the nature and prevalence of AE in primary care settings. 2. To describe different tools and safe practices that can be used in primary care settings. 3. To help participants to design a plan to implement patient safety tools at their practices.

**Methodology:** First, we will present a short framework about patient safety in primary care as well as different tools and safety practices which can be implemented to reduce healthcare risks.

Second, participants will work in small groups to select a set of patient safety tools to build up a safety plan for their practices and discuss barriers for implementation.

**Conclusion:** To increase patient safety culture awareness among participants. To identify patient safety tools and safe practices in primary care

Conflict of interest

no

## **Contribution ID: 471**

### **Presentation form**

Workshop

### **WORKSHOP: Using arts to enhance clinical teaching in primary care**

#### **Authors**

Lucy Wilkinson, Sabia Dayala

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**Background:** The use of arts in medical education is becoming more widespread at both undergraduate and postgraduate levels. Clinician engagement with arts subjects in a structured manner has been reported to increase empathy, professionalism and coping strategies for work-related stress. However, as this topic is unfamiliar to many tutors, they are understandably cautious to use arts in their teaching. Resultantly, there is disparity between teaching aspiration and delivery with this method.

This proposed session is an extension of our work in widening uptake of narrative teaching methods among GP tutors at the University of Manchester.

**Aim of the workshop:** Define areas in which arts can enhance learning (including communication, ethics, illness behaviour, mental health, addiction and palliative care)

Familiarise participants with narrative teaching and learning methods

Equip participants with the skills they need to teach and learn with arts within medicine

Share ideas for current practice among participants

**Methods:** The first half of the session is a workshop in narrative medicine, in which participants are able to engage and share ideas as learners. Resources for discussion include visual arts, fiction and poetry.

The second half is tailored to medical educators and takes the form of a guided discussion on resource selection, pedagogy and narrative teaching methods, as well as defining intended learning outcomes and troubleshooting common problems.

**Results and Conclusions:** We hope that this session will leave participants more confident in incorporating arts and narrative-based teaching methods in their own practice, whether at an undergraduate or postgraduate level.

Conflict of interest

no

## Contribution ID: 575

### Presentation form

Workshop

### WORKSHOP: ASPIRE Global Leadership workshop: Medical leadership in training curriculum

#### Authors

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**Background and Aim:** The World Organization of Family Doctors (WONCA) published that “leadership training has a direct impact on the ability of physicians to make continual system improvements.” Within this goal in mind, the ASPIRE Global Leaders Program has been developed aimed at increasing medical leadership abilities, international collaboration and engagement in Young Doctors Movements and WONCA by organising workshops and mentor&mentee meetings.

During residency, physician training has been focused on developing competent clinicians with formal leadership skills rarely being taught. Practical aspects of medical leadership, which we can all learn, should be available to all doctors as it has the potential to improve the quality of healthcare delivery”.

Our aim is to discuss the need of inclusion medical leadership training in Family Medicine / General Practitioners residency programs as part of the curriculum.

**Methods:** First, a brief introduction will take place with presentation of the ASPIRE program which will be followed by the short presentation on the topic of leadership, an the importance of training in medical leadership and significance of it as part of the curriculum.

Second, we plan to divide the participants into small groups and will discuss several questions related to the existing programs, their training needs, and what can be improved.

At the end, the groups are expected to give feedback about their group work to the all participants.

**Conclusions:** By the end of the session we aspire to enable participants on acknowledge their leadership training needs and how to seek for them.

Conflict of interest

no

**Contribution ID: 614**

**Presentation form**

Workshop

**WORKSHOP: VdGM Junior Researcher Award 2019**

**Authors**

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**Aim:** The Vasco da Gama Movement (VdGM) aims at encouraging junior GPs to lead research projects by proposing the "Junior Researcher Award" which rewards projects of young GPs.

**Description:** In this workshop, finalists selected by an international jury will present their research projects but also share their ideas for future research and their personal career. The workshop will contain the following parts:

- Historic context of awards.
- Introduction to the VdGM Research Special Interest Group and our collaboration with EGPRN.
- Presentations of the research projects which are candidates for Junior Research Awards.
- Summary and close signposting to announcement of awards at Closing ceremony

**Conclusions:** Showcasing the work of young researchers in Family Medicine/Primary Care serves to motivate their ongoing work, increase the visibility and accessibility of research opportunities to young doctors and highlight the importance of Family Medicine/Primary Care orientated research.

Conflict of interest

no

**Contribution ID: 618**

**Presentation form**

Workshop

**WORKSHOP: Young doctor's marketplace / VdGM (the European young family doctors movement) AGM**

**Authors**

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**Aims:** To provide an overview of VdGM activities in the past year with opportunity for attendees to ask questions.

To create an open space for community building, innovation and networking for young doctors and those wishing to connect with young doctors.

**Introduction:** Young Doctors are defined as those in family medicine/general practice training programs or those within the first 5 years of completing their family medicine training. VdGM, The European Young Doctors Movement, represents young doctors within WONCA Europe. This workshop provides the opportunity to learn

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more about the activities and events of VdGM and to get involved with existing projects or launch new ones.

**Method:** The workshop will begin with an "Annual General Meeting" which consists of a brief report of the VdGM Executive Committee on the activities, successes and challenges of the past year followed by an opportunity for the audience to ask questions. A full version of the VdGM Annual Report will be made available online. After this introduction the workshop will progress to its main content the "Young Doctors Marketplace". This has become a popular feature of the VdGM contribution to the WONCA Europe Conference Program over the past few years. Utilising "open space technology" facilitation techniques participants are invited to share, generate and evolve ideas and projects with the aim of building new relationships, strengthening the VdGM community, developing conversation and debate and sparking innovation.

Conflict of interest  
no

**Contribution ID: 620**

## **Presentation form**

Workshop

## **WORKSHOP: VdGM Exchanges: Primary Care Without Borders**

### **Authors**

Claire Marie Thomas<sup>1)</sup>, Nina Monteiro<sup>2)</sup>, Rianne van Vliet<sup>3)</sup>

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**Aims:** Present the exchange portfolio from Vasco da Gama Movement and WONCA. Announce the winners of 2019 Exchange Awards.

**Description:** One of the most well known activities promoted by the Vasco da Gama Movement is its exchange program, an ever-growing area.

The Hippocrates Exchange program offers a two week exchange in a European participating country and is a unique opportunity to have an insight in the visiting country's Primary Care.

In partnership with WONCA World and other YDMs, VdGM also participates in global exchanges through the program FM360.

Additionally to these two programs, shorter conference exchanges have been successfully organised alongside Primary Care National Conferences, actively involving colleagues from different countries, in a more intense and condensed scientific and social event.

As in years before, VdGM will award the best urban and rural exchanges fulfilled during 2018: the Hippocrates and Carosino Awards.

**Conclusions:** Through a dynamic and interactive workshop we intend to introduce colleagues to our exchange programs, explaining their application procedures and criteria. Participants will also be invited to share ideas on the benefits and challenges of exchanges as well as the potential difficulties met at every stage.

Finally, the winners of 2019 Exchange Prizes will present their inspiring experiences.

Conflict of interest

no

## **Contribution ID: 652**

### **Presentation form**

Workshop

**WORKSHOP: Raising the status of Family Medicine in Medical Schools: Changing the undergraduate curriculum to improve recruitment into Primary Care.**

### **Authors**

Val Wass, Chandramani Thuraisingham, Alex Harding

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**Background:** Worldwide doctor recruitment into family medicine (FM) is a major issue. We face large deficiencies in the primary care (PC) workforce. This must be addressed to fulfil the Astana 2018 declaration and achieve Universal Health Care. Evidence is emerging that medical school curricula significantly influence career choice but change to address workforce needs is slow. The WONCA Working Party for Education is developing principles and standards for undergraduate (UG) education.

**Aim: to establish consensus for WONCA principles for undergraduate education by:**

- (i) Sharing experience of developing FM orientated curricula.
- (ii) Identifying strategies for UG curriculum design and delivery.
- (iii) Sharing barriers to change and ways to overcome them.
- (iv) Reflecting on curriculum change for individual local contexts.

**Methods:** After a brief introduction, participants will work in small groups initially to discuss the challenges of introducing medical students to FM. An interactive presentation will set these in the context of published international literature. In small groups, participants will discuss personal examples of innovative practice, identify important changes to embed FM in the UG curriculum and discuss how WONCA can support them to implement these.

**Conclusions:** Medical education remains secondary care dominated and is failing to adjust to changing population needs such as aging and co-morbidity. It is imperative that WONCA Europe works alongside WONCA World to promote changes in medical schools which foster learning in the community and strong FM doctor role models. We must encourage the brightest and best to enter careers in primary care.

Conflict of interest

no

## **Contribution ID: 655**

### **Presentation form**

Workshop

**WORKSHOP: Leading women: a workshop for men and women exploring how to lead and be led as a woman in leadership**

### **Authors**

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Gender roles and identity play a part in how we interact, manage teams and lead. As more and more ceilings are being broken by women in the workplace, we explore the impact that this has on women and femininity and on men and masculinity. In a society where women are now expected to be career women but also mothers and wives, can we really have it all? With the #metoo movement, are men able to support their female colleagues without compromising themselves?

This workshop will be led by six female GPs early in their career in positions of leadership. We propose an interactive workshop with small group discussions to discuss the barriers that women face, both intrinsically and extrinsically, in the workplace and what men can do to feel help break these down.

We will address self-limiting beliefs ingrained in us through society and challenge the stereotype of what makes a great leader. We want to create a safe space where women and men can explore their insecurities and openly discuss topics such as imposter syndrome, work-life balance and misogyny in the workplace.

We hope that participants will be able to share their experiences and create a supportive community of female and male leaders. We aim to explore the external and internal obstacles that female leaders face and providing strategies to overcome these challenges

Conflict of interest

no

## **Contribution ID: 673**

### **Presentation form**

Workshop

### **WORKSHOP: How to benefit from doing research? What EGPRN can do for VdGM?**

### **Authors**

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The approval process and recognition of the Family Medicine is not possible without fostering activities in research, education and quality.

Research gives the vision for the future development and prosperity of Family Medicine but resources as solid knowledge, professional skills and responsible attitude towards research are needed. Undoubtedly, research networks are an important element in fostering the research capacity.

EGPRN is widely recognized as an organization with focus on research supporting young doctors to start their academic development. Its aim is to provide a suitable setting in which to discuss and develop research in primary care; to foster and coordinate multinational studies, to exchange experiences and to develop a validated scientific basis for general practice.

In this context, EGPRN offers a great variety of key activities.

The Fellowship Program is a new example of a successful and unique activity. First started at the Riga meeting, in May 2017, the EGPRN Fellowship Program currently aims to provide young fellows with the necessary knowledge and skills to carry out their own research projects.

EGPRN organizes "International Web-based Course on Research in PHC", offering the expertise of international experts in the field. Respective certificates were awarded to the graduates of the course.

The aim of the workshop is to discuss the benefits from doing research, to present the real needs of young doctors and identify the common goals. The discussion will be focused on the opportunity for future mutual initiatives and activities important for greater recognition of Family Medicine.

Conflict of interest

no

## **Contribution ID: 681**

### **Presentation form**

Workshop

### **WORKSHOP: Developing a web-based research course for Family Medicine trainees: a collaborative project from EGPRN, EURACT, EURIPA, EQuIP and Vasco da Gama**

#### **Authors**

Ferdinando Petrazzuoli<sup>1,2)</sup>, Shlomo Vinker<sup>3,4)</sup>, Mehmet Ungan<sup>5)</sup>, Sonata Varvuolyte<sup>6)</sup>, Zaliha Klemenc-Ketiš<sup>7)</sup>, Claire Marie Thomas<sup>8)</sup>, Ana Luísa Neves<sup>9)</sup>, Maria João Nobre<sup>10)</sup>, Jean Pierre Jacquet<sup>11)</sup>, Donata Kurpas<sup>12)</sup>, Vanja Lazic<sup>13)</sup>

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**Background:** The academic development of General Practice and family medicine (FM) has made notable progress recently. Establishing the academic status of the discipline requires a strong research base, which in some countries and in rural areas is weak both in terms of evidence, with scarce high quality publications, and in limited number of research institutes around the world. Involving trainees in a research project during their residency program may help to alter this perception, as a solid base to develop research in GP/FM. With the advent of new technologies teaching research appear more feasible, cheaper and suitable to the young audience.

**Aims:** Developing a joint web-based research course. The entire course is split into different modules. Each module will consist of a video lecture and multiple-choice questions (MCQ) for an immediate partial evaluation. The content of the modules will reflect in part the template of the previous research courses but there will be brand new modules which will cover areas not explored yet.

**Method:** This WS will consist of the following parts: presentations from EGPRN, EURACT, EURIPA, EQuIP and Vasco da Gama on the above topics and plenary discussion. Issues related to the enrollment and the final evaluation and certification will be addressed during the workshop.

**Results:** The expected results will facilitate the developing of a web-based research course that fits the needs of family physicians with diverse origins and needs.

**Conclusion:** This WS will speed up the developing of a web-based research from five of WONCA Europe's networks.

Conflict of interest

no

**Contribution ID: 697**

## **Presentation form**

Workshop

**WORKSHOP: Continuing Medical Education: a view from EURACT on transfer, motivation and andragogy?**

## **Authors**

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**Introduction:** As organisers of CME it is important to understand/support adult learning processes, and make deliberate choices of educational methods depending on the profession we are teaching. The GP's work is, according to Aristoteles, mainly based on phronesis, which is also contextual: Decisions/actions are dependent on the person who enters the surgery as a patient, the problem and the story. The doctor relies on factual knowledge, experiences, relationship and intuition. The need for updated knowledge and competences is never ending. How are we as GP's motivated, how do we as CME provider establish the best conditions for transfer?

**Aim:** To introduce, discuss and work with theory on andragogy, motivation and transfer in CME for GPs. At the end participants will have had the opportunity to explore how to apply educational theory to the delivery of CME in a way that supports learning which is of use in patient care.

**Methods:** A short presentation of theory and methods. Group work will explore the challenges and opportunities this knowledge offers and participants will be supported to work through a scenario which illustrates the factual content.

**Results:** The individual participant in the workshop should be able to recognize the best possibilities for transfer for his or hers ongoing or upcoming CME project

**Conclusions:** There are specific considerations needed in the planning of CME for GP's. When attended to this, CME providers have made way for the best possibilities for transfer of new knowledge into the daily care for our patient.

Conflict of interest

no

## **Contribution ID: 739**

### **Presentation form**

Workshop

### **WORKSHOP: Reorientation on core values and core tasks of general practice in the Netherlands**

#### **Authors**

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**Introduction:** In The Netherlands, as in many other countries, advances in medicine, demographic shifts and changes in the health care system have major consequences for the workload, tasks and organisation of general practice. Early 2018 eight GP organisations, covering the whole population of GP's and GP trainees, decided together that a reorientation on the core values and core tasks of the GP's was necessary. They formed a steering committee that initiated an intensive process among GP's and GP trainees, encompassing a large number of discussionsessions, a survey among GP's and GP trainees and a survey among citizens.

**Aim:** To present the process of the reorientation and its results and to discuss issues that may be relevant to GP's in other countries.

**Method and results:** 1300 GP's and GP trainees participated in sessions in which they discussed 12 relevant themes, e.g. palliative care, out-of-ours GP-care, prevention, innovation, gatekeepers role etc. Underlying arguments and values were elicited. Based on the yield of these discussionsessions a survey among all GP's and GP trainees and a survey among a representative panel of Dutch citizens were held. A committee of 12 GP's, representative for the profession, formulated the new set of core values and tasks.

**Conclusion:** The results of the discussionsessions and survey provided the basis for the reformulation of core values and core tasks of general practice in the Netherlands. In the workshop we will discuss issues that rose during the process and that may be relevant to participants from other countries.

Conflict of interest  
no

## **Contribution ID: 780**

### **Presentation form**

Workshop

### **WORKSHOP: Our core values in a changing world**

#### **Authors**

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**Aims:** To reflect with the participants on the core values, principles and purposes of general practice in general, and in their own country in particular, in the light of major changes both in society and in health care in the last decades.

**Background:** Our core values act as guiding principles. When they are declared and followed, they are the basis of trust. When they are stated, and not followed, trust is broken. Therefore, a common understanding and a consensus on their meaning are of great importance. In the last decades, changes in medicine, the ageing of the population and changes in the health care systems have consequences for the workload, the tasks and the organisation of general practice. The WONCA Europe definition of general practice (2011) includes the core principles of our discipline and the core competences the GPs have to master to fulfil these principles. The question arises if our principles are valid and sustainable in the light of the significant challenges that have emerged. Challenges such as new technologies, 'too much medicine' combined with an increasing commercialization, an increasing social gradient, and the emergence of opportunistic "screen (video) doctoring" companies.

**Method:** We briefly present the results and the issues raised in the recent reorientation on core values and tasks in some European countries, followed by discussion in small groups. We will make use of the 'Mentimeter' interactive tool to summarize the outcome of the workshop. Participants are encouraged to bring their mobile phones with them for this purpose.

Conflict of interest

no

## **Contribution ID: 815**

### **Presentation form**

Workshop

### **WORKSHOP: Small steps towards a safer environment in primary care**

#### **Authors**

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**Introduction/Aim:** How can we create healthier and safer primary care practices? This issue is relevant for the whole health system and requires a significant safety culture change. It is a big challenge but we can start with "small" changes that are easy to implement in daily practice. European EQuIP GPs and pharmacists have made a 15min video for the benefit of all health professionals and patients by sharing examples of "small" changes, that are feasible and practical for improving patient and professional safety. These seven short video films and interviews illustrate safer, more collaborative and humane practices.

#### **Objective:**

- To show that it's easy to make simple improvements in our daily practice
- To share some examples of safer practices
- To help participants to develop their safety culture through communication in practice.

#### **Method in 5 steps:**

1. Video film presentation (15min)
2. Participants are encouraged to consider small change(s) to improve patient safety or professional wellbeing (5min)
3. Participants are split in small groups to share these ideas of change and examples of work processes and procedures with potential for adverse events, and suggest simple solutions to improve safety (15min)
4. 1mn report : each group reports their safer practice ideas (10min)
5. Open discussion on the feasibility and sustainability of the various proposals.(30min)

**Conclusion:** The workshop is designed to open the way to sharing and learning pragmatic and realistic plans for improving practice safety issues in participants countries.

Conflict of interest

no

## **Contribution ID: 844**

### **Presentation form**

Workshop

**WORKSHOP: Workshop "Writing for publication - Meet the editors for tips and tricks!"**

### **Authors**

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**Background:** Peer-reviewed medical journals are essential media for the publication of articles relevant to Primary Health Care/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.

**Objectives:** In this workshop, we discuss various topics relevant for preparing and revising manuscripts to be published in peer-reviewed medical journals. After the workshop, participants have expanded their knowledge and have received practical advice on how to prepare a manuscript for publication in a peer-reviewed medical journal.

**Target group:** Our intended audience is interested in research or medical writing, may have some experience and wants to improve their writing and submission skills. More experienced authors are welcome to share their experience.

**Methods & topics:** During this highly interactive session, we focus on the preparation and submission of research papers. We present the basic presentation and language of research articles, and we discuss (how to prevent) common errors. Other topics: the peer review process; an adequate Abstract; informative Titles; a convincing Cover Letter; choosing the right journal; open access journals; authorship and potential conflicts of interest; or any other question you may have!

Jelle Stoffers is the Editor-in-Chief of the European Journal of General Practice (EJGP), Wonca Europe's scientific journal. An De Sutter is Associate Editor of the EJGP. This workshop was developed with Hans Thulesius (Sweden, Scandinavian Journal of Primary Health Care), and using input from Helena Liira (Finland), and André Knottnerus (the Netherlands).

Conflict of interest

no

## **Contribution ID: 859**

### **Presentation form**

Workshop

**WORKSHOP: Arts and humanities in continuous professional development and medical education for family medicine**

### **Authors**

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

 Bratislava  
June 26-29, 2019

<sup>1)</sup>*Quality Improvement and Doctors Health, Irish College of General Practitioners, Dublin, Ireland*

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**Background:** The arts and humanities have enhanced human understanding of adversity and positivity, pain and healing. They can be a catalyst to reflect on and find meaning in suffering and in joy, in power and in hopelessness, and in the multifaceted human condition.

Over a lifetime, many factors can influence each individual patient's response to illness and distress.

Over a career, the work of a family physician focusses on complex decision making at many levels with patients and families and other professionals, including managing expectations, responding to patients' symptoms, assessing options and taking appropriate action.

**Aim of the Workshop:** For family physicians to work effectively within the therapeutic relationship, it is necessary to cultivate the trust of patients and their families. It is also important to be aware of the role of the clinician as a factor in the healing process.

**Methods:** Participants at this workshop will be presented with art, literature, cinema and music, and will

(1) Explore the value of humanities and arts in comprehending the lives of patients and physicians

(2) Reflect on personal perceptions about issues that concern patients and physicians

(3) Discuss factors that impact on human interactions in healthcare.

**Results and Conclusions:** The highly skilled job of the family physician requires complex problem-solving in the context of the unique lives of patients and the time constraints of modern work. This role requires physician self-care and self maintenance which can be supported by investing time in the creative arts and humanities.

Conflict of interest

no

**Contribution ID: 926**

**Presentation form**

Workshop

**WORKSHOP: Cross-cultural ethics: practising with integrity both at home and overseas**

**Authors**

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**Background:** The practice of cross-cultural medicine is becoming increasingly common, due to migration into Europe, and more health professionals spending time

working overseas. Global health learning opportunities are being formally integrated into some family medic training programmes, such as the Global Health Fellowships in the UK. Differences in cultural expectations between patients and health professionals can lead to ethical dilemmas arising and challenging consultations. This workshop draws on contemporary research to improve participants' competence and confidence in managing these.

**Aims:** Attendees of this workshop will:

- Explore common ethical dilemmas encountered working in different countries or with patients from different cultures
- Reflect on how their own values, attitudes and ethics influence their practice
- Analyse cross-cultural ethical issues with reference to ethical relativism and traditional versus contemporary ethical theories: Beauchamp and Childress, 2001 and Pinto et al, 2013.
- Practise applying ethical frameworks to patient scenarios

**Methods:** This highly interactive workshop will include:

- Participants sharing personal experiences of ethical dilemmas and challenges in working across cultures and how they have handled these
- A brief presentation of ethical theories and frameworks
- Small group discussion of approach to real patient cases
- Reflection on how this learning applies to each participant's future practice.

**Conclusion:** Skills in communicating cross-culturally, and resolving the ethical issues that may arise are of increasing importance to family medics. This workshop will be particularly relevant to healthcare professionals planning to work overseas, but will be of interest to all healthcare professionals working with patients from diverse cultural backgrounds.

Conflict of interest  
no

**Contribution ID: 933**

**Presentation form**

Workshop

**WORKSHOP: Time for a change? Tailoring EQuIP summer school for young family physicians**

**Authors**

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**Background:** EQuIP is WONCA Europe's network for quality and safety in primary care (PC). EQuIP's Summer Schools are three day training workshops which have been running since 2008, with the aim of enabling health care professionals to develop their own quality improvement project. In 2018, a joint summer school on quality and safety in PC organized by EQuIP and VdGM (WONCA Europe network for new and future family physicians) has been proposed. The aim of this workshop is to identify the best format and content for the joint EQuIP VdGM summer school related to quality and safety educational needs of young family physicians.

**Methods:** The workshop will consist of three parts. In the first part, the plenary presentation will be given to present the existing format and content of EQuIP's summer school. The participants will then be divided into small groups to analyze and tailor the existing summer school format to the quality and safety educational needs of young family physicians. This will be followed by plenary presentation and discussion.

**Results:** The expected results include the development and promotion of a framework for the new collaborative WONCA network summer school. This workshop is likely to interest those teaching quality, and young/future family physicians with interests in quality and safety.

**Conclusion:** Teaching quality and safety in family medicine must be tailored for different levels of expertise. This workshop will provide a platform for the exchange of ideas and perspectives on the optimal format for the joint EQuIP VdGM summer school.

Conflict of interest  
no

## **Contribution ID: 1150**

### **Presentation form**

Workshop

### **WORKSHOP: Traditional vs. school medicine in rural locations - "friends with benefits", part 3**

### **Authors**

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**Keywords:** traditional, school, medicine, rural  
**AUTHORS -** Dr. Oleg V. Kravtchenko (author, contact person), Dr. Berit Hansen (author)

**introduction/aim:** Relationship between traditional/alternative and school medicine has always been complicated, sometimes inflamed, especially in the frontier (rural locations) where medical doctors experienced face to face encounter with traditional medical practitioners (shamans, healers, herbalists etc). Authors strongly believe that rural medical practitioners could be pioneers in the process of cooperation between school and traditional medicine and are going to define the

strategy and tactics of such one. We'd had Part 1 of our Workshop in Crete in November 2017, when we introduced the principle of "GP's Cookbook" and launched the exchange of ideas and data collection, Part 2 was at WONCA Krakow in May 2018, when we presented the template and possible layout of the "GPs Cookbook". Part 3 is going to deal with a last minute suggestions and the launch of the book itself.

**Materials and methods:** Authors are going to make a further introduction with presentation of the current layout in different European rural locations. Thereafter all the participants will be divided into groups for interactive work with the aim to define common goals and mutual benefits in cooperation between traditional and school medicine.

**Results:** The authors and participants will try to elaborate the strategy and tactics of holistic approach to the cooperation between traditional and school medicine in rural locations and publish their findings in a book format as a physicians desk reference.

Conflict of interest  
no

## **Contribution ID: 1151**

### **Presentation form**

Workshop

### **WORKSHOP: Quality indicators: From Worthless to Useful**

#### **Authors**

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**Objective:** In this work shop we will use the position paper on Measuring Quality in Primary Health Care together with good and bad examples from different countries, for discussions on how quality indicators are used, and how they should be used. The ambition is to support workshop attenders in the use of quality indicators for improvement of daily practice and increasing joy in daily practice.

**Background:** Easy access to data from electronic patient records have made it increasingly common to use this type of data in pay-for-performance systems. GPs throughout Europe oppose this for several reasons. However, quality indicators can be very useful as starting points for discussions about quality in primary care, with the purpose to initiate, stimulate and support local improvement work. This is the main content in the Position Paper "Measuring Quality in Primary Health Care" written by the European Society for Quality and Patient Safety in General Practice (EQuIP) ( endorsed by Wonca Europe 2018).

#### **Session content**

Mixed short presentations and group work on the following:

1. Short introduction on what Quality Indicators are and on the EQUIP position paper "Measuring Quality in Primary Health Care"
2. Examples of use of indicators (good and bad) from several countries
3. Steps in the process to better use of quality indicators

Conflict of interest

no

## **Contribution ID: 1237**

### **Presentation form**

Workshop

### **WORKSHOP: What makes General Practice/ Family Medicine Complex?**

#### **Authors**

Joachim Sturmberg

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It is now widely accepted that GP/FM is complex, however, it remains largely unclear what is meant by complex, what contributes to the complexity in GP/FM, and how to successfully manage complexity in GP/FM in the consultation and the local environment. This workshop aims to explore the notion of complexity and its implications for understanding patients, their health and illness issues, and a complexity informed approach to manage their healthcare needs. Participants of the workshop will explore in small groups 8 different domains that make GP/FM complex:

1. Context
2. Interface between primary and secondary/tertiary care
3. Making a diagnosis
4. Understanding the "causative features" underlying the complaint
5. Managing the existential concerns embedded in the complaint
6. Lack of a research paradigm that fits the nature of the discipline
7. Reward systems based on disease, not health
8. Working in a "non-health" system

By the end of the workshop participant will be able to explain the complex nature of the discipline and to work with their colleagues to help patients, practices and their local community to more successfully manage the "complex issues" affecting health, health care delivery and health system design.

Prerequisite knowledge: none

Conflict of interest

no

## **Contribution ID: 3**

### **Presentation form**

Oral Communication

### **How we can get better in our consultation techniques?**

#### **Authors**

Aurelija Dubicke

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In Sweden are all doctors undergoing training for GP/FM obliged to take a course in consultation techniques as it is an important part of our daily work. During this course doctors learn about the main consultation skills and have a possibility to train these skills in practice.

The aim of this presentation is to make a short reminder of main consultations skills and present possibilities of training them in your own practice

The consultation consists of patient's part, doctor's part and shared part. The usual problem is that doctors interrupt their patients too early in consultation not letting them to say everything they wanted. When patients present to their doctors, they have usually their own agenda. They have 3 cards: ideas, concerns and expectations (ICE). To get a good consultation and a satisfied patient, a doctor needs to get to know the ICE of the patient and later respond to them. The two cards that the doctor can use for this are receipt and summarizing.

During this presentation we will go through these consultation skills and also talk how it is possible to train these skills in the groups with your colleagues and real patients by doing video recordings and analysing them.

References:

1. Larsen JH, Neighbour R Five cards: a simple guide to beginning the consultation. Br J Gen Pract. 2014 Mar;64(620):150-1
2. Larsen JH Conversation with the patient: handbook in the meeting between doctor and patient. 2015 (In Swedish)

Conflict of interest

no

## **Contribution ID: 69**

### **Presentation form**

Oral Communication

**Thyroid ultrasonography at the family doctors practice - present and perspectives. Presentation of "the Thyro-screen Project" - the first interdisciplinary integrated and targeted thyroid screening.**

### **Authors**

Mihai Iacob

*Research in Family Medicine, ► EADUS - European Association for the Development of Clinical Ultrasonography in Ambulatory Health Care (Outpatient Health Care). / ► EUVEKUS - Europäische Vereinigung für die Entwicklung von Klinischen Ultraschalluntersuchungen im Ambulanten Gesundheit, TIMISOARA / VIENNA, Romania*

This project has three main stages. The first step was the development of a computerized-diagnostic-algorithm used to stratify the risk in thyroid pathology, based on Ultrasonography. It set the optimum time for thyroid biopsy(FNAB). We have used the latest international classifications, as well as a "scoring" made by us, correlated with the histopathological results. The second stage included a targeted thyroid screening in a population with high-risk, statistically significant. Finally we are launching an interdisciplinary-multicentric-US-Screening titled Thyroscreen.

**Method:** We report a thyroid screening performed on 4386 apparently healthy adults with oncological risk factors+, aged over 20 years, followed for three years. We used the TIRADS classification by Russ-modified and Strain-Elastography, with both the elastographic-scores by Rago and semiquantitative-Strain-Ratio(SR), for standardization and to establish if fine-needle-aspiration-biopsy(FNAB) should be performed. We designed an Ultrasound-Scoring-System(USS) for predicting malignancy and a diagnostic-algorithm-software. All patients were stored and counted into electronic-database.

**Results:** 861 patients with thyroid diffuse disease and 696 with focal lesions were found. Prevalence of thyroid pathology was:38.99%(95%CI:37.54%to40.45%)with screening sensitivity:96.49% and specificity:96.52 % and a high accuracy of 96.51%,PPV:94.66%,NPV:97.73 %, statistically significant, $p<0.01$ . The ROC-analysis of our US-methods confirmed a higher level of diagnostic accuracy of Strain Elastography, $p<0.001$ ,AUC=0,995,95%CI:0,97to1.

**Conclusions:** Performing US-Screening together with Strain-Elastography, had the best accuracy in analysis of the vascular network and absence of elasticity, for differentiating "benign versus malignant"of the thyroid tumors and for diagnosis of the diffuse thyroid diseases.

Conflict of interest  
no

## **Contribution ID: 73**

### **Presentation form**

Oral Communication

### **Using arts in the training of primary care professionals**

#### **Authors**

Mehmet Akman

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In this workshop possible contributions of art to primary care practice will be explored. During the workshop participants will have chance to share their own experiences regarding art, especially drama, and primary care. Participants will participate in creative warming up games and an actice forum theatre session. Following topics will be explored by the the given teaser questions:

- Use of "art" in vocational training: how can we use art in education of trainees? Any experiences? Can drama usage intraining of primary care professionals create a stimulating environment for expressingfeelings and thoughts regarding different aspects of human nature in a reflective manner?
- Art as a tool to empower developing a patient-centred,holistic approach: How can we use art for empowering patient centred care and holistic approach in primary care?

Participants will have chance to participate a demonstrative drama session in the form of a forum theater. After the drama experience a reflective discussion will take place regarding possible usage of forum theater during educational sesssion aiming professional development.

Conflict of interest

no

## **Contribution ID: 77**

### **Presentation form**

Oral Communication

**The Applications of "Point of Care Ultrasonography" (PoC-US) in Family Medicine: an experimental FOCUS (Focused Cardiac UltraSound) Screening or Basic Cardiac Ultrasound for non- cardiologists known under the acronyms of: Rapid Cardiac Assessment(RCA)**

### **Authors**

Mihai Iacob

*Research in Family Medicine, ► EADUS - European Association for the Development of Clinical Ultrasonography in Ambulatory Health Care (Outpatient Health Care). / ► EUVEKUS - Europäische Vereinigung für die Entwicklung von Klinischen Ultraschalluntersuchungen im Ambulanten Gesundheit, TIMISOARA / VIENNA, Romania*

FOCUS is a complement of the clinical exam, for the evaluation of cardiac function, in the hemodynamic critical patient. These concepts of ultrasonographic examination of the heart, performed as diagnosis documentation after physical examination in cardiac care by non-cardiologists, have gained many followers over the past two decades.

FOCUS can be recommended for patients with a very high cardiovascular risk, which presents after clinical examination the suspicion of cardiac pathologies such as cardiomegaly, valvulopathy, pericarditis, endocarditis, congenital malformations, aneurysms, and arrhythmias. Early diagnosis of many cardiac conditions by FOCUS could save the lives of patients in primary care, based on concepts and guidelines of good clinical practice. Being an operator-dependent method, we only propose it, as a complementary or as a further guidance tool for the clinical examination of the cardiac patients.

The RCA can be done in a few minutes, and traditionally involves the following five views: Subxiphoid view, Parasternal long or short axis, Apical four-chamber view, and IVC assessment. Within each view, there are several cardiac sections, that can be evaluated according to the orientation of the probe. We will present the participants an Experimental FOCUS Screening on 1780 patients with very high cardiovascular risk. We have developed a Computerized-Diagnostic-Algorithm of the cardiac pathology detected by FOCUS, which the workshop participants will work on. The workshop will include an interactive presentation and practice examples with ultrasound movies, role plays and a short Hands-On Session, and we will debate lectures and practical demonstrations by the interpretation of FOCUS.

Conflict of interest

no

## **Contribution ID: 88**

### **Presentation form**

Oral Communication

## Promoting undergraduate quality improvement (QI) projects in cancer care

### Authors

Sabia Dayala, Natalie Williams

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**Introduction/Aim:** Improving cancer outcomes in primary care is one of several objectives of Cancer Research UK (CRUK) that directly aligns with initiatives from the UK government and National Institute for health and clinical excellence(NICE) guidance. The aim was to increase the likelihood of GP tutors offering a project in cancer care through use of a bespoke toolkit created for use of Manchester medical students. This toolkit aims to encourage and support quality improvement work in relation to cancer care and represents the first University and CRUK collaboration in the UK in order to support medical student involvement in cancer care at a General Practice level.

**Materials and Methods:** Vignettes of student scenarios related to project work in cancer care were discussed by tutors at 3 optional workshops (5-8 tutors per workshop) who attended an annual training event, run in conjunction with CRUK. Quantitative and qualitative evaluation of the workshop was completed through questionnaires in paper and online format using non-duplicate questions.

**Results:** 20 GP tutors attended. More tutors responded to the paper questionnaire compared to online (80% response rate versus 75% respectively). All respondents said the toolkit assisted them very well (11) or quite well (5) to plan their next steps in the theoretical workshop scenarios and reported either definitely (12) or probably (4) using the toolkit in future. Qualitative comments were highly favourable.

**Conclusion: Further evaluation is being conducted to assess the actual uptake of projects in cancer care and resulting impact on individual practices.**

Conflict of interest

no

### Contribution ID: 110

#### Presentation form

Oral Communication

## The human side of medicine: the political contribution of primary care to public health

### Authors

Patrick Tabouring

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**Background:** The implication of the general practitioner in public health exceeds the promotion of preventive and screening programs. He perceives the contextual needs of the patients and transmits any pertinent questions to public authority body. Thus, the general practitioner becomes the spokesperson of his patients' dissatisfactions and reveals the society's impact on the suffering of the population.

**Aim:** The goal of the workshop is to sensitize the general practitioners in regards to complaints made in the context of the social and political system, and to find ways

to report such grievances, subsequent questions and proposals to sanitary departments.

**Method:** The workshop will consist of groups that will work on one of the following two questions:

- How to identify the current societal problems through contact with patients
- How to pass unresolved public health issues to sanitary departments

The results will be presented and discussed during the plenary session. Workshop authors will subsequently present a conceptual view based on their experience.

**Results and conclusions:** We hope to sensitize general practitioners in regards to primary care's potential political impact and to identify and transmit current themes to public health.

The perception of our patients' suffering and the identification of contextual social factors permit us to use our experience in order to facilitate an appropriate and efficient political action.

Conflict of interest

no

## **Contribution ID: 115**

### **Presentation form**

Oral Communication

### **'The ABC of family medicine research' – evaluation of a trans-national training course for early career family doctors**

#### **Authors**

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<sup>2)</sup>*University of Bath, Bath, United States*

**Background:** Some European countries do not have courses on research methodology that are relevant to their young family doctors (FDs).

**Research question:** How effective is a transnational family medicine (FM) research course for early career FDs? Should other countries support similar courses?

**Method:** Two out of three transnational two-day courses on FM research methodology (the "ABC" courses) were piloted in 2017/8 in Ukraine, a country with little experience of primary care-based research. PK (Ukraine) ensured that the courses were relevant for local FDs, MH (UK) provided an international primary care research perspective.

Evaluation was by pre- and post-course administration of two previously-validated questionnaires: the 'Research Self-Efficacy Scale' (RSES), and the 'Stages of Change Questionnaire' (SCQ).

**Result:** About 20 early career FDs participated in the courses. The RSES demonstrated an increase in all fields, in particular the ability to design and implement the best data collection and analysis strategies, and to identify clinical problems that are amenable to research.

Results from the SCQ showed particular increases in scores relating to participant actions, for example speaking about research at meetings, or to colleagues about increasing the use of research in their work.

The primary care-centred, transnational course methodology was popular with participants: "Doing research on the primary care level is new for our country"; "The international approach is an example of research in FM".

**Conclusion:** This evaluation demonstrates that a transnational model of research courses for FDs is both feasible and effective.

Conflict of interest  
no

## **Contribution ID: 128**

### **Presentation form**

Oral Communication

### **Rethinking bias and truth in evidence-based health care**

#### **Authors**

Sietse Wieringa

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The concept of truth has been problematized from different angles, yet in evidence-based health care (EBHC), it continues to operate hidden and almost undisputed through the linked concept of "bias." To prevent unwarranted relativism and make better inferences in clinical practice, GPs may benefit from a closer analysis of existing assumptions about truth, validity, and reality.

In this workshop, we explore in small groups several important theories of truth, notably the ideal limit theorem (which assumes an ultimate and absolute truth towards which scientific inquiry progresses), the dominant way truth is conceptualized in the discourse and practice of EBHC.

We further discuss whether, to the extent that the goal of EBHC is to support inferencing in the clinical encounter, the ideal limit as the sole concept of truth is conceptually insufficient to help make clinical decisions in everyday general practice. Based on a clinical scenario, we explore a more pluralist understanding of truth and bias.

Conflict of interest  
yes

## **Contribution ID: 132**

### **Presentation form**

Oral Communication

### **Physician Associate (PA) Internship: supporting PAs into the primary care workforce**

#### **Authors**

Elizabeth Cottrell<sup>1,2</sup>, Alex Strivens-Joyce<sup>3</sup>, Lucy Minshull<sup>4</sup>, Sarah A Lawton<sup>1,2</sup>, John J Edwards<sup>1,2</sup>, Matt Aiello<sup>5</sup>, Sharon Turner<sup>4</sup>

<sup>1</sup>*Research Institute for Primary Care and Health Sciences, Keele University, Keele, United Kingdom*

<sup>2</sup>*Wolstanton Medical Centre, Newcastle-under-Lyme, United Kingdom*

<sup>3</sup>*Keele University, Keele, United Kingdom*

<sup>4)</sup>North Staffordshire GP Federation, Newcastle-under-Lyme, United Kingdom

<sup>5)</sup>Health Education England, London, United Kingdom

**Background:** Physician Associates (PA) are a growing workforce in the United Kingdom (UK), however few work in primary care, and undergraduate exposure to primary care is often limited. Policy presents PAs as a strategy to respond to primary care workforce challenges, but there is insufficient clarity about how best to integrate this new model of care.

**Aim:** A novel PA internship was developed and evaluated. This pilot aimed to establish how best to integrate PAs into primary care.

**Methods:** The PA internship supported dual primary and secondary care roles, with subsidised primary care practice costs to recognise intense supervision and support required. Weekly primary care-focussed education sessions were provided. Detailed evaluation data were gathered from practices and interns from the first two pilot cohorts, over three time-points. Patient feedback was sought at one time-point.

**Outcomes:** The internship recruited 17 interns over 4 cohorts. PAs completing the first cohort were retained within primary care. Patient feedback was positive and interns valued the education programme. Challenges included lack of clarity about PA scope of practice and (potential) roles within the primary care team. Practices and PAs tailored the role and developed safeguards to accommodate the PA and wider practice needs.

**Discussion:** The internship provided essential resource to support practices in the provision of intense supervision during the early phase of a PA's career in primary care. Sustainable and equitable funding models and clarity for practices to support clinical governance are required to deliver, support and successfully expand the primary care workforce.

Conflict of interest

no

## **Contribution ID: 134**

### **Presentation form**

Oral Communication

### **Music and the four quadrants of knowledge applied to medicine as facilitators of medical education and humanism**

#### **Authors**

Marco Janaudis, Vinicius Rodrigues, Viviane Polesel, Maria Benedetto, Pablo Blasco, Marilia Rosa, Helio Katayama, Laura Muller  
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**Background:** Music is a form of universal language, has the ability to express sensation and feelings and can be a learning tool of humanities. Wherefore, topics of interest in medical education that are part of the student's affective universe, such as loss, compassion, sadness and solidarity, can be identified and worked through music. However, music as a teaching instrument in medical education is rarely used. Medical students in Brazil have a fragmented learning and as seen in the Family Medicine course in medical internship, the music associated with the four-quadrant of knowledge method applied to medicine (physician, patient, health system,

disease) enables the student to integrate medical knowledge and focus on the patient.

**Objective:** To learn the impact of music, applied in each quadrant of medical knowledge, as a pedagogical resource in the medical student's experience.

**Methodology:** the research follows a qualitative approach. During 10 weeks at medical boarding students were exposed to music and to four-quadrant of knowledge method in theory and clinical practice.

**Results:** at the end of the course, students brought songs, chosen by themselves, related to the quadrants. Quadrant 1 (Time, Pink Floyd);, Quadrant 2 (Hold On, R.E.M), Quadrant 3 (Man in the Mirror, M. Jackson).

**Conclusion:** The experience with music revealed the medical student as an active, questioning and interested in his own formative process, as a future physician and as a person. The music applied to the four quadrants is an agent that facilitates this process and can be used as a pedagogical resource.

Conflict of interest

no

## Contribution ID: 135

### Presentation form

Oral Communication

### Integrating medical knowledge through the four quadrants method applied to medicine: focus on student, patient and humanism

#### Authors

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**Background:** During 10 weeks in the Family Medicine course at a medical internship, the four-quadrant method of knowledge applied to medicine (doctor, patient, health system and disease) was introduced in order to integrate the general learning focused on the patient, student and humanism. In Brazil, medical students have their learning focused on specific care and diseases, instead of focusing on what is more prevalent.

**Purpose:** To present the results of the knowledge obtained in each quadrant during medical internship.

**Method and Design:** qualitative research involving 30 students from medical internship. Qualitative analysis of the students' answer and classification of the answers in four thematic axes: quadrant 1 (physician), quadrant 2 (the patient), quadrant 3 (the health system) and quadrant 4 (the disease).

**Results:** Learning in quadrant 1 (physician): "this is the most difficult quadrant for me because I must develop my sensitivity to understand the patient". Quadrant 2 (patient): "Her problem would not improve by increasing the dose of the antidepressant, but by talking to her daughter". Quadrant 3 (health system): "I learned how a well-done primary care action can help in every health system,". Quadrant 4 (disease): "I'm more likely to come across a tonsillitis than a multiple myeloma."

**Discussion and Conclusion:** learning from the four quadrants method enables students to integrate their medical and personal knowledge. It also allows students know himself better in order to get to know the patient better. The four quadrants method is an appropriate teaching method to be implanted at the medical internship.

Conflict of interest

no

## **Contribution ID: 151**

### **Presentation form**

Oral Communication

### **The Swedish National research school in general practice - building bridges to lift a specialty**

#### **Authors**

Anna Myléus<sup>1)</sup>, Lars H. Lindholm<sup>1)</sup>, Carl Ostgren<sup>2)</sup>

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<sup>2)</sup>Linköping University, Linköping, Sweden

**Introduction/Aim:** In 2009 three universities were brought together to create Sweden's first National Research School in General Practice. The aim of the School, funded by the Swedish Research Council, was to upgrade the quality of research in general practice by recruiting and training a new generation of primary care researchers.

**Materials and Methods:** The School comprises seminars during 2 years on "Communication of Science", workshops planned after requests, e.g. epidemiology and biostatistics, residential courses at advanced level and an optional international pre-doc stay. The tuition at the home universities continues as usual. An editor from The Lancet sits on the Steering Committee and is also one of the head teachers. Teachers come from the universities of Cambridge, Oxford, Southampton, Sydney, Auckland, NIH (Framingham and Phoenix), and other centres of excellence.

**Results:** During 2010-2018, 89 research students (72% females) were admitted to the School of which 65 (73%) were medical doctors working in primary health care in different parts of Sweden. Forty (45%) research students graduated for PhD and 22 have made a 2-3 month pre-doc stay at a centre of excellence overseas. The success of the school was recognized in the Lancet by chief editor professor Richard Horton, in September 2014.

**Conclusion:** The infrastructure of a National Research School in General Practice can profoundly strengthen primary care research by acquiring a new generation of well-trained researchers in general practice with an education of high international standard.

Conflict of interest

no

## **Contribution ID: 156**

### **Presentation form**

Oral Communication

## Development of a national research agenda for general practice

### Authors

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<sup>2)</sup>*Department of Family Medicine, Care and Public Health Research Institute (CAPHRI), Maastricht University, Maastricht, Netherlands*

**Introduction/Aim:** Research in general practice (GP) is supported from several funding sources using different agenda's. Topic selection and prioritisation are often not coordinated, which may lead to duplication and research waste. The aim of this project was to systematically develop a national research agenda for general practice involving primary care researchers and other relevant stakeholders in health care.

**Materials and methods:** We reviewed knowledge gaps from 93 Dutch GP guidelines and formulated research questions based on these gaps. In addition, we asked more than 100 health care stakeholders to add research questions on relevant topics in general practice. All research questions were prioritized by respondents in an online survey (n = 232) and by participants of an invitational conference including general practitioners (n = 56) and other stakeholders (i.e. patient organisations, medical specialists).

**Results:** We identified 787 research questions in the Dutch GP Guidelines and health care stakeholders. These questions were categorized according to the International Classification for Primary Care (ICPC) and grouped in themes as elderly care, oncology, innovation, and e-health. The prioritising procedure resulted in 23 top 10 lists of research questions for each ICPC-chapter and theme. The agenda was successfully used in realising additional funding for primary care research from the Ministry of Health, Welfare and Sport.

**Conclusions:** The process resulted in a widely supported National Research Agenda for primary care. We encourage researchers and funding organisations to use the research agenda to focus the research on the most relevant issues in general practice.

Conflict of interest

no

### Contribution ID: 179

#### Presentation form

Oral Communication

## Improving cardiovascular risk factors by supporting General Practice Scholarship: showcasing tools for a general practice quality improvement platform

### Authors

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**Background:** General Practice Scholarship involves whole practice buy-in to the delivery of high-quality and evidence-based care using quality improvement (QI)

initiatives. Barriers to QI include difficulties with data collection and analysis, and limited time. Keele University Academic General Practice (AGP) is developing an open online platform hosting pragmatic QI tools.

**Aim:** To develop and evaluate QI approaches addressing cardiovascular risk factors (statin intensification, pre-diabetes management), for use initially with the EMIS Web clinical system.

**Methods:** Accessible to all, Openprescribing.net data identified under-use of high-intensity statins in one general practice. An EMIS Web prompt was developed to alert clinicians to current low/medium intensity statin use and suggested intensification. Standardised patient letters supporting practice patient-facing invitations to change treatment were integrated, and an electronic protocol was introduced to recall patients appropriately for monitoring. Similarly, an electronic protocol and embedded documentation, supporting the management of prediabetes, was implemented.

**Outcomes:** Introduction of these QI initiatives have been associated with an improving trend in use of high-intensity statins, reflected in Openprescribing.net data. The prevalence of recorded diagnoses of pre-diabetes has also increased. Utilisation and engagement of these initiatives will be obtained through QI platform metrics and observed in-practice clinical outcomes.

**Discussion:** General Practice Scholarship can be supported with the provision of accessible QI approaches, independent of users' academic and/or informatics expertise. QI tools hosted/signposted on the AGP QI platform, accompanied with micro-learning videos demonstrating the installation and customisation of tools for general practice implementation, will support practice-level scholarship to be adopted elsewhere.

Conflict of interest  
no

## **Contribution ID: 204**

### **Presentation form**

Oral Communication

### **The mission of the Network of Primary Health Care Departments - NPHC**

#### **Authors**

Danica Pavlic

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**Introduction:** In 1992 representatives of a few European departments of general practice agreed on setting up an international network "Primary Health Care", in principle including general practice, social/occupational health and geriatrics. This network operates within the Erasmus exchange programme and offers medical students the possibility of fulfilling a clerkship primary care, a research elective or takes part in an Intensive Programme and Summer schools.

**Aim:** We will present all the educational possibilities which the NPHC offer

**Results:** NPHC answers to some important questions linked to the education at the Departments of FM/GP/PHC that cannot be solved by others. NPHC is exchanging and introducing new ideas and concepts of education. New methodologies and approaches in the Erasmus exchange program. The programme committee

encourages every student of the universities involved, to participate. Those who seriously consider participation should carefully review the possibilities in the programme and specify their own interests. It is essential for a successful programme that participant's expectations are realistic. It is advised to consult the local co-ordinator of one's university and the own student organisation. Applications should be made timely as both the organisation and the stay and the details of the programme require time and preparation. Application should be made to the local coordinator of the own faculty. Every participating department has its own local coordinator, who can give all the required information.

**Conclusion:** We would like to promote the NPHC Networking and present experiences of past meetings of teachers and tutors.

Conflict of interest

no

## **Contribution ID: 206**

### **Presentation form**

Oral Communication

### **The incidence and forms of violence in family medicine – the research of the Association of general practice/family medicine of South East Europe AGP/FM SEE**

#### **Authors**

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<sup>6</sup>*Association of general practice/family medicine of South East Europe AGP/FM SEE, Skopje, Macedonia*

**Background:** Association of general practice/family medicine of South East Europe AGP/FM SEE decided to conduct a study on the incidence of violence in family medicine. The inefficiency of the health care system is one of the reasons of violent reactions of patients (long waiting times for examinations and operations).

Aim of the workshop:

To exchange experiences with physicians from other parts of Europe and the world.

**Methods:** We sent an anonymous questionnaire, which refers to one of the more frequent problems of the work of modern physician. The questionnaire consisted of two parts: the first asked for general information such as gender, age, length of service, and the other touching the concrete issues of violence in the workplace.

**Results:** Bulgaria, Macedonia, Montenegro, Slovenia, and Turkey participated in the study. Colleagues were most often exposed to: quarrel, rude, insensitive or disrespectful behaviour, insults, intimidation. The survey showed that most patients are dissatisfied with the healthcare system as a whole, the shape and extent of the rights deriving from compulsory health insurance and waiting times. Less important

are following factors: dissatisfaction with the doctor's attitude, dissatisfaction with the infrastructure and facilities and dissatisfaction with the length of consultation.

**Conclusion:** The pathology of violence against physicians altered. Data collected by survey questionnaire offer us important insight in trends and impending variances in violence features considering physician's characteristics.

Conflict of interest

no

## Contribution ID: 209

### Presentation form

Oral Communication

### Forms of controls and the supervision over primary health care physicians in Slovenia and Macedonia

#### Authors

Danica Pavlic<sup>1)</sup>, Marija Zafirovska<sup>2)</sup>, Aleksandar Zafirovski<sup>1)</sup>, Ljubin Sukriev<sup>2)</sup>, Marta Tundzeva<sup>2)</sup>

<sup>1)</sup>Department of Family Medicine University of Ljubljana, Dr., Ljubljana, Slovenia

<sup>2)</sup>Department of Family Medicine, Skopje, Macedonia

**Background:** The healthcare system is a health care model paid through a mandatory insurance program by the Health Insurance Institutions in many European countries. Primary health care physicians are regarding the evaluation of their work the subject of the supervision by many official bodies, such as the Ministry of Health, the insurer organisation, and the Medical Chamber. The aim of this study is to evaluate the forms of control and of the sanctions used on primary care practitioners.

**Methods:** This is a quantitative research for which we used an anonymous survey with 18 questions that was developed by the Association of General Practice / Family Medicine of South-East Europe in 2017. For the quantitative data we used the Pearson's chi-squared test, correlation and descriptive statistics. Part of the survey is qualitative consisting of comments and opinions of the general practitioners.

**Results:** Doctors were sanctioned for various reasons. These reasons include: prescribing orthopedic aids outside of the guidelines, giving a specialist referral outside the diagnostic guidelines, other errors, omission of liabilities towards the Health Insurance Fund.

**Conclusions:** The sanctions that are primarily financially based are not well accepted by the primary care practitioners. We presume that there is a rule of the bureaucrat control over the primary care physicians in Slovenia and Macedonia.

Conflict of interest

no

## Contribution ID: 231

### Presentation form

Oral Communication

### 'Why are you doing that?': how GP trainees and supervisors observe each other's considerations for decision-making during consultations

## Authors

Lisanne Welink<sup>1)</sup>, Kaat van Roy<sup>2)</sup>, Roger Damoiseaux<sup>1)</sup>, Hilde Suijker<sup>1)</sup>, Peter Pype<sup>2)</sup>, Esther de Groot<sup>1)</sup>, Marie-Louise Bartelink<sup>1)</sup>

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<sup>2)</sup>*Department of Family Medicine and Primary Health Care, University of Gent, Gent, Belgium*

**Introduction/Aim:** Learning and teaching how to apply evidence-based medicine (EBM) by combining evidence, clinical expertise and the patient's preference in decision-making at the clinical workplace has been proven difficult. During GP specialty training, observation of consultations could improve learning of these important steps of EBM: couples of GP trainees and supervisors might be able to learn from each other. However, it is not clear whether all considerations that underlie decision-making are visible for GP trainees and supervisors and which factors influence these observations.

**Materials and Methods:** In this qualitative study, we aimed to identify which factors influence the observation of decision-making during consultations in general practice. Forty-four semi-structured interviews were conducted with couples of Dutch and Flemish GP supervisors and trainees by using the video-stimulated recall technique. A within- and across-case comparison was made to compare considerations of the actor and observations of the observer and to gain insight in the relations between the themes that were identified.

**Results:** We concluded that the complexity and nuances of considerations are never entirely perceived through observation alone. Themes that influence this incomplete observation were the degree in which the actor explicates considerations during the consultation, the observation skills and personal convictions of the observer, the amount of contextual factors involved, the amount of shared knowledge and the collaboration between trainee and supervisor.

**Conclusion:** To learn evidence-based decision-making by observation of consultations, specific interventions targeted at enhancing observation skills, explicating considerations involved and strengthening the collaboration between trainee and supervisor are needed.

Conflict of interest

no

## Contribution ID: 253

### Presentation form

Oral Communication

### Working conditions rights across europe

#### Authors

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**Background:** Working conditions across Europe for Family doctors are well known to differ considerably among different countries. Many family doctors decide to leave their own countries looking for better working conditions and quality of life.

**Aim of the Workshop:** With this workshop we would like to present the current differences between countries regarding the daily work life of family doctors in an entertaining and interactive way.

**Methods:** Have you ever thought about how many hours per day family doctors work in different countries of Europe, if there are differences between our schedules, home visits, vacations or salary? Analyzing work conditions of the FDs / GPs in European countries, attendees will build an Olympic ladder and pedestal for the countries, which take better care of their professionals. The work of this analysis will help us to become aware of our reality and to think outside the box looking for innovative ideas to improve our daily work situation.

**Results and Conclusions:** Through these comparative data, we can study and discuss widely the factors that affect and will affect Primary Care in the next ten years from the perspective of our profession; propose corrective mechanisms and develop strategies to implement the proposal of measures, which will avoid the possible deterioration of the foundations of the PC and establish the necessary bases for a solid, sustainable and full of resources Primary Care.

Conflict of interest

no

## **Contribution ID: 260**

### **Presentation form**

Oral Communication

### **Out-of-hours primary care in European countries: an overview of different models**

#### **Authors**

Martijn Rutten, Marleen Smits

*IQ Healthcare, Radboud University Medical Centre, Nijmegen, Netherlands*

**Introduction** Various models exist to organise out-of-hours primary healthcare (OOH-PC).

**Aim:**To provide an up-to-date overview of the prevailing organisational models in European countries.

**Materials and Methods:**A cross-sectional web-based questionnaire among multiple key informants from the European Union countries, Norway and Switzerland. Key informants with expertise in the field of primary healthcare were invited to participate. Themes in the questionnaire were the existing organisational models for OOH-PC, model characteristics, major organisational changes in the past decade, and future plans.

**Results:** All 26 included countries had different coexisting OOH-PC models, varying from three to 10 models per country. GP cooperative was the dominant model in most countries followed by primary care centre and rota group. There was a large variation in characteristics between the models, but also within the models, caused

by differences between countries and regions. Almost all countries had implemented changes over the past 10 years, mostly concerning the implementation of telephone triage, and a change of organisational model by means of upscaling and centralisation of OOH-PC. Planned changes varied from alterations to fine-tune the prevailing OOH-PC system to radical nationwide organisational transitions in OOH-PC.

**Conclusion:** Different organisational models for OOH-PC exist on international and national level. Organisational models are characterised by regional differences. A tendency can be perceived towards upscaling and centralisation of OOH-PC. Future plans descend from wishes to improve core qualities of healthcare. The perceived trend of upscaling and centralisation should be evaluated to examine whether it improves the quality of healthcare.

Conflict of interest  
no

## **Contribution ID: 283**

### **Presentation form**

Oral Communication

### **Care of elderly with mental disorders: experiences of Lithuanian general practitioners and community nurses**

#### **Authors**

Gediminas Raila<sup>1</sup>, Jolanta Sauseriene<sup>1</sup>, Ausrine Kontrimiene<sup>1</sup>, Aurelija Blazeviciene<sup>2</sup>, Lina Bartuseviciene<sup>3</sup>, Greg Radu<sup>4</sup>, Lina Jaruseviciene<sup>1</sup>, Leonas Valius<sup>1</sup>

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<sup>3</sup>Social Work, Vytautas Magnus University, Kaunas, Lithuania

<sup>4</sup>Faculty of Medicine, Memorial University, Toronto, Canada

**Introduction:** Care of elderly with mental disorders in primary healthcare (PHC) is challenging. In Lithuanian healthcare system family physicians (FPs) and community nurses (CNs) are the main providers of PHC. Understanding of their collaboration is important in order to find the ways of patient care and teamwork improvement.

**Materials and Methods:** This research is a part of the project "Integrated Health Care for Senior's Mental Health: Developing an Intersectoral Cooperative Care Model" (No.: S-MIP-17-121), funded by the Lithuanian Research Council. Vignette methodology was applied for the research. A total of 39 participants were included (21 FPs and 18 CNs) from PHC centers in Kaunas city. A specific clinical situation about the care of elderly with mental disorders was created along with five questions related to the evaluation of the situation. After reading the situation study participants could freely express their opinion. Thematic data analysis was performed after the completion of all interviews.

**Results:** Data analysis revealed certain aspects of GPs experience working with CNs and CNs experience working with GPs. They were categorized into three main themes: functions; collaboration issues; ways for teamwork improvement. GPs pointed out the important CNs co-ordinational role, limited competencies and

collaboration issues. CNs outlined organizational and collaboration issues while working with GPs. Both CNs and GPs pointed out the need of teamwork improvement.

**Conclusions:** Strengthening interprofessional collaboration between GPs and CNs should be one of the focus areas while providing care for elderly with mental disorders, as well as enhancing the role of CNs.

Conflict of interest  
no

## **Contribution ID: 291**

### **Presentation form**

Oral Communication

### **The migrant friendly general practise**

#### **Authors**

Petra Jung

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**Introduction/ Aim:** The workshop introduces the project „The migrant-friendly family practice“ - an initiative by the Department of General Medicine at the University Hospital of Freiburg/ Germany. Its aim is to identify particularities in caring for patients with migration backgrounds in primary care settings and to find solutions to occurring problems that can easily be introduced in daily routines.

**Methods:** The project comprises two steps:

1. Interview study with doctors and physician assistants about their experiences with patients with migration backgrounds. The questions touch problems in daily routines as well as their possible solutions, detect perceived needs of professional training and also try to identify benefits of intercultural contacts.
2. Training courses with practice teams focusing mainly on the importance of migration in patients' biographies, communication aids, stress and anger management and interdisciplinary cooperation. The aim is to jointly develop guidelines for possible practical implementations.

**Results:** Hitherto existing results of the interview study have shown that certain patients with migration backgrounds present a challenge to the medical staff in family practices. Main issues are communication problems, intercultural insecurities and adherence deficits. There are significant differences between doctors and assistant personnel. The training courses have evaluated several instruments that can be easily introduced into daily routines to optimize practice-patient relationships.

**Conclusion:** We consider this project a worthwhile step to identifying challenges medical staff in primary care faces when treating patients with migrant background. The instruments presented can be a good first step to help both professionals and patients.

Conflict of interest  
no

**Contribution ID: 297**

**Presentation form**

Oral Communication

**Estimating the cost of improving patient experience in General Practice: a cross-sectional analysis**

**Authors**

Veline L'Esperance

*School of Population Health & Environmental Sciences, Kings College London, London, United Kingdom*

**Introduction/Aim:** It has been demonstrated across a wide range of international settings that greater investment in primary healthcare is associated with improved population health outcomes. The aim of this study is to understand the relationship between general practice funding and patient experience in the domains of access, continuity of care, communication and overall satisfaction.

**Materials and Methods:** A retrospective cross-sectional study was conducted utilising general practice-level data for the 2014/5 financial year. Patient experience data was obtained from the 2014/15 General Practice Patient Survey (858,381 responses, response rate 32.5%). Multivariable linear regression was employed to examine the effect of general practice funding on measures of patient experience in the domains of access, continuity of care, communication and overall satisfaction. Financial modelling was also conducted to predict patient experience changes with a notional increase in general practice funding.

**Results:** Analysis of data for all practices (n= 7,169) demonstrated a significant association between higher funding and improved patient experience in the domains of access (p<0.001), communication (p<0.001), and overall satisfaction (p<0.001). Practices, in receipt of the capitation supplement were the only practice type to have a significant association with all the domains of patient experience (p<0.001), including continuity of care (p <0.05).

**Conclusion:** Higher levels of funding in all general practices were associated with improved patient experience in the domains of access, communication and overall satisfaction. However, practices with supplements to the capitation payments also demonstrated improved patient experience in the continuity of care domain.

Conflict of interest

no

**Contribution ID: 298**

**Presentation form**

Oral Communication

**"Vulnerability in primary care" - teaching students interprofessionally**

**Authors**

Petra Jung

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**Introduction/ Aim:** The course "Vulnerability in primary care" is taught at the University of Freiburg/ Germany to students of the Faculties of Sociology, Medicine,

Psychology and Pedagogy. The aim is to introduce the concept of vulnerability and its implications for offering primary care to people with special needs. Furthermore it facilitates the dialogue between diverse students and enables them to gather practical experiences in various social contexts that they would otherwise not be in contact with.

**Methods:** The one term lasting course consists of several didactic elements i.e. lectures, simulation game, case studies as well as individual student-led learning. The latter includes shadowing personnel in medical/ charitable facilities, group presentations and an extensive assignment on an issue of choice.

**Results:** The participating students have been highly motivated which became evident in lively, at times controversial debates, thorough preparations for the simulation game and elaborate final assignments. Although it has partly proven to be difficult to find medical or charitable facilities accepting students shadowing their employees the participants have rated this experience highly. Learning and working in groups with students from other faculties is not yet very common especially for medical students at our university and the participants seemed to have gained a wider perspective thanks to the inter-professional course set-up.

**Conclusion:** The attempt to students about "Vulnerability in primary care" has benefitted highly from the inter-professional approach and the diversity of didactic methods. Critical, but generally positive evaluations by the participants will enhance future development of the course.

Conflict of interest

no

## Contribution ID: 299

### Presentation form

Oral Communication

### Experience of informal caregivers while caring for elderly with mental disorders: external and internal needs

#### Authors

Ausrine Kontrimiene<sup>1</sup>, Jolanta Sauseriene<sup>1</sup>, Gediminas Raila<sup>1</sup>, Ida Liseckiene<sup>1</sup>, Leonas Valius<sup>1</sup>, Aurelija Blazeviciene<sup>2</sup>, Lina Bartuseviciene<sup>1</sup>, Greg Radu<sup>3</sup>, Lina Jaruseviciene<sup>1</sup>

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<sup>3</sup>Faculty of medicine, Memorial University of Newfoundland, St. John's, Newfoundland and Labrador, Canada

**Introduction/Aim:** Intersectoral collaboration between social and health care sectors in Lithuania is challenging due to fragmented patient care system, different funding and lack of clear collaboration pathways. The complexity of health and social care systems is demanding for older patients who have mental disorders and their caregivers. We aimed to identify caregiver's experience who are taking care of older patients with mental disorders.

**Materials and Methods:** Five semi-structured focus group discussions were held with informal caregivers (n=31) of elderly patients with mental disorders from primary health care centres in Kaunas. Each discussion was transcribed verbatim and

thematic analysis of the data was performed. This research is a part of the project "Integrated Health Care for Senior's Mental Health: Developing an Intersectoral Cooperative Care Model" (No.: S-MIP-17-121), funded by the Lithuanian Research Council.

**Results:** The data analysis identified two main categories related to the caregiver's experience: external needs (clear pathways of action; comprehensive assessment of the patient situation; challenging inpatient stay; better availability of care services; integration need for social and health care sectors); internal needs (caregivers training; psychological issues; communication with specialists; support from formal caregivers).

**Conclusion:** Better understanding of caregivers' experience showed the need of deeper integration between health and social care sectors, as well as the need to take more into account not only the needs of the patient but the needs of an informal caregiver as well. Caregivers emphasize the psychological burden they experience and a rather passive attitude from formal caregivers towards organizational issues for their cared ones.

Conflict of interest  
no

## **Contribution ID: 305**

### **Presentation form**

Oral Communication

### **The organization and performance of out-of-hours Primary Care in the Netherlands**

#### **Authors**

Martijn Rutten, Paul Giesen

*IQ Healthcare, Radboud University Medical Centre, Nijmegen, Netherlands*

**Introduction:** In many countries, hospital emergency departments (EDs) are overcrowded, leading to the desire to strengthen primary care, particularly in out-of-hours. To achieve this goal, an increasing number of Western nations are reorganizing their out-of-hours care systems into large-scale primary-care-physician-cooperatives (PCPC). The Dutch out-of-hours primary care system might offer opportunities for other countries facing problems with out-of-hours care and inappropriate ED visits.

**Outline:** This interactive workshop provides an overview of the organization, performance, and development of PCPCs in the Netherlands based on our narrative review. Aim is to inspire professionals and to have an open discussion about different organizational models concerning out-of-hours primary care.

**Results:** More than half of the PCPC have integrated with hospital emergency departments, forming "emergency-care-access-points." This collaboration has decreased ED and treatment of self-referrals by PCPC in emergency-care-access-points is safe and cost-effective. Direct access to diagnostic facilities may further optimize efficiency. During the past several years, the number of contacts has increased. Many contacts are non-urgent. Low accessibility and availability of daytime primary care are related to greater use of out-of-hours care. To prevent

unnecessary attendance physicians advocate copayment, a stricter triage system, and a larger role for telephone doctors. Other developments include access to electronic health records of daytime practices, task substitution from physicians to nurses, and the launch of a 2-year training program for PCPs to become experts in emergency care.

**Conclusion:** This workshop is relevant for decision makers and practitioners searching for optimization of the organization of out-of-hours primary care.

Conflict of interest

no

## **Contribution ID: 334**

### **Presentation form**

Oral Communication

### **Simulations in General practice education and training: three years' experience**

#### **Authors**

Lyubima Despotova-Toleva

*Medical Faculty, Plovdiv, Bulgaria*

**Background:** Computerized simulations in medical education are recognized as advanced and useful tool to train medical students and doctors of all educational levels.

**Aim:** To analyze and present the author's three years' experience in the simulation center with medical students and General Practitioners.

**Materials and methods:** Training on different computerized simulators (manikins of adults, infants, children, pregnant women) and skill trainers (arms, pelvis, chest etc), video observation of every session.

**Results:** During three consequent years (2016, 2017, 2018) 16 groups of 5th year medical students and 11 GPs (undergoing their education during "Essentials of General Practice" module of the program for GPs) were involved. The paper presents interesting challenges, some of them specific for GPs, advantages and difficulties during the usage of computerized simulators. Also, some gaps in the previous education and training during the years of medical study are revealed. We managed to achieve critical and holistic approach to the knowledge and skills, and to bridge the theory and practice from different subjects and fields.

**Conclusions:** Simulations in medical education and training with a variety of devices is very important for a variety of aspects, and more specifically: medical (training to acquire skills, solving cases, emergencies, scenarios, team working); ethical (especially obeying the principle "primum non nocere" while training doctors). The advanced technologies in medical education and training contribute significantly to achieve better medical care standards, to prevent errors and to enhance patient safety.

Conflict of interest

no

## **Contribution ID: 361**

## **Presentation form**

Oral Communication

### **The hidden patient: focusing on family for better understanding and providing humanized care**

#### **Authors**

Vinicius Silva, Viviane Federici, Marco Aurelio Janaudis, Maria A. De Benedetto, Pablo Blasco

*SOBRAMFA Medical Education and Humanism, São Paulo, Brazil*

**Introduction/Aim:** The process of illness is often complex and can have diverse impacts on patients' lives. Often, caring for patients' family members is overlooked. Due to the various changes in the family context in these situations, they can be considered as "hidden patients", taking into account that they also live deeply the illness of the loved one, passing through various sufferings, such as anguish, fear, uncertainties, lack of information and understanding. Thus, the reception of the family and the understanding of the family context becomes fundamental for a more humanized care. / To verify the benefits of welcoming patients' families with their specific demands and the impact of this action on the humanized care of the patient.

**Materials and Methods:** To report experiences of the medical team with patients' family in two hospitals in São Paulo, Brazil, in 2018, and reflective analysis of the cases by the technique of immersion and crystallization.

**Results/Conclusion:** The broad and humanized care to patient demands multiple approaches, including caring of family members, who enter in the disease process along to the patient. To welcome and hear them actively, to understand their context, to provide moments in the routine to clarify doubts and support them may favour a better acceptance of the health-disease process, improves relationship between family and health care team, and facilitates confronting this difficult moment lived, ultimately improving the quality of life of patients and their families.

Conflict of interest

no

## **Contribution ID: 362**

### **Presentation form**

Oral Communication

### **An ethnographic reading of the challenges in delivering primary health care in a rural, remote province of the Philippines**

#### **Authors**

Lisa Dikomitis<sup>1)</sup>, Elvira Dayrit<sup>2)</sup>, Andrew Hassell<sup>1)</sup>, Geminn Apostol<sup>2)</sup>, Jeremie De Guzman<sup>2)</sup>, Sophia Caranay-Narag<sup>2)</sup>, Ivy Agus<sup>2)</sup>, Manuel Dayrit<sup>2)</sup>

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

<sup>2)</sup>*Ateneo School of Medicine and Public Health, Ateneo de Manila University, Manila, Philippines*

**Introduction:** Primary Care Physicians (PCPs) play a key role in ensuring effective healthcare in rural parts of the Philippines. This study aimed to gain insights into the experiences and perceptions of PCPs delivering primary health care in remote, rural communities.

**Method:** Long-term ethnographic fieldwork in 18 rural health units in one province (population ~ 632,000 and 44 PCPs): two-week observations and 14 semi-structured interviews with PCPs working in these facilities. Thematic analysis was applied to the ethnographic data.

**Results:** Four overarching themes emerged:

Barriers to healthcare delivery. A stark scarcity of human health resources, a serious lack of physical infrastructure and medicines, high number of patients and competing priorities were significant barriers to good doctor-patient relationships and to delivery of effective primary care.

Multiple roles. The main PCP roles were not solely patient-focused. A wide range of managerial and governance tasks take PCPs away from the consultation room. They do not feel well-supported and often lacked skills to perform some of the non-clinical tasks.

Dealing with local politics around healthcare. PCPs are severely limited in their decision-making and action-taking power under a decentralized health system. PCPs report to the local mayors and most PCPs spend considerable time and energy in liaising with political actors.

Training needs and retention. PCPs working in geographically isolated, rural and underserved areas of the Philippines expressed professional and social isolation, frustration and desperation but also a sense of fulfilment.

**Conclusion:** Our study has important implications for the training, support and role expectations of PCPs.

Conflict of interest  
no

## **Contribution ID: 366**

### **Presentation form**

Oral Communication

**Must all good things come to an end? Continuing the joy of exchanges through twinning.**

### **Authors**

Bernadeta Bridgwood, Stuart Holmes, Aaron Poppleton

*Cardiovascular Sciences, University of Leicester/Junior International Committee RCGP, Leicester, United Kingdom*

**Introduction/Aim:** A global perspective is invaluable in primary care. Family doctors must be flexible to accommodate different social circumstances and deliver healthcare within multi-ethnic teams and for multi-ethnic patients. Learning from our international neighbours, building networks and strengthening relationships provides opportunities to transfer and integrate new ideas to improve family medicine.

The Junior International Committee of RCGP is the UK representative group of VdGM who also collaborate with colleagues beyond Europe, including in Japan and Sub-Saharan Africa. These links enable ongoing collaboration with international colleagues to learn about different approaches to family medicine, including quality improvement and best practice.

**Methods:** This interactive workshop aims to exploit mixed learning methods – didactic teaching, small group work and participant feedback to explore and challenge the notions of twinning and hosting within primary care across Europe and beyond.

**Results:** In this workshop you will get the chance to engage with family doctors who have hosted exchanges in the UK, learning about the process and its benefits. You will hear from family doctors who have been involved in twinning, a longer-term collaboration that continues beyond a single exchange.

**Conclusion:** Twinning and hosting can be excellent forum to learn about new clinical practices, technologies and possible solutions to the many shared challenges that we face in family medicine worldwide. These can be undertaken without leaving the GP surgery and have minimal impact on workload. Gains can be very rewarding both for the visitor and host where long lasting and ongoing relationships may be forged.

Conflict of interest

no

## **Contribution ID: 367**

### **Presentation form**

Oral Communication

### **Improving quality of practice: is discussion of audit and feedback with peers the golden goose?**

#### **Authors**

*Dorien van der Winden, Jettie Bont, Mechteld Visser, Nynke van Dijk  
General practice, Amsterdam UMC - AMC, Amsterdam, Netherlands*

**Introduction:** Developing a sound system that ensures and improves quality of general practice care remains a major quest. GPs are increasingly asking for a change of focus from control and assessment to an approach based on learning and professional development. Audit and feedback (A&F) peer-group sessions seem a promising way to do this. However, not much is known on how to employ this in a more widespread quality improvement system. In this study we explore the views of different stakeholders on how audit and feedback peer-group sessions could be implemented in general practice care settings.

**Methods:** We conducted a combined focus group and interview study with a qualitative setup. We included the relevant stakeholders in general practice in the Netherlands including GPs, quality experts, representatives of professional organizations, patient organizations and insurance companies. We used a topic list to guide semi-structured interviews and focus groups. Transcripts of the audio-recordings were thematically analyzed.

**Results and conclusion:** Data collection and analysis is currently ongoing. We expect to finish data analysis in May 2019. We will be able to discuss our results at the WONCA Europe 2019 conference. Preliminary results show consensus between the stakeholders on the added value of A&F peer-group sessions. Opinions seem to differ on the need for accountability and how to incorporate transparency in this system.

**Format:** Preferably we would briefly present our research. Afterwards we will stimulate discussion on the topic amongst the audience.

Conflict of interest

no

## **Contribution ID: 369**

### **Presentation form**

Oral Communication

### **Person-centered care: developing a national consensus for teaching social prescribing across the UK**

#### **Authors**

Bogdan Chiva Giurca<sup>1)</sup>, Daisy Kirtley<sup>1)</sup>, Hannah Mulligan<sup>1)</sup>, Teresa Hui<sup>1)</sup>, Claudia Santoni<sup>2)</sup>, Joel Chilaka<sup>3)</sup>

<sup>1)</sup>*University of Exeter Medical School, Exeter, United Kingdom*

<sup>2)</sup>*Medical student, Cambridge Medical School, Cambridge, United Kingdom*

<sup>3)</sup>*Medical student, Brighton and Sussex Medical School, Brighton, United Kingdom*

**Introduction/Aim:** Approximately 1 in 4 patients consult their family doctor for social problems and welfare advice (1). For this group of patients, the biomedical model alone fails to meet patient needs. Social prescribing (SP) complements this model by enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health (2). However, SP and person-centred care do not represent a formal part of the medical school curricula. Aim: To develop a national consensus for teaching social prescribing in UK medical schools.

**Materials and Methods:** A national survey was disseminated across medical schools through the SP Champion Scheme (3) to evaluate student perceptions and preferences. Results were assessed using qualitative thematic analysis. Key academics, clinicians and various stakeholders were then invited to a national focus group to review and complement student preferences.

**Results:** Five main themes have been highlighted by a total of 613 students representing all (34) medical schools in the UK: 1. Timing; 2. Delivery method; 3. Style; 4. Content; 5. Assessment. Both survey respondents and focus group members emphasised the need to reframe values and perceptions starting from the first few years of medical school. Most importantly, both groups highlighted the need to formally assess this concept to consolidate learning.

**Conclusion:** A comprehensive report was developed based on student preferences, stakeholder's comments, and current teaching examples. This indicative curriculum complements current outcomes for graduates and has the potential to provide flexible SP teaching recommendations to medical schools worldwide.

Conflict of interest

no

## **Contribution ID: 392**

### **Presentation form**

Oral Communication

## **The difficult patient and the over-medicalization (quaternary prevention). Relationship between public spending and clinical practice**

### **Authors**

Giovanni Colucci<sup>1</sup>, Maria Zamparella<sup>2</sup>, Damiano Fiume<sup>2</sup>, Salvatore Montorsi<sup>2</sup>, Ernesto Mola<sup>2</sup>, Fabio Robusto<sup>2</sup>, Francesco Carelli<sup>2</sup>, Luigi Amati<sup>3</sup>

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Approximately 15-20% of patient-doctor meetings are defined by the latter as difficult. Difficult patients are defined as those who elicit strong negative emotions from their physicians. If not acknowledged and managed correctly, these feelings can lead to diagnostic errors, unpleasant confrontations, and troublesome complaints or legal claims. There are no "difficult patients" but "difficult relationships" due to characteristics of patient, doctor and / or influences of society. Aims of study: evaluate relationship of the Difficult Patient (DP) with Over Medicalization (OM) and how much it can affect clinical practice (CP) and Public Spending (PS). Materials and methods: workgroup of vocational training of general practice of Apulia Region has developed an evaluation form on DP and OM, which was administered to Doctors, who attended General Practice's (GP) office. Results: 121 participating doctors. In abscissae we have formulated three Items (excessive use and little use of health services, excess of medicines causes damage to health, use of validated medical practices can potentially be harmful and cause waste) in ordinate 9 items with various personalities of patients: 47.1% patient was hypochondriac; 36.4% psychological; 27.3% were demanding. 35.5% believe that over-medicalization is observed in chronic degenerative diseases. The evidence of overdiagnosis: 42.2% dementia; 33.9% hypertensive heart disease; 32.2% greater depression. The causes of over-medicalization: 60.3% lack of GP integration and specialist; 58.7% defensive medicine; 55.4% request for pcs Conclusion. From the observations of colleagues it emerged that collaboration between various health figures (GP and specialists) is opportune to better identify the DP.

Conflict of interest

no

### **Contribution ID: 394**

#### **Presentation form**

Oral Communication

#### **Introducing a new tool for primary prevention at the primary healthcare level: an algorithm for determining of genetic risk development**

#### **Authors**

Nena Kopcavar Gucek, Polona Selic

Department of Family Medicine, Medical Faculty, Ljubljana, Slovenia

**Introduction:** During preventive management at model family medicine practices (MFMP), family history (FH) is an important part of the patients' medical history.

Currently, it includes one- (or two-) generational inquiry, predominately in terms of cardiovascular diseases, arterial hypertension and diabetes, but not of other diseases with probable genetic etiology. Also, no application based in algorithm available to determine the risk level for specific diseases for enhancing quality of work is available in Slovenia.

**Methods:** An algorithm aimed at determining the risk level for the selected monogenic and polygenic diseases has been developed. The data will be collected in FMP (N = 40), sample including healthy preventive examinations attendees (n=1,200). Demographic data, three-generational FH and medical history of acquired and congenital risk factors for the selected diseases, and important clinical factors will be documented.

**Results:** Results will be validated by a clinical genetic approach based on family pedigrees and the next-generation genetic sequencing method. After the risk among the Slovenian population for genetic diseases is determined, clinical pathways for acting according to assessed risk level will be prepared.

**Conclusion:** By means of the public health tool providing an assessment of family predisposition, a contribution to an effective identification of people at increased risk for the selected monogenic and polygenic diseases is expected, lessening an important public health burden.

Conflict of interest  
no

## **Contribution ID: 426**

### **Presentation form**

Oral Communication

### **Street medics: a unique experiential learning opportunity for medical students in a primary care outreach setting**

#### **Authors**

Deirdre Walsh, Gemma Ashwell, Laura Stroud

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**Introduction/Aim:** There is growing momentum to ensure that issues relating to health inequalities are run throughout undergraduate medical teaching. There is also a national drive to improve recruitment into General Practice, particularly in areas of socio-economic deprivation. Street Medics is an innovative scheme, co-created by medical students and GP educators. This unique voluntary initiative provides opportunities for medical students to join GPs doing street-outreach work with marginalised patient groups. It provides hands-on experience of the impacts of health inequalities and exposes students to a community of vulnerable patients whose voices are so often unheard. Demand from students consistently exceeds capacity. This research aimed to explore why this extra-curricular initiative is proving popular with students.

**Materials and Methods:** A qualitative study was conducted with three focus groups. Topic areas explored were: motivating factors; the experience; and the impact. The data was analysed using thematic framework analysis.

**Results:** The results of the 12 student participants were collated. Motivating factor key themes were: appetite to explore; previous exposure; altruism; perceived lack of exposure in undergraduate teaching; previous observation of perceived sub-optimal care to socially disadvantaged patients. Experience and impact key themes were: increased understanding of social determinants of health; change in perception; influence on career intentions and future practice; desire to incorporate into undergraduate curriculum.

**Conclusion:** Students value this experiential learning opportunity with marginalised patient groups. This exploratory research suggests that this type of learning has the potential to challenge pre-conceived perceptions, to ignite enthusiasm and to influence career intentions.

Conflict of interest

no

## **Contribution ID: 453**

### **Presentation form**

Oral Communication

### **Motivating young european doctors for rural work (MEADOW)**

#### **Authors**

David Halata

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**Introduction:** For those living in the country a rural GP is the main (and often exclusive) link to healthcare. The fact is, however, that young GPs in Europe are mostly associated with practices in large cities and a lack of rural GPs is emerging. Their absence in rural areas can consequently lead to inaccessibility of healthcare and the population's suffering. According to the available data, rural healthcare is provided by 30–50% of all general practitioners varying from country to country. To what extent are young general practitioners in Europe interested in working in rural areas? What are the main motivating factors for young GPs to work in rural areas? How could the situation be improved?

**Material and Methods:** Structured questionnaire. A pilot project from 3 countries – Denmark (North Europe), Turkey (South Europe), Czech republic (Central Europe). The pilot project is supported by EURIPA (European Rural and Isolated Practitioners Association).

**Results:** Results describe motivating factors of european young GPs to work in rural areas. The questionnaire research took place during first 5 months in year 2019.

**Conclusion:** The outcomes of the pilot project will be recognized as a possible base for a future strategy of sustainability of rural medicine in Europe.

Conflict of interest

no

## **Contribution ID: 467**

### **Presentation form**

Oral Communication

## Design and development of a mobile app for diabetic patients for the D<sup>2</sup>Rwanda study

### Authors

Charilaos (Harris) Lygidakis<sup>1,2)</sup>, Jean Paul Uwizihwe<sup>3,2)</sup>, Jeanine Condo<sup>4,2)</sup>, Conchita D'Ambrosio<sup>1)</sup>, Per Kallestrup<sup>3)</sup>, Claus Vögele<sup>1)</sup>

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<sup>3)</sup>*Centre for Global Health, Department of Public Health, Aarhus University, Aarhus, Denmark*

<sup>4)</sup>*Rwanda Biomedical Center (RBC), Kigali, Rwanda*

**Introduction/Aim:** There is evidence for the feasibility and efficacy of interventions using mobile technology in improving health outcomes of people living in resource-constrained settings. The D<sup>2</sup>Rwanda trial addresses the management of diabetic patients in communities in Rwanda by combining a custom-built patient mobile app with a community-health-worker programme. This presentation aims at describing the development process of the trial's patient app and the health-workers' web panel.

**Materials and Methods:** The development entailed three phases: Firstly, information on the health system, its organisation, service delivery, technologies, human resources and users was collected, and needs were identified. Secondly, feature specifications were prepared, based on needs and relevant behaviour change strategies. Mock-ups were used to share a visualisation of the features. Thirdly, an iterative and incremental process was employed (agile development), including testing and feedback.

**Results:** The patient app alongside the web panel for the health workers were developed in 16 months. The app aims at improving clinical endpoints and at enhancing patients' medication and appointment adherence, health literacy, quality of life and mental well-being, through improving health beliefs, self-efficacy and social support. Behaviour change techniques are used, such as feedback on outcomes of behaviour, instruction on how to perform a behaviour and the use of credible trusted sources. Focus group discussions will be organised with study participants to further explore user experience.

**Conclusion:** Agile development has helped identify issues, like usability concerns, promptly. Additional feedback from study participants will improve the app and constitute the foundation for future expansions.

Conflict of interest

no

### Contribution ID: 480

### Presentation form

Oral Communication

### To the "Portrait" of the family doctor in Kyrgyzstan

### Authors

Shirin Talapbek kyzy<sup>1)</sup>, Baigeldi Nurdinov<sup>2)</sup>, Nurzhamal Karasheva<sup>2)</sup>, Salima Sydykova<sup>3)</sup>, Nurlan Brimkulov<sup>2)</sup>

<sup>1)</sup>Department of Family Medicine Postgraduate Education, Kyrgyz State Medical Academy named after I. K. Akhunbaev, Bishkek, Kyrgyzstan

<sup>2)</sup>Kyrgyz State Medical Academy named after I.K. Akhunbaev, Bishkek, Kyrgyzstan

<sup>3)</sup>Public association "Family medicine without borders", Bishkek, Kyrgyzstan

**Introduction:** A general practitioner/family doctor is a specialist with higher medical education who is capable of providing primary multidisciplinary medical and social care to the population, regardless of the sex and age of the patients. In Kyrgyzstan family medicine started its development only the last 20 years, that is why not all family doctors master all required competencies.

**Aim:** The aim of work was assessment of the competencies by the main domains of practice of family doctors who work in the city and rural area.

**Materials and Methods:** The survey was conducted among 109 GP's, including those working in rural area – 63, and those working in the city – 46. The survey employed specially tailored questionnaire.

**Results:** Family doctors provide pediatric care (in urban 91,3% and in the rural area is 95,2%). Surgical care 47,8 % vs. 55,6%. Admission of gynecological patients 71,7% vs. 82,5%. Pregnancy counseling 82,6% vs. 95,2%. Family planning counseling 89,1% vs. 96,8%. And 78,3% vs. 77,8% provide care to patients with depression and other mental disorders.

33% of all surveyed GP's feel low confidence in providing gynecological care. 56,9% identified uncertainty in providing mental health services, and 17,8% admitted absolute lack of practical surgical skills.

**Conclusion:** Rural doctor provides a much wider range of services. Many family doctors, both rural and urban feel low confidence in providing gynecological, surgical and mental health care.

The obtained data provide evidence of the need for improving competencies for both urban and rural GP's in all main domains of family medicine.

Conflict of interest

no

## Contribution ID: 492

### Presentation form

Oral Communication

### Changing demographics, challenging times. How primary care can ensure equitable mental health care for European migrants

#### Authors

Aaron Poppleton<sup>1)</sup>, Natascha Glover<sup>2)</sup>, Sonia Tsukagoshi<sup>2)</sup>

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Recent socioeconomic uncertainty has negatively impacted the mental health and well-being of European nationals resident in the UK. The high-level of patient

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encounters within primary care makes it the frontline in identifying and meeting associated physical and mental health needs.

This workshop will begin by exploring the history and nature of European nationals within the UK and their perceptions of UK general practice through an interactive digital group quiz. The evidence surrounding the mental health of this community will be presented, alongside predisposing socioeconomic factors drawn from a range of qualitative, cohort, epidemiological studies and public health documents. Use of anonymised comments and quotes from public and patient involvement initiatives within the UK Central and Eastern European community will be used to provide a human angle on the trends of enculturation, insecurity, belonging, and migration experienced.

Information on primary care strategies, culturally adapted health resources, and supportive third sector organisations to identify and confront mental health inequity amongst migrant communities will be presented. Subsequent small group discussion will explore their perceived impact on primary care provision for European nationals residing in attendees current countries of practice. Subsequent open feedback will stimulate wider discussion. The session will close with time for questions.

The workshop aims to provide an insight into mental health challenges and potential strategies for maintaining equity of primary care provision during periods of socioeconomic uncertainty for economic migrant communities, both in the UK and Europe more widely.

Conflict of interest

no

## **Contribution ID: 503**

### **Presentation form**

Oral Communication

### **social media for family physicians**

#### **Authors**

ibtehal makki

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Social media is very important for family physicians, since physicians can disseminate information, in a sense making them publishers. depending on the number of followers or platform social media allows doctors too reach millions of people as doctors are influencers. Since more than 90 percent of adults use social media regularly, this media can be very influential.

physicians can use social media as a source of content as well as a source to send out valuable information.

social media can also enhance networking between fellow professionals.

social media is powerful since it allows sending information as a form of mass communication at little to no cost.

social media is a blessing at the same time it could be a curse because since unqualified people can distribute medical information and misleading patients with pseudoscience. also marketers can push products and services as they present themselves as experts.

the role of physicians in the social media is to combat this misleading information.

Conflict of interest  
no

## **Contribution ID: 507**

### **Presentation form**

Oral Communication

### **Role of the general practitioner in building patient's awareness about diagnostic value of commercial genetic tests in neoplasm diagnostics**

#### **Authors**

Adrianna Tupaj, Olga Dusza, Maciej Smerdzyński, Maria Malarska  
*Department of Clinical Genetics, Medical University of Lodz, Lodz, Poland*

**Introduction/Aim:** Examine the view of Poles to the role of family medicine doctors in expanding their awareness of genetic tests in neoplasm diagnostics, performed for a fee.

**Materials and Methods:** We've conducted a survey on the group of 1000 people about patient's knowledge and opinion about the genetic testing in neoplasm diagnostics. The survey was posted on the Internet (Facebook etc.), the mean age of respondents was 24.55, 82.1% of them were females and 17.9% - males.

**Results:** The early results of our study shows that 63% of patients were never asked by the general practitioner about neoplasm occurrence in their families and only about 12.6% of patients with positive neoplasm family history were informed about the possibility of genetic testing. Our survey also shows that 61% of patients would perform a genetic test without a specialist consultation and that the majority of the respondents would trust in the commercial testing's results while 19.7% of them consider the general practitioner as the person with sufficient knowledge about the legitimacy of genetic testing.

**Conclusion:** Commercial genetic tests are getting more and more available. As not all of them have a real diagnostic value, it is important to help patients in choosing the right one. Our study clearly shows that patients not only do these tests without any professional consultations, but also may don't believe in the given ones.

Conflict of interest  
no

## **Contribution ID: 530**

### **Presentation form**

Oral Communication

### **Efficacy of the tool "telederma" applied in primary health care**

#### **Authors**

José Vicente Cayuela Espí, María del Pilar Martínez Díaz, Jennifer Ramos González, Borja Jiménez Ormabera, Carlota Ana Pérez Peñarrubia, Elena Sequeda Vázquez, Carmen Imbernon García, Ana Celia Melgar García, Nuria Isabel Aragón de la Fuente, Miguel José Martínez Martínez  
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**Aim:** Evaluation of the efficiency of the tool "telederma" for the teleconsultation of unspecific skin lesions from primary care to dermatology. "Telederma" is a tool which allows to send images obtained with a dermatoscope telematically to dermatologists, who may guide in the diagnosis and management of the pathology, if it is a benign lesion, however in case there is a malign sign a referral may be indicated.

**Materials and Methods:** We registered all the interconsultations requested using the dermatoscope and sent through "telederma" from the health care centre to the dermatologists since January 2018 to November 2018 analysing three main variables: the number that could be resolved telematically, three possible outcomes (malign condition, inflammatory pathology and not diagnosed) and the delay of the response.

**Results:** In this study 118 teleconsultations were made, 45% could be solved telematically, 29% required a long-term study and 26% had to be referred to the dermatologist. Among the three main outcomes, 46% were diagnosed as a malign condition, 11% as an inflammatory pathology and 43% could not be diagnosed. The overall time delay in the response to the interconsultation was 8.89% days, being most of them answered in 12 days, with a maximum of 16 days.

**Conclusions:** "Telederma" is a primary health care tool which allows a quick valuation of the skin lesion by a specialist, reducing the delay for the referral of the patient and improving the management of common skin diseases.

Conflict of interest

no

## Contribution ID: 552

### Presentation form

Oral Communication

### Palliative Care – an overseas experience

#### Authors

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**Introduction/Aim:** Palliative care, according to the World Health Organization can be defined as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual." However Portugal is in the early stages of development nationally and there is still a very scarce supply of Palliative Care Services, so the response given to patients and family is too late and insufficient.

**Materials and Methods:** In Portugal, Palliative Care isn't a recognised specialty and the training in Palliative Care isn't mandatory to become a General Practitioner. We decided to take a four-week long internship in a country with well-established palliative care. The internship took place in Southern Adelaide Palliative Services (SAPS), Adelaide, South Australia during September and November of 2018. Results: SAPS has a long standing reputation of dedication to Palliative Care and is therefore internationally regarded as a reference centre. Furthermore, SAPS is part

of the Southern Adelaide Local Health Network (SALHN) and offers multiple services to the community, such as an inpatients unit, outpatient clinics, community and domiciliary support.

**Conclusion:** Our internship was very useful since we contacted with a developed and patient oriented Palliative Care system with different care approaches and resources that cannot be find in Portuguese Health System such as: complementary therapeutics (art therapy, pet therapy) and patient-directed palliative care unit.

Conflict of interest

no

## **Contribution ID: 556**

### **Presentation form**

Oral Communication

### **Spirituality in healthcare: out of date in an increasingly secular Europe?**

#### **Authors**

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**Background:** Research has linked spirituality with health-related outcomes varying from recovery to mortality. A synthesis of seven qualitative studies reported that most general practitioners see spiritual assessment as part of their role, but experience challenges in enacting it. Religious affiliation and practices across Europe are varied and we hypothesise that effective strategies and readiness amongst clinicians and patients to engage in spiritual care will vary between settings.

**Methods:** Definitions and contemporary research will be presented with particular focus on spirituality in mental healthcare and palliative care. The format will be highly interactive with contributions and reflections from participants welcomed throughout. Table-top discussions will encourage participants to share experiences of assessing needs and providing spiritual care in their own clinical contexts. Small group activities will include an initial clinical case to introduce the topic, appraisal of a choice of spiritual assessment tools and the opportunity to discuss responses to case scenarios.

**Results:** Attendees of this workshop will understand key terminology in spiritual care; appraise evidence for the harmful effects of spiritual distress and beneficial effects of spiritual care; critique the suitability of various spiritual assessment tools for use in primary care; and discuss personal approaches to case-style scenarios, considering the relevance of spiritual care in participants' national contexts.

**Conclusion:** This workshop will provide family doctors and those interested in providing holistic care with the opportunity to discuss and debate the role of spiritual care to both patient and practitioners, learn from one another, and develop their skills in this neglected area.

Conflict of interest

no

## **Contribution ID: 570**

### **Presentation form**

Oral Communication

### **General practitioners workload and attitudes to treatment involvement in context of outpatient palliative care**

#### **Authors**

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**Introduction/Aim:** In Germany, general practitioners (GPs) play a crucial role in palliative care (PC), as providers of general outpatient PC and as referrers to specialised outpatient palliative care (SAPV). One aim of this study is to identify the impact of GPs daily working routine on their treatment involvement after a referral to SAPV.

**Materials and Methods:** We developed a questionnaire in 2018, which was sent to 2199 GPs in five pre-defined sub-regions in Germany. Overall, 445 GPs returned the survey (response rate: 20.2%).

**Results:** About 60% of responding GPs stated that they want to stay involved in PC patient treatment processes after they have referred them to SAPV, even when 80% report a high daily working routine. Nevertheless, just 50% reported that they are always or frequently involved in the treatment process after referrals to SAPV. Attitudes towards the treatment involvement can be explained by a high daily working routine, as well as GPs qualification and their attitudes towards their medical job role over patients' life course.

**Conclusion:** Even after referral to PC-specialists, most GPs want to stay involved in the treatment process of their PC patients. A difference of 10% aim to but are not kept involved. Explanations could be structural factors or high workload.

APVEL is funded by the Innovation Committee of the Federal Joint Committee (01VSF16007).

Conflict of interest

no

## **Contribution ID: 571**

### **Presentation form**

Oral Communication

### **Teenage pregnancy: from social phenomenon to possible interventions**

#### **Authors**

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**Introduction/Aim:** Second-year medical students in their practice at primary health care (PHC) units identified that teenage pregnancy is a major concern to the PHC team and local public-school staff and decided to explore the social and cultural issues involved in teenage pregnancy and identify related risk factors.

**Material and Methods:** Pregnant and mother teenagers (14-17 years) attending the local school were invited for a focal group after signing an informed consent. It was discussed sexual lives, reason for the pregnancies, hopes for the future and feelings towards the current pregnancy. A questionnaire, based on data from the focal groups, were applied and answered by 210 students (sixth and ninth year) of the local school, who also attended workshops and lectures.

**Results and Discussion:** pregnant and mother teenagers reside with their families and have no effective contribution to the family wealth; got pregnant in the beginning of their sexual lives, around 13 years; had no knowledge of contraceptive methods, except for interrupted coitus. Familiar discussion of the matter was seldom and more frequent with health agents and school coordinator. They believe the pregnancy would give them a social function, showing ambiguity between reality and expectations. The questionnaire: 51% were female, 14% reported having already initiated their sexual lives (1/3 at 12 years); 50% thought the ideal age to get pregnant be after 24 years old.

**Conclusion:** The lack of knowledge and the search for a social identity seems to be the main risk factor for teenage pregnancy for this population.

Conflict of interest

no

## **Contribution ID: 576**

### **Presentation form**

Oral Communication

### **Growing your own medical educators**

#### **Authors**

Rebecca Farrington, Rachel Lindley

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**Introduction/Aim:** Increasing the numbers of students studying medicine requires more teachers to facilitate their learning. Clinical workload pressures are high and remuneration is often limited in education, so recruitment and retention of medical teachers can be challenging. We highlight our experiences of creating a culture of participation in medical education by General Practitioners at a large UK medical school community-based team.

**Materials and Methods:** The presentation reports on a professional conversation at academic senior management level reflecting on the evolution of their team of GP educators. The conversation was recorded and analysed by the participants alongside an independent academic.

**Results:** Lessons learned from over 14 years of nurturing a clinical academic team are presented.

**Conclusion:** Investment in creating a culture of participation in medical education is a long-term endeavour; however, it is worthwhile. Medical students enjoy being

taught medicine by practising generalists. The value of learning from undifferentiated patient presentations is crucial to developing their clinical reasoning. GPs are well-placed to demonstrate holistic care and the human side of medicine. Growing good quality GP teachers to deliver this authentic workplace-based education away from the campus brings training, quality assurance and logistical challenges. Attending to the intrinsic benefits of delivering education for teachers early in their career has been a key component. Social connection, creating opportunities for progression and formal recognition of teaching skills are imperative.

Conflict of interest

no

## **Contribution ID: 583**

### **Presentation form**

Oral Communication

### **Socially connected GPs – why they matter in teaching and learning.**

#### **Authors**

Rebecca Farrington, Lisa Collins

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**Introduction/Aim:** General Practitioners make excellent teachers for medical students. They are experts in clinical reasoning, and complex holistic care. A team of 74 GPs facilitating small groups, on different days of the week in classrooms at 8 locations dispersed across a large region, presents challenges. The aim was to create a Community of Practice, as described by Lave and Wenger. This social interconnectivity is well-recognised as important for the integration of new teachers into the norms and values of the team, the sharing of information and developing innovation.

**Materials and Methods:** The presentation reports on the measures undertaken to create a sense of shared identity, reducing isolation and supporting the dissemination of best practice. Successful engagement of experienced teachers with those just starting out was achieved by creating buddy groups and allowing them to evolve loosely.

**Results:** A qualitative analysis describes the views of the GP classroom teachers as the groups evolved. The use of digital communication and social media was crucial. Another factor identified as successful is the opportunity to come together intermittently as a larger group to share best practice and extend social networks beyond the buddy groups.

**Conclusion:** Investment in creating a Community of Practice for GP educators, often working in isolation, has paid off with excellent retention of teachers who report high job satisfaction. Promoting their professional identity as educators is not just a formal process but is also given meaning through social capital and more tacit recognition of their value.

Conflict of interest

no

## Contribution ID: 588

### Presentation form

Oral Communication

### Migrant Family Doctors: What do they need and how can we support them?

#### Authors

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**Introduction/Aim:** The number of migrated EU-national doctors increased eight times between 1991 and 2014 in Germany and non-EU doctors have doubled from 2017 to 2018 in the UK. Doctors migrating to work in a country different to where they originally trained face multiple and complex barriers and stressors such as language problems, cultural differences, lack of financial support, and additional training needs. They will often experience several of these simultaneously. Many family doctors have already migrated or are considering doing so. The lack of strategic plans to achieve professional integration of migrant family doctors (MFD) across the WONCA Europe region makes the process more difficult and stressful. Better understanding of the needs of MFD is necessary, as well as adequate support to address these. Both peers and national/international professional organizations will have a role in achieving this.

**Materials and Methods:** This workshop will be led by European MFDs with personal experience of migration. After a brief introduction, the facilitators will share their experiences with the participants, after which we will form small groups to consider the reasons for migrating, the difficulties and needs of MFD, and we will work together to generate potential tips and solutions. The results of the group work will be shared with all the participants and will form the basis of future activities at national and international level.

**Results and conclusion:** By end of the workshop, strategies to support migrant family doctors at local, national and international levels will be developed and shared.

Conflict of interest

no

## Contribution ID: 589

### Presentation form

Oral Communication

### Better personalised care through multidimensional, individualised consultations in General Practice

#### Authors

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**Introduction:** Integrated community based primary care with a personalised preventive approach is needed to improve people's health. For personalised care all health dimensions (physical, mental, social and spiritual) need to be addressed. In the community of Leidsche Rijn, Utrecht, the primary care and social professionals participated in a multidisciplinary Training program for integrated multidimensional consultations.

**Aim:** Evaluation of the effect of the training and its application in practice with regards to improvement of self-management skills of the patient, collaboration between primary care and social domain professionals, and patient and professional satisfaction.

**Methods:** 22 primary care and social professionals participated in the Training, which took place in 5 Julius Health Centers with 42 000 patients. The Training consists of 3 sessions where the methods of the 4 Domain and Positive Health models were explained. Through role play and case discussions the participants learned how to apply in daily practice. Effects of the project will be analysed with patient and professional interviews and questionnaires, number of patients and care consumption.

**Results:** The preliminary evaluation of 10 patients and professionals show more overview and insight of integral health status of the patient; the patients feel better understood, and took the first steps into action. The professionals reported better collaboration and referring between medical and social domain and speaking the same 'health oriented' language and increasing work pleasure as advantages.

**Conclusion:** The preliminary results of the Training of the multidimensional consultation method indicate that this might lead to better individualized integrated care.

Conflict of interest

no

## Contribution ID: 591

### Presentation form

Oral Communication

### Proposal of a curriculum for lesbian, gay, bisexual, transgender, queer and intersex health issues in primary care

#### Authors

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**Introduction/Aim:** A workshop was held at WONCA Europe 2018 Krakow Conference to draw a road map to develop a common and standard model of education on LGBTQI health issues that could be used in undergraduate and post-graduate curricula in Europe. The aim is to share the results of the workshop in order to draft a course description for LGBTQI Health Issues module by .

**Materials and Methods:** After presenting a review of literature on specific health needs and expectations of LGBTQI communities and related guidelines, and sharing the outcomes of joint meetings and workshops with LGBT organizations and LGBT Working Group of Ankara Medical Chamber and the experience with the curriculum used at the Department of Family Medicine at Ankara University, School of Medicine, feedback was received from the audience. Then, answers to the questions "What are the main topics, aims and learning outcomes of LGBTQI Health Issues?" and "What is the place of LGBTQI Health Issues in undergraduate and post-graduate medical curricula in your country?" were obtained.

**Results:** Both undergraduate and post-graduate medical curricula should consist of "basic terms", "examples", "cultural and legal barriers" and "specific topics" related to LGBTQI Health Issues. Each country should include communication skills training (role-playing, etc.) modified according to its cultural structure and its own epidemiological issues.

**Conclusion:** Such a LGBTQI Health Issues module can be developed and be piloted at medical schools.

**Keywords:** LGBT health, primary care, medical curriculum

Conflict of interest

no

## **Contribution ID: 616**

### **Presentation form**

Oral Communication

### **' It is not about the trainee' - a qualitative study of patients' perspectives on consulting a GP trainees**

#### **Authors**

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**Introduction:** Patient encounters are trainees' basis for learning. However, GP (general practice) trainees' patient mix does not always match their educational needs. Though it is known that some patients are reluctant to consult a trainee, little is known about the reasons behind this unwillingness. In this qualitative study we aimed at exploring patients' perspectives on consulting the trainee, and its influencing factors.

**Methods:** We conducted 20 semi-structured interviews with patients of GP practices hosting a GP trainee in the Netherlands. We purposively sampled on willingness to

consult a trainee. Data collection and analysis were iterative using thematic analysis with a constant comparative methodology.

**(Preliminary) results:** Patients' willingness is mainly affected by patients' relationship with their own GP and the characteristics of their disease. Patients place high value on the ongoing patient-doctor relationship with their own, trusted GP. Especially when they have a complex condition. If a complaint is urgent or minor, easy access and timeliness become more prominent. Patients' perspectives on consulting trainees are mainly positive, and are influenced through earlier experiences and knowledge about the trainee. If patients think positive about the trainee, they are more willing to consult the trainee when their own GP is unavailable.

**Conclusion:** Trainees' patient mix is affected by the relationship between patients and their GP. Patients desire continuity of care, and trainees are presumed to be less able to provide this. However, a new patient-doctor relationship is easily formed. Through good initial contact trainees can become the trusted doctor.

Conflict of interest

no

## **Contribution ID: 643**

### **Presentation form**

Oral Communication

### **Development and evaluation of an elective on community oriented primary care**

#### **Authors**

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**Background:** Following the European definition of General Practice, community orientation is a core aspect of general practice. However, community orientation is rarely taught in medical education. Thus, we developed and evaluated an elective on community oriented primary health care for medical students.

**Concept:** The elective was a four respectively three week course in the six year. Students received a theoretical and methodological introduction. Then, they discovered a neighborhood on their own. They explored health related problems and researched them further in small groups. At the end of the elective, the students presented the results to local stakeholders. During the whole process, the students were supervised by instructors.

**Methods:** All participating students in three cohorts (2017-2018) were invited to take a survey before and after the elective. The survey included sociodemographic questions as well as questions evaluating the elective and a self-assessment regarding the learning goals and attitudes. To analyze the learning success, we used a mixed model regression.

**Results:** 31 students (100%) took part in the survey, 97% on both time points. The students evaluated the elective positive, especially the commitment of the instructors. There was a significant increase in self-assessed knowledge (in mean 1.3 points on a 5-point Likert scale); attitudes did only change marginally.

**Conclusion:** The approach of students exploring and researching supervised by instructors worked very well. Community oriented primary care can be implemented in medical curriculum with such a teaching method.

Conflict of interest

no

## **Contribution ID: 648**

### **Presentation form**

Oral Communication

### **VADE MECUM WORKSHOP: Research and educational projects focused on General Practice**

#### **Authors**

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**Background:** General practice as a field for research and education, especially for projects, differs significantly from the majority of clinical disciplines, and thus we have to recognize the challenges, the opportunities and the limitations during the preparation of international scientific and educational projects.

**Aim:** The aim is to analyze and present some important issues, crucial for the successful development of research and educational projects, to acquire more knowledge and skills, to start an open discussion on producing project proposals with high probability to be granted by EU and other sources. All this is based on the author's 25 years of experience in various international scientific and educational projects and programs.

**Materials and methods:** Discussing successfully completed EU projects, including Horizon2020, critical analysis on current project lines and programs, developing sample project proposals.

**Results:** Since 1994 we have successfully completed over 16 national and international scientific and educational projects, including the 7th FP and Horizon2020. The workshop is structured as follows: brief presentation on some successfully completed projects; overview of some specific aspects of General practice as field for such projects; understanding the general principles of successful project proposal; recognizing the existing challenges, opportunities and limitations; exploring the most important issues during the development of the project proposal and the organization of the teams; creating sample project proposals.

**Conclusions:** Successful project proposals are a perfect combination of experience, boldness, inspiration; of dynamic balance between possibilities, opportunities and desires; of a well-chosen team with strict performance, honest communication and scientifically ethical behaviour.

Conflict of interest

no

## **Contribution ID: 657**

### **Presentation form**

Oral Communication

## **Implementation of video recording with immediate feedback in real-time consultation in general practice**

### **Authors**

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**Introduction/Aim:** Immediate feedback is underused in the French medical education curriculum, specifically with video-recorded consultation. The objective of this study was to evaluate the feasibility and the interest of this teaching method as a training and assessment tool of the learning process of general practitioner (GP) trainees.

**Materials and Methods:** During the period November 2017 - October 2018, trainees in ambulatory training courses collected quantitative data about recording consultations with a video camera: numbers of recordings, feedbacks, patients' participation refusals, and information about the learning process and competencies. The trainees' level of satisfaction was measured by means of a questionnaire at the end of their traineeship.

**Results:** Sixty-seven trainees were recruited and 44 of them (65.7%) actively participated in the study; 607 video recordings and 243 feedbacks with trainers were performed. Few patients (18.5%) refused the video-recording. Most trainees considered video recording with immediate feedback to be a relevant learning tool. It made it possible for the participants to observe their difficulties and their achievements. "Relation, communication, patient-centered care" was the most built competency, non-verbal communication in particular. Time was the main limiting factor of this teaching method. Most trainees were in favour of its generalization in their university course.

**Conclusions:** Video recording with immediate feedback in real-time consultation seems to be useful in the development of communication skills. It could help GP trainees to build their competencies while enhancing the place of immediate feedback in the general practice curriculum. It could also constitute an additional tool for the certification of GP trainees.

Conflict of interest  
yes

**Contribution ID: 658**

### **Presentation form**

Oral Communication

### **How to write a good research proposal**

### **Authors**

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The aim of this workshop is to introduce participants to the basics of writing a research proposal, which is an important document required before the initiation of any research project.

Participants will be educated on the components of a research proposal and the key elements required to produce a good proposal. It will also discuss the areas that strengthens the quality of a proposal and improve its significance.

It is hoped by the end of the workshop, participants will be able to apply the concepts learned on their actual research project

Conflict of interest

no

## **Contribution ID: 659**

### **Presentation form**

Oral Communication

### **It's complicated: a qualitative study on factors affecting trainees' patient mix according to professionals**

#### **Authors**

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**Introduction:** Patient encounters function as basis for trainees' learning. However, trainees' patient mix is seldom composed in a deliberate manner. Many factors may affect trainees' patient mix, yet only limited knowledge about these factors is available. Most studies focus upon patient perspectives, though it is likely that trainees, their supervisors, and the context in which they work also affect trainees' patient mix. Therefore, in this study we aimed at exploring factors affecting general practitioner (GP) trainees' patient mix from the perspective of the professionals.

**Methods:** We held 12 focus groups and 7 interviews, with 37 GP trainees, 18 supervisors, 6 nurse practitioners and 12 medical receptionist. Data collection and analysis were iterative using thematic analysis with a constant comparison methodology.

**Results:** A trusting patient-doctor relationship and characteristics of disease are important determinants of trainees' patient mix. Trainees lack this trusting relationship, therefore they are less likely to see patients with complex conditions. Through the transfer and speeded acquisition of trust, this lack in bond can be compensated. Whether this happens depends on the interaction between trainees' behavior, team attitudes and contextual factors.

**Conclusion:** Though trainees' patient mix is affected by many interacting factors, trainees can be the main influencers of their patient mix. Through engaging with their learning and their workplaces, trainees accelerate the building of trust and become legitimate members of their practices. Trainees create opportunities to build relationships, and through this affect their patient mix. This makes trainees' patient mix more tailor made and learning oriented.

Conflict of interest

no

## Contribution ID: 695

### Presentation form

Oral Communication

### Identification of palliative care needs in geriatric patients - importance of training and a structured tool

#### Authors

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**Introduction:** In recent decades there has been a clear and constant aging of the population. Accompanying this increase is the increase in chronic illness and there is a need to think about the dynamics of palliative care in the integrated care of patients. Despite this, the training of physicians remains low and the identification of palliative needs continues late.

**Materials and Methods:** Study protocol, part of the doctoral thesis of the author. It is intended to create a training program in palliative care. It is also intended to validate a tool to identify palliative needs in primary care for Portuguese context. Subsequently it will be conducted a trial to assess whether any of these interventions, or the combination of both, improves the identification of elderly patients in need of palliative care in primary care. The sample sized for the randomized trial was calculated and it will be conducted a 4 arms trial, with 45 family physicians in each group (n=180). Comparisons between two or more independent groups will be performed using the Chi2 test and analysis of variance (ANOVA), considering a level of significance of 0.05 SPSS V24®.

**Results:** It is expected that a combined intervention (training plus structured tool) allows an early and more correct identification of patients with palliative needs.

**Conclusion:** If our hypothesis is correct, the training program can be spread and the tool available for all physicians. Thus, we can identify and act earlier in geriatric patients with palliative needs, ensuring a more timely care.

Conflict of interest

no

## Contribution ID: 710

### Presentation form

Oral Communication

### What are the training and educational gaps of European trained doctors coming to work as General Practitioners in the UK?

#### Authors

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**Introduction:** There is a workforce problem within UK General Practice. Increasing workload, declining numbers of GPs and low morale has forced some practices to close. To address this NHS England is looking to the European Economic Area to recruit GPs. The study aimed to explore any perceived educational and training gaps in European trained GPs coming to work in the UK as General Practitioners and to also explore the development of an educational training programme to facilitate this.

**Method:** Qualitative approach was taken. Data was gathered by focus groups and interviews with European GPs and UK trained GPs respectively.

**Results:** 15 European GPs and 5 UK trained GPs participated in the study. It found that European GPs were attracted to the idea of working as GPs in the UK compared to their countries. The idea of being a GP in the UK was great, however the transition was difficult. The workload and expectations of UK GP was not expected, and additional support was needed.

**Discussion:** The gaps in education and training of European GPs working in the UK was, mainly due to a difference in primary care systems in Europe. Common to all GPs was the system pressures, highlighting the need address the root problems contributing to the workforce strains. Further work is needed by policy holders in supporting both UK and EU GPs and a wider scope is needed in the assessment and recruitment of European GPs rather than purely clinical competencies as assessed by the General Medical Council.

Conflict of interest

no

## **Contribution ID: 714**

### **Presentation form**

Oral Communication

### **Implementation of a program to optimize antibiotic prescribing quality in primary care in the Netherlands**

#### **Authors**

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**Background:** Numerous trials, interventions and programs have been described for optimizing antibiotic prescribing quality in primary care. However, broad scale implementation of these often successful programs is scarce.

**Aim:** To design a program for GPs using indication-linked quality indicators (QI) and education, and test its implementation potential.

**Methods:** We have defined a new set of QIs, evaluating overall antibiotic prescribing figures, as well as 1<sup>st</sup> choice prescribing and the prescribing percentages for specific indications. Methods were developed to extract and process routine care data to determine these QI outcomes. Outcomes were determined per practice (n=52) and were integrated in an educational meeting (n=6) of 1.5 hours on 'prudent prescribing of antibiotics, led by peers.

**Results:** The QI outcomes varied substantially between practices (will be presented). Over 90% of participating GPs regarded these QIs very useful, nearly 80% had confidence in the way their data were handled and converted into QI

outcomes, and nearly 70% anticipated that these insights would help them changing their antibiotic prescribing behaviour. GPs mentioned a few other indications they would like to add. The educational meeting was rated as outstanding by 89%.

**Conclusion:** National implementation of this antibiotic surveillance and stewardship program by the 12 health care regions in the Netherlands will be presented and discussed.

Conflict of interest  
no

## Contribution ID: 734

### Presentation form

Oral Communication

### Changes in the trend – medical students' intention to work abroad in the 2013-2018 period at Semmelweis University, Budapest, Hungary

#### Authors

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**Introduction/Aims:** We investigated first and fifth year medical students' preferences for future workplace in 2013- and sixth-year students' in 2018 to explore the possible changes of migration intention in the 2013-2018 period and to compare senior medical students sociodemographic and migration-related characteristics in 2013 and in 2018.

**Materials and Methods:** We collected paper-pencil data anonymously from first- and fifth-year students in the beginning of the introductory lectures of Family Medicine at Semmelweis University. Five years later we repeated data collection online from sixth year (former first year) students. Altogether the data of 691 medical students were analysed. Univariate analyses were used to compare sociodemographic characteristics of students' groups and to reveal the importance of working abroad in each group. Binary logistic regression was applied to define predictors of migration intention.

**Results:** Almost half of medical students – irrespective if first or fifth year – lived with their parents in 2013, while it halved in 2018, with significantly increased number of own properties in Budapest. 72% of final year students in 2018 worked during their university years comparing to 47% of fifth year students in 2013 ( $p < 0.0001$ ) and 47% attended practical on abroad by contrast the 27% of fifth year students in 2013 ( $p < 0.0001$ ). However, migration intention collapsed to 36% in 2018 from 64% of fifth and 63% of first year students' in 2013 ( $p < 0.0001$ ).

**Conclusion:** Favourable changes could be achieved within a five-year period in the migration intention of Hungarian medical students, but further interventions are necessary to maintain these results.

Conflict of interest  
no

**Contribution ID: 736**

**Presentation form**

Oral Communication

**Development and introduction of national teaching guidelines for undergraduate family medicine in the UK**

**Authors**

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**Introduction/Aim:** The identification of appropriate content, teaching methods and quality assurance mechanisms are essential for planning teaching. For family practice, this involves identifying the core principles of the discipline that can be taught to undergraduates. This workshop presents the UK's first set of national guidelines concerning undergraduate teaching in family practice. The workshop seeks to present the guidelines and also initial evaluation concerning implementation based on a national survey of all UK medical schools. The curriculum guidelines take a number of new approaches to delivering medical education based on the idea of networks. Discussion will focus on comparing the new UK guidelines to other sets of guidelines for undergraduate family practice teaching and to what extent guidelines in one country are applicable to other countries. Initial findings of evaluative research concerning implementation has suggested that a major barrier to implementation lies in widely disparate views held by family practitioners concerning the nature of the discipline. Part of the discussion will therefore focus on this matter - what is the nature of the family practice discipline and how can it be best taught to undergraduates in order to stimulate interest.

**Structure of workshop:** Firstly, a short (10 minutes) presentation on the national curriculum and distribution of free copies to delegates. Discussion about utility and applicability in UK and other countries. Secondly a second presentation (10 minutes) covering how the guidelines have been implemented and barriers to implementation. Subsequent discussion drawing on expertise aimed at problem solving these barriers to implementation.

Conflict of interest

no

**Contribution ID: 746**

**Presentation form**

Oral Communication

**Tackling non-communicable chronic diseases - innovation developed in Croatia, spread through member countries of AGP/FM SEE**

**Authors**

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**Introduction:** The rise of non-communicable diseases (NCDs) burdens all health systems, especially in Eastern European countries. WHO recognized an innovative program for prevention, early detection and monitoring of NCDs developed in Croatia, and proposed it as low cost program to these countries. The programme was shown on the Congress of AGP/FM SEE in Plovdiv, 2018.

**Aim:** To spread the idea of clustering relevant data for NCDs together in "Panels" for a multipurpose use in countries with the same problems as Croatia.

**Discussion:** CVD are the major cause of death in almost all countries in the world. In Croatia they are also the leading cause of death. From 2014 in Croatia was given the bigger importance to primary health care (PHC), with the obligation to care for hypertension, diabetes and COPD and use consultations of clinics specialist when it is really necessary. Then, the idea about "Panels" was born in family medicine (a set of important data for every NCD). These "Panels" allow creation of different programmes on regional or national level for prevention, detection and monitoring of NCD.

**Conclusion:** This clustering of data shown together in "Panels", allows multipurpose use on national and regional level, and it is especially of benefit to GPs in terms of improving their quality of work by monitoring themselves.

Conflict of interest

no

## Contribution ID: 748

### Presentation form

Oral Communication

### How do general practitioners experience and what do they expect of a digitally supported pharmacotherapy management system in polypharmacy?

#### Authors

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**Objective:** To compare experiences and expectations of general practitioners (GPs) concerning the implementation and use of a digitally supported pharmacotherapy-management-system in polypharmacy.

**Methods:** Conducting four focus-group-discussions with GPs (N= 21) as part of formative evaluation and attendant to a cluster-randomized-controlled trial named AdAM (registry: clinicaltrials.gov; identifier: NCT03430336; fkz: 01NVF16006). Two focus- groups with GPs (wait list control-group) are evaluated by their expectations

and two focus- groups (intervention-group) by their actual experiences. Focus-group-discussions were structured using a topic-guide with different deductively developed thematical sections informed by literature search. Transcribed material was analysed using a qualitative-interpretive framework approach. In an iterative process inductively emerging themes are compared with à priori determined thematical sections of the topic-guides.

**Results:** Discussions highlighted user experiences showing different aspects that influence the acceptance and use of the implemented pharmacotherapy management system: 1) attitudes toward evidence-based-medicine 2) self-perception of the GPs role in pharmacotherapy- management, 3) attitudes towards collaboration with pharmacists and medical specialists, 4) risk perception and patient safety in polypharmacy and 5) societal expectations. Emerging themes and expectations of the GPs in the control group were as following: 1) concerns about liability in decision making in polypharmacy, 2) coping with increasing knowledge demands in polypharmacy and 3) uncertainty in deprescribing medication.

**Conclusion:** Overall perceived benefits of using a pharmacotherapy-management-system are described in control and intervention-group. GPs differ in their individual strategies to cope with increasing knowledge demands in polypharmacy and different patterns to handle risks in the medication-prescribing-process are observed.

Conflict of interest

no

## Contribution ID: 782

### Presentation form

Oral Communication

### Validation of a questionnaire on patient safety culture and second victim experiences for resident physicians

#### Authors

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Resident Physicians (RP), like other health professionals, are not exempt from healthcare risks. Their inexperience may favor their involvement in Patient Safety Incidents (PSI) and an increased likelihood of being emotionally affected (Second Victim, SV). However, RP is open to learning and it is crucial to teach Patient Safety Culture (PSC) and promote safe practices among them. This work aims to design and validate a questionnaire to know PSC and SV experience among RP.

**Methods:** A transversal descriptive pilot study was carried out through an anonymous and self-administered online questionnaire to RP in a health area in Zaragoza (Spain). A questionnaire ad-hoc was designed and validated by patient

safety experts considering content, comprehension, and readability. The reliability was studied using Cronbach's Alpha.

**Results:** A pilot questionnaire of 106 items distributed in 14 dimensions was designed and sent online to 37 RP. Regarding the metric properties, the Cronbach's alpha was 0.918 indicating a high internal consistency. The Cronbach's alpha of each dimension identified items with low internal consistency which were re-coded improving Alpha values. The construct validity could not be studied because of the small population. The validated questionnaire consists of 108 items divided into sociodemographic data, 14 dimensions, and a free text section to share personal experiences on PSI.

**Conclusions:** The validated questionnaire has an easy legibility index and a good internal consistency. Construct and discriminant validity remains pending due to a small sampling. This tool can help to develop PSC activities and support to SV in teaching programs

Conflict of interest

no

## **Contribution ID: 802**

### **Presentation form**

Oral Communication

### **Minor surgery of skin lesions in a family health center - a practice report**

#### **Authors**

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**Background:** Minor surgery in primary care is a health benefit provided by the National Health Service whose implementation is still increasing. Minor surgery is defined as those procedures which have as a common trait the application of surgical techniques, or other minimally-invasive procedures of a short duration, which are carried out through the superficial and/or approachable tissues. These techniques normally require a local anesthetic and have few risks and complications. In our Family Health Center this is a common practice since 2014, in benign skin lesions. Residents can train their skills with the older doctors.

**Methods:** The aim of this descriptive retrospective study was to analyze the activity carried out in our family health center during the years of 2016-2018, through consulting the software Sclenic.

**Results:** 74 surgeries were performed, mostly by residents. The most common diagnosis are fibromas, Seborrheic keratosis and Epidermoid cysts. All of the removed skin lesions were sent to a laboratory for histopathological diagnosis. No malignant lesions were detected. There was only one case with local complication (inflammation) and no cases of infection.

**Conclusions:** This study shows the good acceptance of the parts involved in the primary care initiative to offer minor surgery service and the capacity of the health centre to adopt these techniques with satisfactory results. The patients satisfaction is high because our consult and intervention is quick, close to the community,

comparing to the Hospital, in which sometimes the patients have to wait two years for the removal of these benign lesions.

Conflict of interest

no

## **Contribution ID: 836**

### **Presentation form**

Oral Communication

### **Understanding clinical research: the basics of descriptive and inferential statistics**

#### **Authors**

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Basic knowledge of medical statistics is key to analyze research data and publish results. Primary care physicians without any statistical background often experience difficulties in interpreting statistical information. The aim of this workshop is to familiarize the audience with basic descriptive and inferential statistics. Fundamental statistical knowledge will be presented and illustrated with the use of examples from clinical research. The presentation of descriptive statistics will include arithmetic and graphical ways of presenting data. The inferential statistics session will include the basics of estimates derivation, sampling distributions and hypothesis testing. Terms such as p-value, alpha level, statistical power will be elucidated with the use of practical examples. Participants will then be divided into small working groups. The choice of the most appropriate statistical methodology to answer specific research questions will be discussed in each group and then presented by one member of the group; between-group discussion will follow. The final part of the workshop will consist of a group discussion and interpretation of the statistical methodology used in selected clinical research original articles.

Conflict of interest

no

## **Contribution ID: 854**

### **Presentation form**

Oral Communication

### **Multiple vs single trainer in family medicine vocational training (FMVT): a SWOT analysis**

#### **Authors**

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<sup>2)</sup>*Matosinhos Local Health Unit (ULSM), Matosinhos, Portugal*

**Introduction/Aim:** Family medicine training programs differ greatly between countries. In Portugal, the program is a 4-year learning process mainly focused in a single tutor. This method allows trainees to develop their competences within the

same health team, but is short in exposure to different working and organizational contexts. The knowledge about alternative training scenarios is low and no case reports are usually found on this subject.

**Aim:** to discuss multiple trainers model as an alternative to single trainer in FMVT.

**Materials and methods:** Case study of training process. Trainee who shifted trainer in the 3<sup>rd</sup> year of FMVT, having in the first two years a half-time trainer and several co-trainers, being exposed, during the whole process, to a training field composed of 5 different family physicians, family nurses and patient lists. A SWOT analysis is performed to present the risks and benefits of the process.

**Results:** Strengths: exposure to different styles of consultation and teaching methods. Weaknesses: difficulty to establish close relationships with co-workers of health team, patients and families; less exposure to skills needed in longitudinal care. Opportunities: learning about different special interest areas; training within a bigger population as a training field, with greater individual and family structures variability; possibility of second pedagogical opinions; broader feedback about own performance. Threats: possibility of fragmented learning.

**Conclusions:** Training with multiple trainers provides less experience in longitudinal care, but a quicker growth as a family doctor. The authors propose it can be used as an additional training strategy in FMVT programmes.

Conflict of interest

no

## Contribution ID: 872

### Presentation form

Oral Communication

### Creation and evaluation of a cutaneous biopsy training in general practice

#### Authors

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**Introduction:** In the Department of Vosges (France), access to dermatology consultations has become difficult due to declining medical demographics. General practitioners are faced with increasing demand from their patients for diagnosis and care of cutaneous diseases. Skin biopsy is a simple and safe surgical act, which is routinely performed by general practitioners in the United Kingdom. The aim of this study was to evaluate a continuous medical formation for general practitioners to learn skin biopsy.

**Materials and methods:** 2 training sessions were organized to learn skin biopsy. Theoretical knowledge before and after training was evaluated on 4 main themes: indications, contraindications, biopsy types and excision margins. The skin biopsies they performed to study were also evaluated, according to 4 criteria: quality of clinical data, anatomoclinical correlation, completeness of excision when relevant and appropriateness of biopsy.

**Results:** 19 of the 25 participating doctors have performed skin biopsy. A total of 50 skin biopsies were analyzed. Knowledge was significantly improved for 2 of the 4 themes: contraindications and excision margins. The clinical data were good in 80% of cases. There was a correlation between the clinical and anatomopathological

diagnosis in 56% of cases. Excisions were complete in 84% of cases and biopsies were appropriate in 92% of cases.

**Conclusions:** the practice of skin biopsies by general practitioners is possible with good results and without risk for the patient, even though the performances of general practitioners are inferior to those of dermatologists.

Conflict of interest

no

## Contribution ID: 879

### Presentation form

Oral Communication

### Why students rarely choose family medicine for their future career path?

#### Authors

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**Background:** In Kyrgyzstan there are currently working half of the needed number of family doctors.

**Purpose:** To learn the factors affecting perception of family medicine and identify determining factors in career choice.

**Material and Methods:** Cross-sectional study with use of the original questionnaires. Survey is performed among medical students of 1, 5 and 6 year of undergraduate study at the largest medical school of Kyrgyzstan. Extensive variables are calculated.

**Results:** 120 medical students are surveyed, 63 female and 57 male respondents (52,5% and 47,5% accordingly). Only 25% among 1st year students, 13% at the 6th year, and 5% students at the 5th year responded that they are interested in the career of family medicine. 25% of the 1st year students, 55% of the 6th and 90% of the 5th year admit that family medicine is not valued in our country. 90% of the 1 and 5 year students indicated that salary is a key factor for their career choice. While 100% of the graduates admitted that salary is a main determining factor affecting the career choice. 30% of all respondents assess care provided by the family doctors as of low level. 25% of students hear negative comments about the career of family medicine from administration and faculty teachers; 40% - from specialists and 50% - from residents and young researchers.

**Conclusions:** Current situation of a career choice puts the whole primary care in danger of collapse. Survey results demonstrate urgent need for activities which target identified determining factors for a career choice.

Conflict of interest

no

## Contribution ID: 889

### Presentation form

Oral Communication

## **The effects of a public website with evidence based patient information: GP@home as an example**

### **Authors**

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**Background:** In 2012 the Dutch College of GPs launched a non-commercial and evidence based public health information website, named GP@home. The content is mainly based on evidence-based guidelines from the Dutch College of GPs. Each topic consists of several 'patient situations', for example: My child has a fever. Information on self-care and when to contact the GP is given. The information is written in plain language and thus is also understandable for people with low literacy levels.

99% of all Dutch GPs use GP@home. In 2017 the website had 28 million visitors from a population of 17 million people. Patients feel better informed and more self-reliant. Research shows that the primary care consultation rate in the Netherlands decreased 12% two years after the launch of this website.

**Aim:** Emphasize the importance of understandable patient information with respect for low literacy and discuss international experiences on patient education.

**Methods:** We demonstrate the GP@home website.

We share experiences on patient information in different countries:

- How do GPs use PI before, during and after consultation?
- Which organizations provide PI?
- Is there a correlation between professional guidelines and patient information?
- What is the reliability of the information provided?
- Can less educated people find and understand the provided information?

In a short writing-exercise the participants practice in translating medical guidelines into understandable patient information, with attention paid to low literacy.

**Results and Conclusions:** Reliable public health information guides patients in their online search for medical information. GP@home reinforces the position of patients and primary care.

Conflict of interest

no

### **Contribution ID: 899**

#### **Presentation form**

Oral Communication

## **Establishing a research network in primary health care: challenges and experience**

### **Authors**

Emmanouil Smyrnakis<sup>1,2)</sup>, Magda Gavana<sup>1,2)</sup>, Anna Bettina Haiditch<sup>1,3)</sup>, Martha Andreou<sup>1,4)</sup>, Dimitra Iosifina Papageorgiou<sup>1)</sup>, Despoina Symintriridou<sup>1)</sup>, Violeta Roka<sup>1)</sup>, Elias Theodoropoulos<sup>1)</sup>, Chrisanthi Manolaki<sup>1)</sup>, Alexios Benos<sup>1,2)</sup>

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

 Bratislava  
June 26-29, 2019

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**Introduction/Aim:** Research Networks (RN) can play an important role in Primary Health Care (PHC). Here we describe the steps for the establishment and the evaluation process of this research network after a year of the work at Aristotle University of Thessaloniki (AUTH).

**Material and Methods:** Members of the AUTH.PHC teaching network were invited to participate in the RN. During the first meeting, the goals and objectives of the PHC.RN were set, monthly meetings were decided and the participation in meetings could be either by physical presence or by the use of teleconferences in support of members living in remote areas. The character of meetings was decided and the research experience of each participant was established. The next step consisted of providing training on the steps of research methodology. The final step drives in the creation and evaluation of research proposals.

**Results:** An interdisciplinary team of PHC workers and academics in PHC and Medical Statistics was created. The participants were divided into groups and developed 4 research proposals. After the evaluation process, 2 proposals were selected to proceed to the next level of implementation and two subgroups were formed in order to finalise the research protocols and guide the field research. The need of establishing internal regulations and rules merged, to assure the quality of operation.

**Conclusions:** This study gave us the opportunity to standardize the steps for the implementation of a PHC.RN. The implementation of business management principles is useful for ensuring the efficacy and longevity of the research network.

Conflict of interest

no

**Contribution ID: 909**

**Presentation form**

Oral Communication

**Can empathy maps help us improve our empathy skills dealing with the patients?**

**Authors**

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**Background:** Empathy Is a key component of a good patient experience and can be taught. As their name suggests, empathy maps simply help us build empathy with our end users. When combined with other mapping methods, they can: Remove bias from our designs and align the team on a single, shared understanding of the user, discover weaknesses in our daily practice, uncover user needs that the user

themselves may not even be aware of, understand what drives users' behaviors and guide us towards meaningful innovation.

**Aim of the workshop:** The doctor has not had a similar experience to the experience of their patient, so doctors should employ "cognitive empathy," an understanding of what the patient is feeling and thinking, regardless of whether he or she has faced a similar situation. An empathy map is a collaborative tool doctors can use to gain a deeper insight into patients.

**Methods:** We will share the participants into the groups and give each group a case. Participants played the roles of patient, doctors, and family members in the case. And then each group's participants will make three 'Empathy maps' for patient, doctor and family members. Group will share with the team next and discuss differences. We will make a presentation about empathy and how it will help us on our daily practice.

**Results and conclusions:** As word about the benefits of using empathy map to both doctors and patients spreads, healthcare system will be more compassionate, human.

Conflict of interest

no

## **Contribution ID: 920**

### **Presentation form**

Oral Communication

### **Attitudes and Perspectives of General Practitioners about Screening of Colorectal Cancer in Greece. A Study Protocol**

#### **Authors**

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**Introduction/Background:** Colorectal cancer (CRC) is the third most commonly diagnosed malignancy and the fourth cause of cancer mortality in the world. The Global Incidence of Colorectal Cancer is expected to grow by 60%, with more than 2.2 million new cases and 1.1 million deaths from cancer by 2030. In Greece, there are no health-services derived screening programs for this type of cancer, and research results show little involvement of the population in screening.

**Objective/Methods:** The study's objective is to address general practitioners' (GPs) perspectives and attitudes on CRC screening of the Greek population. It also aims to investigate the main reasons that keep involvement rates low as perceived by primary health care physicians. The study is a qualitative observational study with content analysis methodology. It is a multicenter study recruiting by saturation sampling GPs working in public primary health care settings and private practices, in

urban, semi-urban and rural areas. Semi-structured interviews are used, and data are collected via phone or Skype.

**Results:** Expected outcomes of the study will be discussed and preliminary results and the pilot study findings addressing GPs' perspectives and attitudes from the first interviews will also be presented.

**Conclusions:** Early detection, which is usually achieved through screening programs, is an unequivocally important factor in reducing mortality from CRC. The results of our study will help discovering the main obstacles that GPs are confronted with regarding cancer screening in Greece and will guide us to the actions needed to increase screening involvement rates.

Conflict of interest

no

## **Contribution ID: 925**

### **Presentation form**

Oral Communication

### **Strengthening collaboration between the European Medicines Agency (EMA) and general practitioners/ family physicians (GPs/FPs)**

#### **Authors**

Ivana Silva, Juan Garcia Burgos

*European Medicines Agency, London, United Kingdom*

It is well recognised by EMA that GPs/FPs are a very large group of healthcare professionals whose clinical know-how and hands-on experience needs to be factored into the evaluation and monitoring of medicines. Their unique position in the healthcare system allows them to have contact with the vast majority of the population and puts them in a leading role for data generation.

In Europe, many health problems are resolved at primary care level. GPs/FPs are thus currently responsible for the bulk of medicines prescribed. In contrast, personalised treatments involving innovative medicines will increasingly be initiated by different specialties in secondary and tertiary medical care, and will encompass ever more complex and sophisticated risk management plans.

These are likely to require complementary follow-up measures at the level of ambulatory/primary care. GPs/FPs will therefore be involved in the follow-up of patients treated with these innovative medicines and in monitoring their safety and effectiveness, including their interactions with more routinely prescribed medicines.

In the light of such evolving and ever more complex treatment paradigms, this presentation will explore the impact of a strengthened interaction between EMA and the major European organisations representing GPs/FPs – UEMO and WONCA Europe – and primary care professionals – EFPC – in:

- gaining a better understanding of how medicines are being used in real life and the potential impact of specific regulatory actions on patient care;
- incorporating input from GPs/FPs in EMA's activities;
- raising awareness amongst GPs/FPs of the EU medicines regulatory network activities.

Conflict of interest

no

## Contribution ID: 927

### Presentation form

Oral Communication

### Family doctors' patient centredness and perception of the problematic domains in the provision of healthcare for multimorbidity patients

#### Authors

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**Background:** Patients with multimorbidity represent a significant portion of the population. It is well known that multimorbidity is best addressed in primary healthcare settings. Nowadays the increasing prevalence of multimorbidity patients represents a major challenge to family doctors because of the comprehensive patients needs, the intensity of interventions and related to that overload. However, the patient-centred approach is considered as a solution for providing efficient care for multimorbidity patients and further research in that field are needed.

Research questions:

The aim of the study is to evaluate the family doctors' patient centredness and their perception of the problematic domains in provision of healthcare for multimorbidity patients.

**Methods:** This study is a part of an international survey. A pilot cross-sectional study was conducted among 214 randomly selected family doctors regarding their perception about the problematic domains in the provision of healthcare for multimorbidity patients. A 5-point Likert scale was used to assess the main difficulties faced by family doctors related to the fragmentation of care as well as the challenges in delivering patient-centred care. For measurement of shared decision-making related to a multimorbidity case a SDM-Q-Doc Questionnaire was used. Inclusion criteria - full-time family doctors, working either in state employment or private practice, or both.

The data will be processed by SPSS 17 version, applying descriptive statistics, correlation analysis, at the level of significance  $p < 0.05$ .

**Results:** This is an ongoing research and the results from the study will be presented at the conference.

**Conclusions:** Not applicable at the moment

Conflict of interest

no

## Contribution ID: 935

### Presentation form

Oral Communication

### Evaluation of "Ethical Rights" of the child: A cross-sectional study among paediatric and family practices

## Authors

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**Introduction/Aim:** According to the World Medical Association children and parents have the right to actively participate in their medical decision-making. The participation of the child in the medical decision-making should be supported by the physician. The informed consent of the child contributes to the development of their future autonomy, therefore, it is an important ethical assignment for physicians.

The child's privacy rights are mostly not taken into consideration and no information is given to the child about the procedures to be performed during the examination. The knowledge, attitudes and behaviours of pediatricians and family physicians about the child's rights is important for the effectiveness of the medical intervention and the socio-physical development of children. In this study, we aimed to understand the level of knowledge of children's rights and their attitudes and behaviours in paediatric and family physician practices.

**Materials and Methods:** We planned to reach 145 participant from 2 hospitals in Ankara. Participation at the medical centres was voluntary with face to face interviews being undertaken. Questionnaires were designed to capture participants' socio-demographic characteristics, their education on pediatric patient rights and their knowledge and attitudes regarding this topic.

**Results and Conclusion:** The results of this study are still being analysed and will be presented during the conference. It is expected the results of this study would help improve the physicians knowledge towards the rights of the child.

Conflict of interest

no

## Contribution ID: 939

### Presentation form

Oral Communication

### Becoming a social media influencer: How family physicians are meeting the challenge?

#### Authors

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**Introduction/Aim:** The way patients and family physicians (FPs) interact has forever changed as increasing numbers of patients communicate using e-mail, a social media (SM) platform or a web portal.

**Materials and Methods:** Younger patients are far more comfortable texting / e-mailing their physician, or even looking up health information online. Fortunately, evidence from the latest AAFP Member Profiles indicate that most of them have a web portal that allows for secure messaging and half of them communicate with patients via e-mail.

**Results:** From my experience as a FP trainee, I think that SM can help combat the bad information that is out on the Internet giving an opportunity to open dialogue with patients, especially when it comes to such hot topics as vaccines and autism. FPs can take control of their SM footprint by posting positive things. Internet video content is expected to account for 80% of global traffic by 2019. Therefore, recording YouTube videos (something that I started as a hobby and has turned into a regular occupation) is also a very effective way to advocate for our specialty and help change some of the perceptions that primary care and family medicine have in the community and also on the Internet.

**Conclusion:** There are many questions in terms of governance, ethics, professionalism, privacy, confidentiality, and information quality that remain unanswered. However, discussion of the dangers of these technologies in medicine should not overwhelm consideration of positive applications such as improving patient communication, enhancing professional development and influencing public health.

Conflict of interest

no

## **Contribution ID: 940**

### **Presentation form**

Oral Communication

**Palliative medicine: acriana academic league of palliative medicine, an integral part in medical training at University Federal of Acre, Brazil**

### **Authors**

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**Introduction/Aim:** In 2003 the Ministry of Health, with the National Policy of Humanization (PNH); established the insertion of humanization guidelines in the training of health professionals and actions involving palliative medicine. In 2014 were approved by the National Council of Education the curricular guidelines of medical education, suggesting the inclusion of students in diversified scenarios. To report extension actions on palliative care in patients with Alzheimer`s disease developed by medical students at University Federal of Acre (UFAC), members of the extension project of the Acriana Academic League of Palliative Medicine (LAAMP).

**Materials and Methods:** The actions were developed in the period from 2010 to 2013. Theoretical and practical activities were carried out. The theoretical activities consisted of lectures; two per month; lasting 3 hours each, on prevention and care in Alzheimer`s disease, from the perspective of palliative care; directed to medical

academics and mini courses on palliative medicine performed annually at UFAC. The practical activities consisted of home visits to patients with Alzheimer`s disease.

**Results:** A total of 180 academics participated in the activities. Home visits were performed in the period 36 from the health modules linked to UFAC; where the problems of elderly people with Alzheimer`s disease were evaluated by a multidisciplinary team followed by discussions about ethics and humanity.

**Conclusion:** Since 2005, palliative medicine has become an integral part of UFAC`s undergraduate medical education through institutional extension projects.

Conflict of interest

no

## Contribution ID: 950

### Presentation form

Oral Communication

### The Immunization Working Group (IWG) - SIG of the National Society of Family Medicine in Romania - the first seven years

#### Authors

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**Introduction/Aim:** In Romania, the vaccination activity is carried out mainly by GPs. IWG was born out of identifying colleagues' educational needs in the context of epidemic waves, issues related to the provision of national vaccine-stocks and increased activity of antivaxxers. The group members are GPs and certified trainers, have experience in CME, communicating with patients, and campaigns. We are determined to share with our WE colleagues our group-of-experts work experience, expandable to other WE members.

**Materials and Methods:** Since 2012, the group was involved in numerous actions for patients through awareness campaigns, CME for GPs and nurses, itinerant events across the country, online courses, workshops, active media-trainings and social-media communications, and committees for national campaigns vaccination, being co-opted in the introduction of new vaccinations in Romania`s National Vaccination Schedule, in the improved National Electronic Vaccination Register and in translation and adaptation of guidelines for improving protection through immunization with ECDC and WHCA.

IWG collaborate permanently with the WHO Romanian Bureau for the annual European Immunization Week, membership of former Romanian NITAG and provides intense counselling to the biggest pro-vaccine Facebook-Group in the world. Members of the group regularly perform TOTs, self-evaluation sessions and focus-groups to increase the work quality.

**Results:** The appearance and evolution of this SIG had a beneficial effect on quality-of-care in family medicine and aims to promote the development of other SIGs.

**Conclusion:** We invite the WE members to work with us in joint CME projects or campaigns for professionals and the general public.

Conflict of interest

no

## **Contribution ID: 957**

### **Presentation form**

Oral Communication

### **Establishing the needs of young service families rebasing to the UK**

#### **Authors**

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**Introduction:** The British Army will be rebasing over 4,500 service personnel and their families, transforming Salisbury Plain into the UK's largest training area with three high readiness Reaction Force Brigades by 2019. There was a priority to explore the potential needs of these returning families to ease the transition for armed forces families with young children to access appropriate support and promote integration into local communities.

Methods: Home-Start UK, a charity to support young families and the University of South Wales held a workshop in February 2018 with attendees from a diverse cross section of organisations. Attendees identified issues they thought service families would face or experience on returning and through consensus rated the importance and ease of implementation.

**Results:** In total 213 initial statements made raised many concerns and issues they viewed as important issues for these young families. Key emergent themes included Isolation, Access to Healthcare, Education (for Families and Children), Educational welfare, housing, finance and the Needs for Children under the age of five.

**Conclusions:** This research raises issues for the preparation for rebasing of families, addressing impact of military deployments associated with conflicts and the cumulative toll on family and child mental health and their ability to cope. The impact maybe greatest for a subset of children and families with compromised functioning, mental health problems following deployment. Some mitigating factors that are associated with the reintegration process include frequency of contact during deployment, overall adjustment to deployment, use of military support programs, and age of children.

Conflict of interest

no

## **Contribution ID: 960**

### **Presentation form**

Oral Communication

### **Home visit: learning and developing tool for medical-patient relationship among students in a faculty of Medicine in Brazil**

## Authors

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**Introduction / Aim:** The Home Visit (HV) in Primary Health Care (PHC) is one of the most appropriate tools for achieving comprehensiveness. Considering the prevalence of chronic-degenerative diseases in population, especially Diabetes Mellitus (DM), associations with dyslipidemia, arterial hypertension and endothelial dysfunction, such morbidity presents itself as a health problem sensitive to PHC, whose adequate management in care can avoid complications and hospitalizations, and reduces the quality of life. This report describes the experience during the HVs performed to diabetic users by the students participating in the Program of Education for Work in Health (PET/GraduaSUS - a Brazilian governmental one) in Campo Grande-MS.

**Materials and Methods:** The HVs occurred between 2017 and 2018, in the area of a Basic Family Health Unit, called Aero Rancho IV. The visits were indicated by the preceptor, doctor of the unit. During the visits, the primary health care of diabetic people was addressed: medical follow-up, chronic and disease complications, needle disposal, insulin use and lifestyle. **Results:** In addition to report difficulties, joys and surprises found by the patients, this contact was used to carry out a health education work. Besides, it was possible to notice the difficulties related to HD, perceive barriers in the doctor-patient communication and observe the psychosocial factors that permeate the self-care process, as well as exercising listening and communication.

**Conclusions:** This experience made it possible to students to understand illness process as something that encompasses society, family and individuals and the HD importance to reach the integrality of PHC care.

Conflict of interest  
yes

## Contribution ID: 991

### Presentation form

Oral Communication

### Diabetes Knowledge among the Community Health Agents in Campo Grande, MS: students experience from a Brazilian Medical School

#### Authors

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**Introduction / Aim:** Chronic diseases, including Diabetes, are responsible for 72% of mortality in Brazil, related to risk factors and lower access to health services,

being more prevalent among low-income people. In Campo Grande, 7.7% of population has diabetes. A good management and related comorbidities, specially in the Family Health Strategy, avoids complications, hospitalization and death. This is a research between Municipal Secretary of Health and a Faculty of Medicine, funded by the Ministry of Health, which stimulates experiences in the Unified Health System (SUS), especially in primary care.

**Materials and Methods:** The Diabetes Knowledge Questionnaire (DKN-A) was used for ACS of Basic Units of Family Health (UBSF). Its score ranges from 0 to 15, which exceeds 8 indicates satisfactory knowledge on DM. The project, was approved by the Research Ethics Committee of UFMS and allowed information collected for the development of permanent health education. **Results:** There were studied 101 ACS, of 8 UBSF and the average for the DKN-A varied between 8.12 and 10.86, lowest score 3.0, and the highest, 13.0. The greatest doubt are linked to substitutions in the diet, hypoglycemia, hyperglycemia and glycosuria.

**Conclusions:** Results indicate the importance of permanent educational programs and actions for health professionals, especially for ACS, who are resources fonts for diabetic people, so that they can acquire knowledge of the psychosocial, epidemiological and pathophysiological aspects of being sick, developing pedagogical, communication and listening skills, with support of programs such this one, that brings university and service closer in favor of better professionals training.

Conflict of interest

yes

## **Contribution ID: 1012**

### **Presentation form**

Oral Communication

**From Alma-Ata to Astana and beyond: Primary Health Care – reflecting on the past, transforming for the future. Experiences from Europe.**

### **Authors**

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**Introduction/ Aim:** Europe is a natural laboratory for learning about health policies and health systems. With diverse health systems across Europe there are many opportunities for international comparative analyses to enable countries to make their systems more efficient and improve outcomes.

By examining the main challenges and opportunities for PHC in selected European countries, and taking stock of the lessons learned, we can identify the key innovations of PHC models for the 21st century: soft innovations, which relate to organizational design and governance, financing, resource generation and management and service delivery and hard (or technological) innovations in the form of diagnostics, medicines, health technologies, data science and ICT.

**Materials and Methods:** Brief country case studies on various PHC reforms over the past two decades will be presented, focusing on PHC innovations, enablers and barriers improving the health outcomes, equity and efficiency of their health systems and also highlighting ongoing challenges. Denmark, France, Greece, Portugal, The Netherlands and Turkey were chosen to represent the experience of a diverse range of countries, each with different population health needs, health system development, and levels resources.

Country case studies will be presented by a representative from each country (7 mins each)

Two moderators will drive the session.

**Results and conclusion:** This could provide a base guidance for transforming PHC to achieve health for all and ultimately transform the vision set out in Alma-Ata and reaffirmed in Astana into a practical reality.

Conflict of interest

no

## **Contribution ID: 1015**

### **Presentation form**

Oral Communication

### **Place of sophrology in a multidisciplinary approach according to general practitioners**

#### **Authors**

Andry Rabiaza

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**Introduction/Aim:** Patients show a growing interest for complementary and alternative medicines. They allow a global approach of their health status. This study aimed to analyze the place given to sophrology by general practitioners (GPs) in a multidisciplinary approach then to explore the contributions and limits and to assess the GPs' satisfaction

**Materials and Methods:** Qualitative study using semi-structured interviews with GPs established in one region of France recommending sophrology. A thematic analysis of the interviews was made by the main investigator and a third party. The principle of data saturation was used to stop making new interview.

**Results:** Eight interviews was conducted. The practices seemed homogeneous with an one-off appeal. The main indications were anxiety disorders, stress management, sleep disorders and pain management. Few risk and contraindications were expressed. The main earnings were a decrease in drug consumption and a better management of stress and emotions. The GPs described the sophrology as a complement inside a multidisciplinary patient care. The cost and the mistrust of the practice were the principal limits. The lack of communications and ethical issues were pointed out. All the practioners were satisfied.

**Conclusion:** The sophrology seemed to be an interesting and complementary method to conventional care in a global approach. A scientifique evaluation and a better framework are needed to improve the integration of the practice.

Conflict of interest

no

## Contribution ID: 1017

### Presentation form

Oral Communication

### Positive results after intense campaigns of antibiotic stewardship in family medicine in Romania

#### Authors

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**Introduction/Aim:** Romania faces alarming numbers of bacterial resistance to antibiotics. European reports place us in the forefront of most bacteria commonly involved in infections. 92 to 95% of antibiotics are prescribed in outpatient care. We want to share our experience in lowering the prescription rate of antibiotics in family medicine through sustained campaigns among colleagues.

**Materials and Methods:** A survey among family doctors in 2016 showed increased antibiotic consumption, both through automedication and ambulatory prescriptions and also underlined the need for tools in the decision-making. As a result, in recent years, through a high-efficiency collaboration between the two authors, CME among family doctors through online-courses, conferences, workshops, courses, symposia, commented clinical cases led to a decrease in the number of antibiotics prescriptions in outpatient care.

In addition, the authors have been involved in a national campaign organized by the Romanian Ministry of Health. The purpose of the campaign is to promote the proper use of antibiotics by informing physicians and the non-specialist public about the risk of their excessive and erroneous use.

**Results:** The results for the years 2016-2017 show a decrease in oral antibiotic use, mainly used in outpatient care and a more careful use of prescribing rules. The educational process still underway optimally reflects the positive change of prescribing habits among family doctors.

**Conclusion:** The authors' recommendation is to continue the ongoing medical education on prescribing antibiotics and patient adherence to antibiotic therapy.

Conflict of interest

no

## Contribution ID: 1028

### Presentation form

Oral Communication

### Collaborative and interdisciplinary learning in Primary Health: PET-HEALTH GraduaSUS experience at the Faculty of Medicine of a Federal University

#### Authors

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Calisto, Jaqueline Svierkoski Mendes, Guilherme Ribeiro Gama, Patrícia Cristina Vicente, Clara Loreine Andrade Rodrigues  
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**Introduction / Aim:** This is "Pet-Saúde GraduaSUS" weekly face-to-face meetings experience in Campo Grande (CG), Federal University of Mato Grosso do Sul (UFMS), Brazil, that provided the appointment of different courses: Medicine, Nursing and Physiotherapy.

**Materials and Methods:** Focusing on Diabetes Mellitus (DM), the central project theme, chosen by the Municipal Department of Public Health (SESAU), it was sought to meet the students learning needs, respecting specificities of the Basic Family Health Units (BHUs) in the project, and training for DM, merging active methodologies, integrating the weekly facilitators of UFMS teachers - of different courses - and SESAU's servers. **Results:** Every Wednesday from May 2017 to April 2018, at a time that the students could participate, several technics were used (reading wheels, conversation maps, workshops, simulation, and so one). The students themselves organized activities, learning from each other, regardless of course. We did workshop of APS Attributes; debates on the "Bicha Braba" Documentary; studies on: treatment of DM in Primary Care, home visit, evaluation and care with the diabetic people feet, among others.

**Conclusions:** The exercise of interdisciplinarity provided disruption with exclusive views from the involved professions core knowledge and the development of a broader overview from them, fundamental in the health field. We could transpose limits between courses for training generalist professionals for the Unified Health System (SUS), with a broader academic background, exercising an expanded clinic. The theoretical debates maturation contributed to academic growth, with "PET-Saúde GraduaSUS" being a experience to be incorporated into the health courses routine throughout Brazil and other countries.

Conflict of interest

yes

## **Contribution ID: 1053**

### **Presentation form**

Oral Communication

### **Deprescribing training in Turin**

#### **Authors**

pier riccardo rossi

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**Introduction/Aim:** General Practitioner is the most suitable professional to evaluate risks and benefits of polypharmacy in each old patient.

**Materials and Methods:** a group of GP of "Scuola Piemontese Massimo Ferrua", training institution in Turin, designed a training course on deprescribing dedicated to and Piedmont GP's. The educational model provided a frontal lessons and discussions on clinical case. The choice of teaching strategies was aimed to upgrade peer comparison based on experience and daily activity. The lesson included: the

historical reasons of polytherapy; the approach to the complex patient with multimorbidity according to the bio-psycho-social model; the uncritical guideline's application consequences in clinical practice; the tools to implement a reasoned and documented deprescribing available in the literature. The peer comparison was induced by some questions: Is deprescribing GP's task? What are the obstacles for deprescribing implementation? To assess the GP's perceptions about "deprescribing" and the effectiveness of training we used two tools: a validated questionnaire, delivered to all participants to test the attitude of GP to deprescribe and a self-produced questionnaire on tutor's perception on efficacy of training.

**Results:** 38 events were organized by 17 tutor, more than 500 GP participated. We are processing the 425 questionnaires about attitude to deprescribe collected. The tutors perception prove GPs interest in deprescribing as a proper and difficult task to achieve. The major obstacles is the fear of conflicts with specialists or with patients or with relatives.

**Conclusion:** GPs consider deprescribing as an own task but at the same time difficult to achieve.

Conflict of interest

no

## **Contribution ID: 1074**

### **Presentation form**

Oral Communication

### **Decentralisation of primary care financing and regulation in Europe: a taxonomy**

#### **Authors**

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**Introduction/Aim:** The introduction of family medicine in primary care (PC) is embedded in the process of decentralisation of health systems to increase effectiveness and responsiveness of health services at the frontline. Research on the effects of decentralisation reforms is so far inconclusive. A previous study developed a framework to identify the degree of decentralisation of PC financing and regulation. The aim of the study is to develop a European taxonomy of PC according to its degree of decentralisation in order to create a basis for further performance comparisons.

**Materials and Methods:** Using primary data obtained through a cross-country Delphi process involving 24 WHO European Region countries, we apply nonlinear canonical correlation analysis (NCCA) to explore and reduce the dataset. Subsequently, the 24 countries are classified with hierarchical agglomerative cluster (HAC) analysis using IBM SPSS Statistics.

**Results:** Using NCCA, we reduced the initial 76 binary and 20 categorical variables to two dimensions (total fit: 1.945). We then clustered the 24 countries and obtained six taxa (silhouette score: 0.660), which are summarised as follows: (1) public financing but private involvement, no gatekeeping, (2) regional public financing and

regulation, gatekeeping (3) several private and quasi-public funds, no gatekeeping, (4) single public fund, low private expenditure, gatekeeping, (5) single public fund, high private expenditure, gatekeeping and (6) fragmented financing, no gatekeeping.

**Conclusion:** We developed a PC taxonomy based on the degree of decentralisation of PC financing and regulation. This can contribute to understand the differences in physicians' performance and accountability and inform policy-makers.

Conflict of interest

no

## **Contribution ID: 1100**

### **Presentation form**

Oral Communication

### **Promoting patient safety culture and giving support to second victim with family medicine residents**

#### **Authors**

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**Introduction/Objective:** Resident Physicians (RP), like other health professionals, are not exempt from healthcare risks. Their inexperience may favor their involvement in Patient Safety Incidents (PSI) and an increased likelihood of being emotionally affected (Second Victim, SV). However, RP is open to learning and it is crucial to teach Patient Safety Culture (PSC) and promote safe practices among them.

#### **Objective:**

1) to promote patient safety culture and risk management strategies in health care among resident physicians.

2) to describe SV experiences and basic tools to support them.

Methods:

1. Reviewing key element of patient safety culture and risk assessment at healthcare organizations through Kahoot questionnaire.
2. Definition of Second victims experience and tools to support them. Work in groups on different clinical cases applying algorithms to have an appropriate response.

**Conclusion:** Resident physicians will take home some useful messages to be aware of healthcare risks management and to be able to give first support to colleagues as second victims.

Conflict of interest

no

## **Contribution ID: 1141**

## **Presentation form**

Oral Communication

### **Shared individual care plan as a patient-centered complexity management tool in Portugal**

#### **Authors**

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**Introduction/Aim:** Matosinhos Local Health Care Unit (MLHCU) offers integrated care to a population of about 173 000 inhabitants. From those, about 1.7 % were identified as overusers of the local hospital emergency service, with 5 or more episodes in the last 12 months. Developing an integrated tool for complexity management, focused in primary care but accessible and editable for both primary and secondary care providers in the community was considered to be an interesting resource to improve access to proper health care in most suitable scenarios, like home, primary care units or community services.

**Materials and Methods:** An electronic support was developed and installed in the electronic health record (EHR) associated to each individual patient; it contained an multidisciplinary individual care plan accessible to every health providers in MLHCU that defined common strategies to every problem, including both carers and patients views over them.

**Results:** After one year, about 6.2/1000 inhabitants had individual care plans defined in their EHR, each of them considering an average of 7.7 problems. The most commonly managed health problems were heart failure, depression, diabetes, hypertension and chronic obstructive pulmonary disease. There was a decrease of 13% in overusers in local emergency service, and a global reduction of 3% in the emergency episodes.

**Conclusion:** Individual, multidisciplinary health care plans seem to be an interesting resource to manage multimorbidity in the community and promoting more safe and rational health systems using based in primary care.

Conflict of interest

no

## **Contribution ID: 1195**

### **Presentation form**

Oral Communication

### **SCIROCCO Exchange: Scaling Integrated Care in Context**

#### **Authors**

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**Introduction/Aim:** The rapid rise of ageing populations and people with multiple health and care needs pose a considerable challenge to health systems. The evidence suggests that developing integrated care systems, based on strong primary

care, have the potential to generate significant improvements. Yet, countries in Europe differ in their success to drive transformation of their health and social care systems. The aim of the EU-funded SCIROCCO Exchange project is to facilitate this process of change by exploring the readiness of local environment for the adoption of integrated care.

**Methods:** Building upon the experience of the B3 Action Group on Integrated Care of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), the SCIROCCO maturity model (MM) online tool was developed. The tool was tested in 12 European regions over 18 months period, using observational study design; involving a number of stakeholder groups: national and regional decision-makers, service delivery organisations, healthcare professionals, industry, and academia.

**Results:** Over 40 European regions used the SCIROCCO tool in real-life settings in the process of self-assessment, twinning, and coaching. The outcomes show that integrated care requires operating simultaneously at three levels: at the system level (eg. strategy, resources), at the service level (eg. service re-design), and at the interface between service users, carers, and their care providers.

**Conclusions:** The SCIROCCO MM shows to be a useful tool to accelerate the process of transferability and knowledge transfer in order to inform improvement planning for person-centered integrated care. [Grant support: EU\_CHAFAEA No.826676].

Conflict of interest

no

## **Contribution ID: 1197**

### **Presentation form**

Oral Communication

### **Improvement of primary care services through a participatory process with citizens and professionals**

#### **Authors**

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**Introduction/Aim:** In 2015, our territorial management team started to work organized around selected strategic processes, with groups of professionals and centered on citizens.

In 2017, after two years of this process management, we launched a massive participatory process to evolve our healthcare model.

**Objective:** Improvement of services offered from the 52 primary care centers of the city, with the participation of citizens and professionals.

**Materials and Methods:** Citizens were asked for what they thought should be improved in primary care through focus groups, which includes patients, caregivers, neighborhood groups, patient associations and others.

A hundred professionals were also asked, through three participatory sessions. Work groups were formed, from which 105 proposals emerged. More than 1000 professionals voted to prioritize 24 actions.

The management team compiled a report that includes the 24 proposals, as well as the activities that we considered, after analysis, could allow us to be carried out (83

activities in total, and their related documentation) and began to develop and execute them. 6 months after, about the question "Are we going the right way?" addressed to the professionals, they evaluated it positively with a 77% average. The report has been disseminated (meetings, emails and intranet).

**Results:** The activities related to the actions have been carried out by 39%, they have started in 58% and 3% are pending to start.

**Conclusion:** The participatory process has allowed the focus of management efforts. We expect improve our services with greater satisfaction and involvement of the citizens and professionals.

Conflict of interest

no

## Contribution ID: 1203

### Presentation form

Oral Communication

### Factors influencing violence against primary care providers in the South Asian countries: A systematic review

#### Authors

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**Introduction:** Workplace violence against health workforce is recognized as one of the major challenges that affect the safety of the providers, retention of workers in affected workplaces and the quality of care they provide. The problem becomes more severe in primary care settings in low- and middle-income countries. The **objective** of this systematic review is to identify the factors influencing violence against primary care providers in eight countries in the South Asian region.

**Methodology:** Following the PRISMA guidelines of systematic reviews and meta-analyses, we searched MEDLINE, EMBASE, Health Policy Reference Center, Violence and Abuse repository, Health Source Nursing, CINAHL Complete and PsycINFO databases using specific keywords. Further, we screened the articles based on specific inclusion and exclusion criteria and performed thematic analysis of the finally included papers.

**Results:** Among 417 retrieved articles, 31 articles met the criteria of this systematic analysis. Studies reported context-specific issues including lack of sufficient health workers (n=4), absence of security measures (n=9), inadequate supplies of commodities (n=16) and challenges in patient-provider communication (n=11). Systems-level challenges included lack of safety protocol for health workers (n=8), lack of administrative and judicial actions on past incidents (n=4), an absence of inter-sectoral support and collaboration to ensure quality and safety of providers and services (n=14). We discuss the brief findings of the issues and how they impact the workplace safety.

**Conclusion:** Evidence-based factors identified in this systematic review inform the necessity of strengthening the health systems through engaging all key-stakeholders to ensure workplace safety in the primary care settings.

Conflict of interest

no

## **Contribution ID: 1211**

### **Presentation form**

Oral Communication

### **Electronic health records in Greece.Heading to the future?**

#### **Authors**

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**Introduction/Aim:** Describe the state of Electronic Health Records (EHRs) in Greece and where EHRs are expected to be in the next years. Further to explore the various perspectives between the doctors of Primary Health Care (PHC) in Greece and to compare EHRs in different countries.

**Materials and Methods:** Despite the fact that by 1992 hardware had become more affordable, powerful, and compact and the use of personal computers, local area networks, and the Internet provided faster access to medical information in the USA, Greece was in a different financial and technological state.

**Results:** EHR use has been introduced on 2018 and is mediated by the National Health System (NHS). Information that can be provided include the prevalence of chronic conditions in the community but it is also helpful in organizing (both centrally and locally) community actions such as vaccinations or screening programs. Nevertheless, the combination of the economic crisis, the lack of PHC physicians, the technological illiteracy of many doctors (over 50) as well as the lack of integration of EHRs with the hospital medical records leads to unreliable information, restricted access to information and technical issues. Procedural, professional, social, political, and especially ethical issues as well as the need for compliance with standards and information security are hard issues for the unprepared Greek doctor to manage.

**Conclusion:** EHR technology will help to provide applications that use health, social, economic, behavioral, and environmental data to act intelligently upon complex healthcare information to foster a strong PHC in Greece.

Conflict of interest

no

## **Contribution ID: 1223**

### **Presentation form**

Oral Communication

### **Paliative Care Service: A New Horizon For Family Medicine**

#### **Authors**

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**Background:** Palliative care is mandatory for the elderly population as well as the children. The Turkish government is supporting "palliative care centers/services". Not only in urban cities but also rural part of the country could be served by the well-structured palliative care. New data is ready to be evaluated to improve the quality of the services. In this study, we aimed to describe and evaluate the situation and the needs of the patients and as well as the healthcare workers in a year duration.

**Methods:** This was a pilot cross-sectional descriptive study at Aksaray University, Faculty of Medicine. The caregivers and patients have been served from 2018 January till 2019 January. All the patients have been examined primarily by the same Family Practitioner. Their demographic data and reasons for presentation to the university hospital have been evaluated. Mann-Whitney U-test was used to compare group means and Pearson chi-squared test for ratios between groups.  $P < 0.05$  was considered to be statistically significant.

**Results:** Most of the patients were living in the rural part of the city and far from the hospital. The most frequent complaints involved nutrition and pain management.

**Conclusions:** Although the world is aging all over the countries the patients' age was not over 75 years old. Patient-centeredness and bio-physio-social perspective of the primary-care are still the key points to improve the quality of health care system besides to collaborate with the caregivers, educating them and to give the opportunity for the health-literacy.

Conflict of interest

no

## Contribution ID: 72

### Presentation form

One slide - 5 minutes presentation

### AMANECE Project: Multidisciplinary action on the immobilized patient and their caregiver

#### Authors

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**Aim:** Our center is located in a rural area with a large percentage of elderly population and a high number of immobilized patients. Our project was born with the aim of improving the quality of life of these immobilized patients and their caregivers.

**Material and Methods:** A multidisciplinary team is created composed of assistants, doctors, nurses, physiotherapist, social worker, dental hygienist, administrators, ... and a plan is designed to detect needs in this population and the appropriate methods to reach them. A broad plan is designed that includes face-to-face activities (with monthly meetings with caregivers and scheduled activity during the first year) and online and the main strategy is based on caregiving through the caregiver and the caregiver's own care. A web page, a YouTube channel and the project's own profiles are established on Twitter and Facebook, where all the face-to-face activity can be viewed, visualized the activities carried out and different tutorials on immobilized health problems filmed in our center.

**Results:** The project has had a great reception, with an important influx of caregivers in the face-to-face sessions and an important number of online visits and interactions in social networks. Communication in local and regional media (TV, newspapers and radio) helped the success. On the other hand, the team and its interpersonal relationships are benefiting from this experience

**Conclusion:** The caregiver and their care is a fundamental aspect of the immobilized patient. The community activity seeks important results in health, the multidisciplinary teams manage to strengthen the Teams.

Conflict of interest

no

## Contribution ID: 109

### Presentation form

One slide - 5 minutes presentation

### AlgoritMD: a fast access track to clinical information

#### Authors

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**Introduction/ Aim:** Among several features that characterize general practice (GP), perhaps the most challenging for the younger practitioners is the high level of diagnostic and therapeutic skills that this broad medical specialty often imposes. With the fast progression of medicine, access to reliable information is nowadays essential to support the clinical decision. Aiming to be a fast access track to clinical information, algoritMD ([www.algoritmd.pt](http://www.algoritmd.pt)) is a portuguese free online platform developed by a group of six GP residents that converts relevant medical information into clinical decision algorithms.

**Material and Methods:** Clinical algorithms are built based on portuguese or international clinical guidelines as well as in indexed scientific publications. Each algorithm is peer-reviewed by a panel of associated editors before publication.

**Results:** AlgoritMD has been developed since January 2018. Currently it has 50 published algorithms. Public disclosure occurred in early December 2018. Within the first month, over 500 users have registered into the platform (59% medical intern, 36% medical specialist, 4% medical student and 1% nurse) from all regions of the country (47% north region, 14% center region, 38% south region, 1% islands). It accounts over than 54800 page views and 2600 downloads.

**Conclusion:** The great acceptance of algoritMD platform by the portuguese medical community highlights the importance of online diagnostic decision support tools for the clinical setting. We expect that opening the platform to external algorithm submission and/or revision will lead to a sustainable growing of this project.

Conflict of interest

no

## Contribution ID: 136

### Presentation form

One slide - 5 minutes presentation

**Silence pact: ethics and law in palliative care.**

### Authors

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The pact of silence is defined as the agreement to alter the information that is given to a patient in order to hide the diagnosis, prognosis and severity of their situation. It is a type of alliance or covenant that happens when the patient's family acts with the doctors hiding a life-threatening or serious illness.

In Spain, Ley 41/2002 states that the patient has the right to receive accurate information about their illness, to refuse treatment and to limit the therapeutic effort. Likewise, it is included as a right to inform the patient to participate in decision making, and even to refuse to inform third parties. But, despite this current legislation, there are studies that show that between 61-79% of patients suffer the conspiracy of silence.

The European treaty established in Lisboa in 2009 is very clear when it comes to informing patients. Although it is true that in its document, it details country by country (including Slovakia) everything related to palliative care. In conclusion, emphasize that the purpose of medicine is to avoid patient's harm. Therefore, health professionals should also respect the laws of bioethics, maintaining good doctor-patient communication. With the principle of autonomy, the patient must be able to decide on the acts that will affect their health. Principle of beneficence: benefit towards our patient. Principle of nonmaleficence: respect its integrity.

Conflict of interest

no

## **Contribution ID: 190**

### **Presentation form**

One slide - 5 minutes presentation

### **How to manage with "Difficult Patients"**

### **Authors**

Matteo Mannucci<sup>1,2)</sup>, Juan Maria Rodriguez Martinez<sup>3)</sup>, Rocío García-Gutiérrez Gómez<sup>4)</sup>, Jorge Ernesto Hidalgo Chavez<sup>5)</sup>, Teddy Weimar Cordova Irusta<sup>6)</sup>

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Managing our consultations with difficult patients has always been challenging. At the beginning of the session we will have a look at the most important problems with difficult patients. We will also explain the most common kinds of them and how to handle common situations. Then we skip and focus the attention of ourselves, doctors, and how can we be good/bad influence for patients. After that we would like to do a role play in with the audience can experience the issues learned during the exposition, playing as doctors and as patients. We hope people attending this workshop return to their homes with the sensation they can apply the "ticks" learned during the session in their daily consultation and avoid unpleasant situations with patients, so communication between them could lead to the aim of our work, listen, treat, heal and help.

Conflict of interest

no

## **Contribution ID: 259**

### **Presentation form**

One slide - 5 minutes presentation

### **The perception of Family Medicine as a future specialty for foreign students studying their final undergraduate year in Ukraine**

### **Authors**

Pavlo Kolesnyk, George Kuodza, Andriy Kolesnyk, Mariana Rostoka-Reznikova  
*Uzhgorod National University, Uzhgorod, Ukraine*

**Introduction/aim:** There is a growing shortage in family medicine specialists everywhere that causes a great demand for family doctors in primary care. It's crucial for more undergraduate students to choose this specialty to combat the recruitment crisis. The aim of our study is to evaluate the perception of family medicine as a future specialty by the senior foreign medical students of Uzhgorod National University (UZHNU) in Ukraine

**Materials and Methods:** A survey is being undertaken among 100 senior medical students from Asian and African countries who study at UZHNU. The questionnaire used in the survey followed the Oxford's pattern. The questionnaire concerns the students career choice and reasons for them. We plan to conduct a semi-quantitative analysis using SPSS software.

**Results:** We plan to evaluate the positive and negative factors that influence students' future career choice. Among the positive factors we would like to define, as the students see it: the working hours, role models in family medicine, physician-patient relationship, etc. Among the negative factors concerning family medicine as a future specialty we would like to define, as the students see it: "bad-mouthing" by other specialists concerning family medicine, low status of family doctors, a lack of family doctors to be academic roles models low income, etc. The research is not yet finished, but the results will be ready for presentation in June.

**Conclusion:** The outcome of our study is to define the number of seniors who will chose Family Medicine as a future career and the reasons for this.

Conflict of interest

no

## **Contribution ID: 267**

### **Presentation form**

One slide - 5 minutes presentation

### **The patient experience of GMF-U La Pommeraiie walk-in clinic users : A qualitative study**

#### **Authors**

Magaly Brodeur, Mélanie Douziech

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**Introduction/Aim :** In recent years, approaches seeking to put the patient at the center of healthcare and improve the quality and safety of care have gain in popularity. In this context, many researchers, clinicians and policymakers have begun to focus on patient experience to improve primary care services. However, their 'traditional' surveys usually use quantitative tools or pre-established scales that provide little details on the patient experience. The main objective of this study is to draw a qualitative picture of the experience of walk-in clinics users; and ultimately, provide solutions to improve their experience.

**Material and Methods:** A socio-constructivist qualitative study involving semi-structured interviews with 17 adults users of the Group of Family Medicine (GMF-U) La Pommeraiie walk-in clinic located in Cowansville (Quebec, Canada) and a thematic analysis of interview material.

**Results :** The analysis allowed us to identify two themes related to the patient experience of walk-in clinic users : 1) The accessibility of the walk-in clinic; 2) The appointment process.

**Conclusion:** This qualitative study offer a comprehensive view of the experience of GMF-U La Pommeraiie walk-in clinic users and provides avenues to improve patient's experience in other walk-in clinics or primary care centers.

Conflict of interest

no

## Contribution ID: 300

### Presentation form

One slide - 5 minutes presentation

### The effects of access to radiology in out-of-hours primary care on patient satisfaction and length of stay; a prospective observational study

#### Authors

Martijn Rutten<sup>1)</sup>, Paul Giesen<sup>1)</sup>, Marleen Smits<sup>1)</sup>, Pim Assendelft<sup>2)</sup>, Gert Westert<sup>1)</sup>

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**introduction/aim:** In the Netherlands, out-of-hours primary care is provided in general-practitioner-cooperatives (GPCs). These are increasingly located on site with emergency departments (ED), forming Emergency-Care-Access-Points (ECAPs). A more efficient and economical organisation of out-of-hours primary emergency care could be realised by increased collaboration at an ECAP. Access to (hospital) radiology facilities by the GPC is known to decrease the number of ED referrals, but the effects on length of stay (LOS) and patient experiences are unclear. We examined LOS and patients experiences at GPCs and EDs with and without access to radiology.

**Materials and Methods:** A mixed-methods study was conducted. We combined a prospective observational record review study, with a patient-questionnaire-study, supplemented with LOS-analysis. We included patients referred for conventional radiology for trauma by one of five GPCs in the period April 2014 - October 2015, covering three organisational models with respect to access to radiology.

**Results:** The average total LOS was 98 minutes, with a significant difference in LOS between models without access (121 minutes) and with (limited) access to radiology (86 and 90 minutes). On a ten-point-scale, patients rated the care at the GPC higher (8.42) than at the ED (8.11), with a significantly higher rating for the GPC with unlimited access (8.92).

**Conclusion:** Access to radiology by the GPC, which helps to avoid unnecessary ED attendance, is related to a lower LOS and is highly appreciated by patients. GPCs with unlimited access to radiology provide the most efficient and best valued care. This innovation contributes to patient-centred care.

Conflict of interest

no

## Contribution ID: 479

### Presentation form

One slide - 5 minutes presentation

### Online training in spirometry from Primary health care, "soplasopla" blog

#### Authors

Paula Sanchez-Seco Toledano<sup>1)</sup>, Beatriz Yuste Martinez<sup>1)</sup>, Ana Garcia Garcia<sup>1)</sup>, Julia Alonso Calleja<sup>1)</sup>, Raul Piedra Castro<sup>1)</sup>, Laura Lopez Benito<sup>2)</sup>, Mihai Podaru<sup>3)</sup>

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

 Bratislava  
June 26-29, 2019

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**Introduction/Aim:** The spirometry is a common test to evaluate the pulmonary function. It has a lot of advantages but not many people use it. We have created the blog "soplasopla" to improve this fact. Soplasopla is a blog on internet about spirometry. Our first goal is to spread the knowledges and the tools to use and interpret the spirometry in a free way.

**Materials and Methods:** Our blog uses Wordpress plataform. The website is [www.soplasopla.com](http://www.soplasopla.com) It includes tutorials for the realization and interpretation of spirometries and many examples based on clinical cases from our consultations that we comment and explain. For all these cases we have the informed consent from all patients, and we keep their data anonymously.

**Results:** The blog was created in 2013. The followers have been growing year by year. The visits in 2018 were 27612 and the visitors were 13457. The average of month visits is over than 2000. We have published sixty one posts. Is an international tool: Spain 13112 visits; Colombia 2643 visits; Mexico 2571 visits.; and others from United Kingdom, Russia, China and USA.

**Conclusion:** We can spread knowledge and real experiences through a blog is an easy and simple way to improve our training in our job to offer better care to our patients. Also this blog is a support for the students and resident medical intern.

Conflict of interest  
no

## **Contribution ID: 590**

### **Presentation form**

One slide - 5 minutes presentation

### **Prevalence and risk factors for childhood obesity in a rural district in Brazil**

#### **Authors**

Clarissa Garcia Custodio, Marina Macellaro, Karen Roberta Steagall Bigatto, Cinthia Nardy Paula Razuck, Thaíssa Regagnin Traúzola, Ana Lúcia Marcon Almeida, Vinícius Fulini Bazzo, Gustavo Bandoni Trabulsi, Daniel Pereira da Fonseca, Maria Valeria Pavan

*Medicine, Pontifical Catholic University of São Paulo, Sorocaba-SP, Brazil*

**Introduction/Aim:** A Full-time doctor from the Program "Mais Medicos do Brasil" in her practice in a rural primary health care unit observed that the prevalence of overweight children appeared to be higher than expected. Therefore, it was decided to evaluate the prevalence of overweight children and teenagers among schoolchildren, to identify associated factors and to plan possible interventions.

**Materials and Methods:** 120 students from the only elementary school on the district (1st to 9th graders) were invited to answer a questionnaire about lifestyle and to be weighed and measured by the researcher, after signing (with their

parents) an informed consent. The weight and height of the parents were also collected.

**Results and Discussion:** 105 students participated in the study, 69 of them being eutrophic, one with low weight, 35 overweight (25 obese). In Brazil, in general population, obesity in children is estimate in 11%. There is a greater proportion of overweight and obesity among children who consume less vegetables and fruits, eat more fried foods, perform less physical activity and spend more time in front of videos,  $p < 0.001$ . There is a positive relationship between the nutritional status of the father and the children,  $p < 0.05$ . With this, a motivational intervention with physical activity and nutritional counselling are being developed through educational games.

**Conclusion:** The data confirms a high prevalence of obesity in these rural schoolchildren and identifies associated factors, allowing wide space for intervention and discussion of the problem among community members, school, university and health service.

Conflict of interest

no

## **Contribution ID: 737**

### **Presentation form**

One slide - 5 minutes presentation

### **Using networks to design new curricula; design principles of local and national undergraduate curricula for family medicine**

#### **Authors**

Alex Harding

*Primary Care, University of Exeter Medical School, Exeter, United Kingdom*

**Introduction/Aim:** Clinical learning is complex and often takes place in work-based environments. Clinical curricula must therefore mesh with the way these work environments operate. This research uses Actor-Network-Theory (ANT) to interpret observations of clinical learning. Study findings are then used to design curricula that can better translate the medical school curriculum into actual learning opportunities in work-based learning environments.

**Materials and methods:** Literature review of clinical learning, ANT, work-based learning and knowledge transfer. Observation of third-year medical student clinical learning over 4 years. Iterative analytic process using ANT to develop a new analytic vocabulary of clinical learning, allowing micro-analysis of hundreds of individual learning episodes.

**Results:** Medical school curricular objectives and competencies are frequently ignored in workplace settings. This is because they are frequently irrelevant to the learning environment or context experienced by students. Curricular objectives are also frequently too detailed, making adaption in busy work-placed environments difficult. New ways of designing curricula are therefore important. We present 2 new family practice undergraduate curricula from the UK; one local and one national that have been designed using insights gleaned from ANT. Detailed curricular outcomes based on individual clinical conditions are replaced by broad themes

covering the principles of family practice. The themes are designed to be adaptable to differing clinical conditions and different learning environments.

Conflict of interest

no

## **Contribution ID: 738**

### **Presentation form**

One slide - 5 minutes presentation

### **A national survey of undergraduate teaching in the UK - initial results and appetite for international survey**

#### **Authors**

Alex Harding

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**Introduction/Aim:** UK medical schools are increasing the amount of undergraduate family practice (UGFP) teaching in order to improve recruitment. We present the results of two national surveys, separated by almost 10 years. The survey instrument has been refined during this process but questions remain about its applicability to international contexts.

**Materials and methods:** Survey of all UK medical schools

**Results:** Increasing proportion of medical school curricula are now being devoted to family practice.

**Conclusion:** Refinement of the survey instrument may be needed for transnational contexts. Appetite for collecting data needs to be gauged.

Conflict of interest

no

## **Contribution ID: 762**

### **Presentation form**

One slide - 5 minutes presentation

### **Conspiracy of silence in palliative care. Young family doctor's point of view**

#### **Authors**

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Sometimes family caregiver of patients in end-of-life stage and/or health care providers make a pact of silence about the terminal status of the patient. Some studies show negative effects of this conspiracy of silence on coping with death, quality of life in the last days of life and mourning.

In our workshop we will share ideas about the conspiracy of silence as icebreaker; then analyze some finding in the literature and lastly a roleplay to interact with the participants. The role play will include three simulation of how to deal with a pact of

silence in a regular consultation, in an emergency environment and during a home visit.

The aim of this workshop is to increase knowledge and abilities of communication of our participants, hopefully mostly young family doctors and family medicine residents.

Conflict of interest

no

## **Contribution ID: 783**

### **Presentation form**

One slide - 5 minutes presentation

### **Living will and advance directives of will: medical viewpoint of a portuguese region**

#### **Authors**

Sara Nunes<sup>1)</sup>, Pedro Godinho Fernandes<sup>1)</sup>, Ana Filipa Carvalho<sup>2)</sup>, Marta Maria Duarte<sup>1)</sup>, Mónica Cró Nobrega<sup>1)</sup>, Inês Correia Tavares<sup>1)</sup>

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**Introduction:** In an attempt to humanize the end of life, there is a not only moral but also legal recognition that each individual should have the right to choose according to his own principles and believes.

In Portugal, the legislation about Anticipated Directives of Will (ADW) dates back to 2012 in the form of a Living Will, which allows the appointment of a health care proxy and creates the National Living Will Registry.

The Family Physicians play an important role in informing and advising the patient throughout all the stages of their life. In this sense, they could not be foreign to the Advance directives' processes.

**Aim:** To analyse the knowledge that physicians have about ADW, in the regions of Loures and Odivelas, Portugal.

**Methods:** Distribution of questionnaires tested beforehand to all the physicians who work at the family health units (FHU) in Loures and Odivelas.

**Results:** Of the 18 FHU, 12 participated, and 76 responses were collected. We concluded that there's a lack of knowledge and training. Most physicians never approached the subject and the ones who did, did so mostly by patient initiative. The majority admitted difficulty in approaching the end of life and limited time as the main causes for that. None have made the living will for themselves, and half don't think about doing it.

**Conclusion:** The results extracted were mostly interesting and similar to the ones obtained in other countries. This work identified a problem that is important to be adressed.

Conflict of interest

no

## **Contribution ID: 864**

### **Presentation form**

One slide - 5 minutes presentation

## Teaching development for medical students through the construction of a teaching model in primary health care

### Authors

Maria Valeria Pavan, Samira Kanaan Blass, Bárbara Livia Corrêa Serafim, Julia Brum de Melo, Stela Souza Pena, Natália Ferreira Caneto, Alessandra Marengo Barella, Camila Maria Pitol de Mello, Daniel Oliveira Medina da Silva, Eduardo Tiburcio Rodrigues

*Medicine, Pontifical Catholic University of São Paulo, Sorocaba-SP, Brazil*

**Introduction/Aims:** The Fellows project is a training and improvement course in education skills, aiming at stimulating teaching/learning skills, leadership, management and professional development in medical students. This project proposes the development of educational skills through the elaboration of an insertion model at the first year of medical student in Primary Health Care.

**Material and Methods:** Participating students and the tutor (student), grouped by the Fellows project coordinators, developed a teaching project on clinical learning in the home visits scenario, which included active teaching methodologies, user-medical school integration, process evaluation and social accountability. The agenda had three meetings in the first immersion of the Fellows Project, work in distance and presentation in the second immersion.

**Results:** The group organized ten theoretical sessions, interspersed with practical activities in the community, with the purpose of enabling the student to carry out home visits and to work together with the health team. The sequence of proposed topics was territorialization; communication and linkage; recognition of the complexity of the health-disease-care process and its determinants; working in multiprofessional teams; organizational factors, everyday situations, risk factors, problem management, clinical skills, care and counseling in home visits; common diseases to newborns and the elderly.

**Conclusion:** Designing a teaching model requires commitment. To maintain the direction of the proposals and the motivation of the group, there must be a confrontation of the difficulties and search for solutions. This exercise contributes to the development of skills needed by future educators.

Conflict of interest  
no

### Contribution ID: 865

#### Presentation form

One slide - 5 minutes presentation

## Clinical care in basic health unit broadening the scenario in medical education

### Authors

Maria Valeria Pavan, Jacqueline Alves Rena, Stela Souza Peña, Ana Luisa Carneiro Ramos, Anderson Lima Muniz, Daniel Felix Valsechi, Elisa Amorim Violante Viana Silva, Luiza Tago Neves, Mariana Pollone Medeiros, Paulo Henrique Augusto Carvalho  
*Medicine, Pontifical Catholic University of São Paulo, Sorocaba-SP, Brazil*

**Introduction/Aims:** The Fellows Project, an educational training and improvement course for medical students, in 2018 was made in two present immersion blocks and a distance activity for the construction of a teaching project. This project aimed building a teaching model of medical practice for medical students in basic health units.

**Material and methods:** The agenda was organized with three meetings in the first immersion of the Fellows project, distance activity and presentation in the second immersion. Coordination conducted by one teacher and two students. The project should address teaching methodology; health, patient and teaching integration; social accountability, project evaluation and feasibility.

**Results:** It was considered that medical training should be linked to social needs; the insertion of the medical student in primary health care contributes to humanized training and should be systematized. It was proposed a module with 4 hours a week, 20 weeks, with care model based on person-centered care and on Calgary-Cambridge guide, using Two-minute observation, Activared demonstrations and Aunt Minnie model, Feedback and Meaningful learning as teaching method; portfolio and Mini Clinical Evaluation for evaluation. Furthermore, meeting and simulation for teacher improvement and questionnaires with students, teachers and patients to evaluate the project were suggested.

**Conclusion:** The students understood the difficulties in the elaboration of a teaching project and the communication challenges between the members of the group, in the use of social networks and online platforms. In addition, the project reinforced the importance of insertion in primary health care for the training of future educators.

Conflict of interest  
no

## **Contribution ID: 913**

### **Presentation form**

One slide - 5 minutes presentation

### **“Specialization of General Health” in Turkey in 1947: Is it the first recognized specialization of Family Medicine in the world?**

#### **Authors**

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<sup>2)</sup>*Department of History of Medicine and Medical Ethics, University of Hacettepe, Ankara, Turkey*

<sup>3)</sup>*Family Medicine, Health Science University, Ankara Numune Training and Research Hospital, Ankara, Turkey*

**Background/Aim:** In this study, it is aimed to investigate new historical developments that contribute to the discipline of Family Medicine in the world.

**Materials and Methods:**A broad international literature review and a search on archives of Republic of Turkey Ministry of Health were run, including the official documents.

**Results:** We can say that the first specialization of family medicine of the world was formalized in 1947 in Turkey. This specialization was planned to practice in primary care. In the Official Gazette of Turkey dated August 9, 1947 "Specialization of General Health" was defined as the 22nd Medical Specialty in the relevant regulation. Medical Specialty in any branch is determined in accordance with this regulation. The requirements for being an assistant, the duration of the training and where they will be trained are determined in accordance with this regulation. Clinics in the training hospitals mentioned here may be defined as "The Oldest Training Clinics of Family Medicine" in the World. The training period was arranged as two years and the duration of the residency was counted from the compulsory service. Thus, physicians were encouraged to enter this Medical Specialty.

**Conclusion:** Turkey has established the first official specialty ("Specialization of General Health" in 1947) in their history of the discipline of family medicine. Every country should be looked at their history deeply through the window of Family Medicine. Because this approach will contribute more to a better understanding of the phases of the development of the Family Medicine discipline in the world.

Conflict of interest

no

## **Contribution ID: 954**

### **Presentation form**

One slide - 5 minutes presentation

### **Avoidable hospitalization for ambulatory care sensitive conditions: Retrospective study**

### **Authors**

Mafalda Coelho, Hernâni Sousa

*USF Lóios - ACES Lisboa Central, ARS LVT, Lisboa, Portugal*

**Introduction/Aim:** Hospitalizations have a direct economic impact on par with morbidity and mortality especially in the older population. An efficient primary health care system with good accessibility has proven to reduce the need of hospitalization. The quality indicator for avoidable hospitalizations for ambulatory care sensitive conditions (AH-ACSCs) identifies health conditions that could be prevented by intervention in primary care. The main aim of this study is to characterize avoidable hospitalizations in the population of one primary care center.

**Materials and Methods:** A retrospective, observational study was undertaken to analyze avoidable hospitalizations by ACSC in "USF Lóios", using the "Canadian Institute for Health Information" method. The study was developed in two stages: First, a sampling based on discharge reports, considering several inclusion criteria; Secondly, a more detailed analysis of the patients' medical records.

**Results:** According to the methodology applied it was obtained a reasonable number of admissions for APCCs. Of the total 701 discharged reports in 2018, around 300 were selected based on the exclusion criteria. The average patient age was 59 years, with an equal gender distribution (50.7% were female and 49.3% were male). The average duration of hospitalization was 5 days. The specialties with more days of hospitalization were Internal Medicine (total of 92 days) and general surgery (total of 26 days). The hospitalizations are more frequent in the elderly.

**Conclusions:** There is a need to invest in good health policies at the primary care level, because a proper management of patients would prevent a lot more hospitalizations.

Conflict of interest

no

## **Contribution ID: 1042**

### **Presentation form**

One slide - 5 minutes presentation

**Z-Chapters (social problems) ICPC-2 classification - a retrospective study in a primary health care unit**

### **Authors**

*Natalina Rodrigues, Jéssica Peres, Miguel Pereira  
USF Mondego, Coimbra, Portugal*

**Introduction:** Social problems can lead to profound effects on individual health and familiar dynamics. Chapter Z of ICPC-2 is important as it allows the knowledge of social conditions that takes patients to seek medical care.

**Objectives:** Characterize Z Chapter ICPC-2 classifications prevalence of consultations and in the list of problems in the last 5 years.

**Methodology:** Retrospective longitudinal analysis performed in January 2019. Number of consultations and list of problems concerning Z Chapters, from 2014/18. Variables: Z codes registered in "A" item (SOAP) and number of Z codes registered per year. Data collection from MIM-UF® program, Excel 2016® and SPSS 25® for data analysis.

**Results:** There was a gradual increase in the number of appointments performed and number of Z codes in list of problems (without statistical differences). However, the ratio between number of appointments performed with the Z-coding and total number of appointments had a decreasing pattern over the years. The ratio of Z encodings in the list of problems has increased over the years. The code Z22 , Z12 and Z05 were the most prevalent. Chapter Z had an average of 1.32% (SD ± 0.08) of all codifications.

**Conclusion:** There was an increase in coding regarding the Z code, however the ratio of coded appointments with this problem remained stable. These problems being active in the consultation list are not addressed in the medical appointment? Personal relationships, work and illness were the most prevalent problems, which leads us to reflect, as family doctors, how to direct our approach.

Conflict of interest

no

## **Contribution ID: 1052**

### **Presentation form**

One slide - 5 minutes presentation

**Primary Care: What we have faced in a year?**

### **Authors**

*Ozden Gokdemir<sup>1)</sup>, Muhteber Colak<sup>2)</sup>*

<sup>1)</sup>Faculty of Medicine, Izmir University of Economics, Izmir, Turkey

<sup>2)</sup>Family Medicine, Ministry of Health, Izmir, Turkey

**introduction/Aim:** Primary-care is mandatory for all the services from birth to death. Not only in urban cities but also rural part of the country could be served by the well-structured primary-care services. New data is ready to be evaluated to improve the quality of these topics. In this study, we aimed to describe and evaluate the situation and the needs of the patients and as well as the healthcare workers in a year duration.

**Materials and Methods:** This was a pilot cross-sectional descriptive study at Family-Healthcare Centers. The data were evaluated from January 2018 till January 2019. The caregivers and patients have been examined and followed-up primarily by the same Family Practitioners Their demographic data and reasons to attend the healthcare centers have been evaluated.

**Results:** A total of 11817 patients have been evaluated. 855 vaccination (332 of them were infants). 439 women has undergone for periodic health examination. 415 individual were over 65 years-old. Cancer screening rate was approximately %10 The most common reason for choosing the primary-care was to be examined because of an illness rather than lifestyle modifications.

**Conclusions:** Although the world is aging all over the countries most of the patients' age were under 65 years-old. Cancer screening rate was low. The reasons should be evaluated. The patient-centeredness perspective of the primary-care are still the key points to improve the quality of health care system besides to collaborate with the caregivers, educating them and to give the opportunity for the health-literacy.

Conflict of interest  
yes

## Contribution ID: 1059

### Presentation form

One slide - 5 minutes presentation

### Gender awareness in primary care: a survey on general practitioner and trainees

#### Authors

Simonetta Miozzo<sup>1)</sup>, Gabriella Tanturri<sup>2)</sup>, Mariasusetta Grosso<sup>2)</sup>, Silvia Gattino<sup>3)</sup>, Norma De Piccoli<sup>3)</sup>

<sup>1)</sup>GENERAL PRACTITIONER, SAN SECONDO DI PINEROLO, Italy

<sup>2)</sup>AIDM ( Italian association of female doctors), Torino, Italy

<sup>3)</sup>Psicologia, University of Turin, Turin, Italy

**Introduction/Aim:** Gender differences should be known to ensure greater equity and equality and better therapeutic opportunities to women and men. To evaluate the knowledge about these themes in primary care, we have interviewed general practitioners in Turin.

**Materials and Methods:** We examined 292 questionnaire completed by GPs (172) and GPs in trainees (120). The self-administered questionnaire foresaw 90 questions

exploring the level of gender awareness (N-GAMS, Ambivalent Sexism Inventory) and 14 clinical questions.

**Results:** GPs, both in activity both in training haven't familiarity with gender medicine. The 79 % never participated to specific training and there aren't significative differences linked to gender, or being in activity or being on training. The average number of correct answers was 8,71/14. The 16.9% answered correctly to the half of the questions and the 7% gave more than 2 wrong answers. There weren't differences between men and women, while trainees responded better. Questions regard osteoporosis in men, clinical features of hearth attack in women, the use of aspirin, the death's causes had more wrong answers. Questions about respiratory disease and pharmacology had better answers.

**Conclusion:** The data emerged from our research prove the scarce relevance of gender differences in training programs pre/post degrees. Perhaps the training path for the new generations of GP is attentive even if not enough to integrate gender medicine in educational programme. The authors hope that the research would be a motivation to develop gender medicine in general practice and primary care to get to a tailored-made medicine for men and women.

Conflict of interest

no

## Contribution ID: 1069

### Presentation form

One slide - 5 minutes presentation

### Family and Community Health and Women's Health in the same discipline of a Medicine Faculty: the experience of Famed/UFMS, Brazil

#### Authors

Adélia Delfina da Motta Silva, Maria Auxiliadora Budib, Wilson Ayach Ayach, Tatiana Serra da Cruz, Elizete da Rocha Vieira de Barros

*Faculty of Medicine, Federal University of Mato Grosso do Sul, Brazil, Campo Grande, Brazil*

**Introduction / Aim:** This reports on integration of Family and Community Health (FCH) in the discipline Gynecology and Obstetrics, now called Women's Health Attention (WHA), from the 4th year of Medicine Faculty at Federal University of Mato Grosso do Sul (Famed/ UFMS). National Curricular Guidelines (DCN) from 2014 reinforces integration promotion and interdisciplinarity, in order to connect different dimensions in formative process; integrating teaching-service-community and returning medical-academic training to population health needs, with emphasis in Unified Health System (SUS).

**Materials and Methods:** The WHA discipline is organized in 9-week module, with a weekly average of 28 hours, of which 8 are dedicated to integration with the FCH in Units of Family Health (USF). **Results:** During the year 2015, there were practical classes in two hospitals and in 8 UBSF. In 2016, a maternity hospital was included. Traditional classes were offered, as well as the use of active methodologies such as TBL, PBL, using complex cases. An Moodle was built, providing manuals, teaching guides, and others like discussion forums for complex case and practices. In 2016,

there were modifications in the format, introducing activity scripts to practical class in USF. In 2018, we adopted PBL as teaching method, continuing the practices.

**Conclusion:** Since students had not attended a USF until then, it generated a reality shock, showing that the teaching-service integration and the use of active methodologies need to be done as early as possible in the course, guiding the debates about a coherent curriculum with the DCN and Brazilian health needs.

Conflict of interest

no

## **Contribution ID: 1206**

### **Presentation form**

One slide - 5 minutes presentation

### **Perspectives of family physicians on personal screening questions, as part of the clinical encounter with patients**

#### **Authors**

Neta Weiss<sup>1)</sup>, Adi Or<sup>2,1)</sup>, Inbar Levkovich<sup>3)</sup>, Moti Alperin<sup>1)</sup>

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<sup>3)</sup>Faculty of Graduate Studies, Oranim Academic College of Education, Tivon, Israel

**Background:** Screening is one of the most influential tools when dealing with preventative medicine - a field that plays an important role in the practice of the family physician. In Israel, it is common practice to ask screening questions. Globally, there is no consensus regarding some of the screening issues. Doctors might have difficulty raising certain screening questions before their patients, and sometimes avoid doing so altogether. The majority of studies conducted so far have examined the experience of patients and doctors with regard to a specific issue, such as sexuality or violence, and so focused on specific populations (such as women, with regards to violence). A review of the literature reveals that this subject has not been studied with regards to family medicine in Israel.

**Aims:** to deepen our understanding of the experience of family physicians as they ask personal screening questions as part of their daily practice.

**Methods:** Qualitative interviews with 20 family physicians were conducted. We used a semi-structured, in-depth questionnaire..

**Results:** Family Physicians described having difficulty in raising personal questions with new patients that they didn't build a relationship with yet. They also fear raising questions that are not directly related to the official reason of the visit, and when they feel the patient doesn't trust them.

**Conclusion:** Family physicians have barriers asking personal screening questions. These results may help in the development of a training program that might help doctors deal with such barriers.

Conflict of interest

no

## 3. Clinical management

### Contribution ID: 6

#### Presentation form

Workshop

**WORKSHOP: Assessing patients with mental health using the Global Mental Health Assessment Tool for Primary Care**

#### Authors

Bennett Quinn, Vimal Sharma

*University of Chester, Chester, United Kingdom*

**Background:** Primary care views mental health as part of its sphere of care but the evidence is not complimentary to its training and ability to correctly diagnose mental health problems with some authors suggesting that only 1:8 is treated effectively. The societal cost of mental health is considerable. The UK's Centre for Mental Health reported in 2017 that the cost of mental health to business was £35BN annually. Despite this cost, the UK's Mental Health Foundation reported that the 1:4 people meeting the criteria for a mental health diagnosis annually receive inconsistent care, have difficulty accessing services, some get no help at all and others abandon their efforts to get assistance. Routine use of a diagnostic tool like GMHAT/PC could improve this situation – ensuring that more than 1:8 patients presenting with mental health symptoms are diagnosed correctly. GMHAT/PC is a validated computer assisted semi-structured mental health assessment tool for use in primary care.

**Aims:** Raise awareness of the societal issues and training needs relating to mental health.

Demonstrate how a diagnostic clinical support tool, like GMHAT/PC, could support primary care healthcare workers in their daily practice.

**Methods:** The agenda will be...

Presentation illustrating the training issues, GMHAT/PC development and its role in assessing mental health.

GMHAT/PC demonstration,

#### Conclusions:

Attendees will understand....

- the societal issues relating to mental health;
- the diagnostic dilemma facing primary care in assessment of mental health symptoms;
- clinical & decision support tools such as GMHAT/PC in routine practice.

Conflict of interest

no

### Contribution ID: 81

#### Presentation form

Workshop

**WORKSHOP: Best practice family violence engagement with all members of the family using motivational techniques**

## Authors

Kelsey Hegarty<sup>1)</sup>, Amanda Barnard<sup>2)</sup>, Hagit Dascal-Weichhendler<sup>3)</sup>

<sup>1)</sup>*University of Melbourne, Brunswick, Australia*

<sup>2)</sup>*Australian national University, Canberra, Australia*

<sup>3)</sup>*Wonca Special Interest Group Family violence, Israel, Israel*

Domestic violence is the leading contributor to disability and illness for child bearing age women. The WHO has clear guidance for a first line response and there is some evidence for effectiveness of brief counselling interventions for women. There is limited research however on men as perpetrators or victims of domestic violence or on how to respond to children. The aim of the workshop is to discuss how to improve the engagement of the whole family utilising motivational techniques.

**Method:** We will commence with a brief overview about what is known about care for survivors and perpetrators using practical examples, case studies and up to date evidence. The workshop aims to increase general practitioner's motivational skills in engaging with patients who have experienced domestic violence, men who use violence in their relationships and children exposed to domestic violence. We will discuss the development of online tools for women, men and children.

**Key messages:** Patients present commonly with depression, anxiety and chronic physical symptoms. They may have difficulties telling their story and GPs may have difficulties engaging with them. This workshop will address these issues in particular, how to use motivational techniques to engage. We will draw on participants own experiences in different countries.

Conflict of interest

no

## Contribution ID: 94

### Presentation form

Workshop

**WORKSHOP: How to care for multimorbid patients: From evidence to clinical practice.**

### Authors

Stefan Neuner-Jehle, Oliver Senn

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**Background:** Multimorbidity (patients with two or more chronic conditions) is a major challenge for healthcare systems, primary care physicians and patients, resulting in increased health care utilization, higher medication burden, higher treatment complexity, mortality and cost.

**Aim of the Workshop:** We aim at closing the gap between evidence and practice in the care for multimorbid patients. Our approach goes beyond disease-specific guidelines and strongly focuses on patient needs and context.

**Methods:** Based on available evidence and recent national guidelines on multimorbidity from UK and Germany we present an innovative practical guide for clinicians for the management of their multimorbid patients, using a step by step procedure: 1) list and prioritize complaints and medical conditions of the patient; 2) explore patients' needs, values and aims, taking into account physical function, pain,

emotional health and wellbeing, reduction of treatment burden (including polypharmacy) and prevention of long-term disease outcomes; 3) decide on treatment and plan how to proceed, involving informal caregivers and patients' self-efficacy; 4) coordinate interprofessional care. We will apply this approach with the workshop participants interactively, using case vignettes from general practice, and discuss barriers and enablers from each other's experience.

**Results and Conclusion:** The workshop will provide an applied evidence-based concept of care for multimorbid patients. Interactive discussions of case vignettes will help clinicians to optimize their care for multimorbid patients in a spirit of humanity rather than in a disease-specific perspective, and finally help them to reduce patients' treatment burden.

Conflict of interest

no

## Contribution ID: 117

### Presentation form

Workshop

**WORKSHOP: From dizziness to vertigo: an approach to vertigo in primary care setting.**

### Authors

Sara dos Santos Ferreira<sup>1</sup>, Joana Estrela Reis<sup>1</sup>, Marisa Sousa Reis<sup>1</sup>, Ana Matias<sup>2</sup>, Raquel Almeida d'Eça<sup>1</sup>, Francisco Ferreira e Silva<sup>3</sup>

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<sup>2</sup>*Agroumment of Health Care Centers from Almada-Seixal (Lisbon), Pinhal de Frades Health Care centre, Pinhal de Frades, Portugal*

<sup>3</sup>*Agroumment of Health Care Centers from Almada-Seixal (Lisbon), Amora Saudável Health Care centre, Amora, Portugal*

**Background:** Dizziness is one of the most common and distressing complaints patients bring to family physician. There are four types of dizziness, but the most prevalent one is vertigo which is the illusion of movement of the body or its surroundings. Its prevalence is 4.8-10.5% in general population and a family physician is expected to see 10-20 patients with vertigo per year. It can have central or peripheral causes, and determining it can be challenging.

**Aim of the workshop:** Provide a clear framework for approaching patients who present with vertigo in primary care setting.

**Methods:** The workshop will be divided into a theoretical and a practical part. In the first part we will discuss: (1) which systems are responsible for the control of equilibrium, (2) definition of vertigo and most common causes (3) how to distinguish by the history and physical examination the central and peripheral vertigo, (4) how to treat the main causes of vertigo and (7) the alarming signs to reference to an otolaryngologist. In the practical part we propose a peer education approach through the practice of physical examination maneuvers as well as the Epley maneuver which is the treatment for the benign paroxysmal positional vertigo (BPPV).

**Results and conclusions:** In the end of the workshop all the participants must be able to: distinguish dizziness from vertigo as well as peripheral causes from central

causes through history and physical examination, treat the most common causes and determine the reference criteria to an ear specialist.

Conflict of interest

no

## **Contribution ID: 138**

### **Presentation form**

Workshop

### **WORKSHOP: Do you think you can dance? Developing Resilience with Social Exercise**

#### **Authors**

Cemal Kavasogullari<sup>1)</sup>, Isabella Roiatti<sup>2)</sup>, Hareen De Silva<sup>3)</sup>, Katarzina Nessler<sup>4)</sup>

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

<sup>3)</sup>First5, RCGP, London, United Kingdom

<sup>4)</sup>VDGM, WONCA, Prague, Czech Republic

**Background:** This workshop was piloted at WONCA Europe 2018, Krakow and received fantastic feedback.

Dancing provides an enjoyable way of exercise that can improve people's level of fitness and encourages a more active lifestyle. There is much evidence to support the benefits of dancing including improvements in psychological well-being, increased self-esteem, and anxiety reduction.

**Description:** We propose a 60 minute, simple and fun "Dance Workshop" in Merengue Style, a leader-follower dance with a walk-like basic step to upbeat music. Throughout the workshop, Instructors will talk about health benefits of physical exercise, wellbeing in a professional and social exercise.

Participants do not require a partner, special shoes or clothing. There is no minimum number, but a maximum number of participants should be 40.

**Aims:** To provide participants with:

- a fun session with physical activity to promote wellbeing
- a friendly environment for participants with similar interests to socialise
- information to highlight professional wellbeing and concepts around leadership through dancing

**Target audience:** This workshop is open to all participants of the conference as the proposed dance style is not strenuous or complicated.

**Patient Perspective:** This workshop will allow healthcare professionals to experience a social exercise session. Participants will be encouraged to reflect on the experience allowing them to highlight the benefits to their patients through their own experience.

**Conclusions:** We hope that this workshop will provide participants a pleasant alternative to the class-based sessions and promote wellbeing and opportunity to socialise.

Conflict of interest

no

**Contribution ID: 143**

**Presentation form**

Workshop

**European Primary Care Cardiovascular Society (EPCSS) Symposium 1:  
International Hypertension guidelines – where do they vary and what  
should we agree in primary care?**

**Authors**

Carlos Brotons<sup>1)</sup>, James Sheppard<sup>2)</sup>, Richard Hobbs<sup>3)</sup>, Christos Lionis<sup>4)</sup>

<sup>1)</sup>*Sardenya Primary Healthcare Centre, Barcelona, Spain*

<sup>2)</sup>*Nuffield Department of Primary Care, University of Oxford, Oxford, United Kingdom*

<sup>3)</sup>*University of Oxford, Oxford, United Kingdom*

<sup>4)</sup>*University of Crete, Crete, Greece*

**European Primary Care Cardiovascular Society (EPCSS) Symposium 1:  
Recent updates to the International Hypertension guidelines – where do  
they vary and what should we agree in primary care?**

Is hypertension still important to cardiovascular disease prevention? Why don't the guidelines agree? What has changed in the evidence base? What should GPs do?

**Chairs:** *Professor Christos Lionis, Crete and Professor Richard Hobbs, Oxford*

**Why is hypertension important for vascular risk?**

*Dr Carlos Brotons, Sardenya Primary Healthcare Center, Barcelona*

**What's the evidence, why guidelines differ, and what should the GP do?**

*Professor Richard McManus, University of Oxford*

**Audience debate**

Conflict of interest

no

**Contribution ID: 144**

**Presentation form**

Workshop

**European Primary Care Cardiovascular Society (EPCSS) Symposium 2:  
Diabetes and cardiovascular risk - do the novel anti-diabetes medications  
offer new options and what are the main issues for GPs?**

**Authors**

Richard Hobbs<sup>1)</sup>, Michaela Macháčová<sup>2)</sup>, Samuel Seidu<sup>3)</sup>

<sup>1)</sup>*University of Oxford, Oxford, United Kingdom*

<sup>2)</sup>*University of Bratislava, Bratislava, Slovakia*

<sup>3)</sup>*Centre for Primary Care Diabetes, Leicester, United Kingdom*

**European Primary Care Cardiovascular Society (EPCSS) Symposium 2:  
Diabetes and cardiovascular risk - do the novel anti-diabetes medications  
offer new options and what are the main issues for GPs?**

What is the evidence for diabetes and risk of vascular disease? Can we quantify that risk? Is there evidence for interventions that can modify this risk and, if so, how are these interventions initiated, dosed, and monitored, alongside any adverse effects and contra-indications? There are many recent and new data to guide this symposium.

**Chair:** *Dr Michaela Macháčová, Bratislava and Professor Richard Hobbs, Oxford*

## **What's the evidence that diabetes is linked to CVD?**

*Professor Richard Hobbs, University of Oxford*

## **Update on managing CV risk in diabetes – what's the evidence?**

*Professor Kamlesh Khunti, University of Leicester*

## **Audience debate**

Conflict of interest

no

## **Contribution ID: 157**

### **Presentation form**

Workshop

### **WORKSHOP: Doctor, do I need cholesterol medicine? Making a shared evidence-based decision with the patient**

### **Authors**

Shadia Constantine, Naohiko Kunimoto, Megumi Imamura, Urara Nakagawa  
*Sapporo Primary Center, Tokushukai Corporation, Sapporo, Japan*

Cardiovascular risk varies significantly between Asia-Pacific, American and European populations. Therefore, the decision of prescribing a statin for the primary prevention of CV disease should not be made solely based on risk scores derived from predominately white population. So, how can clinicians and patients around the world can shared the decision of taking a statin for the primary prevention of cardiovascular disease? Could the 2018 AHA/ACC Cholesterol Guidelines apply to non-American population?

The aim of this workshop is to increase the participant's confidence in their ability to practice evidence-based health care (EBHC) and shared-decision making (SDM) when deciding to prescribe a statin to a patient that is at risk of a heart attack or stroke but that still has not have one (primary prevention).

By the end of this workshop, we expect attendants will be able to:

1. Describe the magnitude of CV disease around the world and in different regions of the world.
2. Review the recently published 2018 AHA/ACC Cholesterol Guidelines with emphasis on the primary prevention of CV disease.
3. Demonstrate how to calculate and compare CV risk in different populations.
4. List the benefits, risks, and other considerations of the use of statins for CV disease prevention.
5. Explain to patients CV risk using numerical and pictorial methodologies (Cate's plots)

Conflict of interest

no

## **Contribution ID: 183**

### **Presentation form**

Workshop

## **WORKSHOP: Physical activity counselling and exercise prescription in primary health care**

### **Authors**

Bruno P. Carreira<sup>1)</sup>, Mariana Coimbra<sup>2)</sup>, Rui Fonseca-Pinto<sup>3)</sup>

<sup>1)</sup>*ESSLei, IPEiria, USF Santiago, ACES Pinhal Litoral, Leiria, Portugal*

<sup>2)</sup>*USF Santiago, ACES Pinhal Litoral, Leiria, Portugal*

<sup>3)</sup>*Instituto Politécnico de Leiria – CiTechCare, Leiria, Portugal*

**Background:** Physical inactivity has become a major public health problem. One third of adults worldwide are physically inactive and therefore at increased risk of cardiovascular disease, hypertension, type 2 diabetes, colon and breast cancers and all-cause mortality. Primary healthcare settings are crucial to tackle the current inactivity pandemic through the promotion of physical activity (PA). Therefore, the exercise vital sign (EVS) is one of the most important vital sign clinicians need to assess in primary care today. The benefits of PA on overall health are the focus of this workshop. A comprehensive framework will be presented to help clinicians integrate PA counselling and exercise prescription into their clinical practice.

**Aim of the workshop:** Provide basic skills for PA counseling and exercise prescription to patients, according to their health status.

**Methods:** This workshop will be structured as follow:

1. 1. Introduction
  1. a) Health benefits of regular exercise.
2. 2. EVS assessment in the clinical evaluation of patients.
3. 3. Framework to basic exercise counselling and prescription guidelines:
  1. a) Basic resistance and/or aerobic exercise in healthy patients;
  2. b) Recommendations in chronic conditions.
4. 4. Interactive group-based work to test and adapt the proposed model.

**Results and conclusions:** At the end of the workshop, participants are expected to know the evidence for exercise as medicine in primary care and how to efficiently integrate the EVS into their daily practice. Participants are also expected to be able to provide exercise counseling and prescription for patients to prevent, manage and treat chronic disease.

Conflict of interest

no

### **Contribution ID: 213**

#### **Presentation form**

Workshop

## **WORKSHOP: Why does my back hurt? – evaluation of low back pain in primary care**

### **Authors**

Joana Reis, Marisa Reis, Raquel Eça, Sara Ferreira

*USF Servir Saúde, Corroios, Portugal*

**Background:** Low back pain is a very common health problem and one of the leading causes of disability worldwide, affecting performance at work and quality of life. Identifying the causes of the onset of back pain is challenging as well as

choosing the most appropriate treatment (physical therapy, medication, surgery, exercise) and achieving (adequate) pain relief.

**Aim of the Workshop:** Improve primary care physician's ability to evaluate low back pain, focusing on distinguishing nociceptive from neuropathic aetiologies and identifying the most likely causes based mainly on physical examination.

**Methods:** The workshop will start with a short theoretical presentation of the approach to low back pain, including pain characterization and physical examination, focusing on inspection and palpation, range of motion, provocative tests and neurological exam. Then follows case studies where participants will be divided into groups and each group will discuss a case illustrating a different origin of back pain. The focus of the discussion will be on diagnostic manoeuvres, differential diagnosis and management, namely counselling, behavioural interventions, pharmacological therapy and reference criteria for specialized care.

**Results and Conclusions:** In the end of the workshop the participants must be able to: perform a complete clinical evaluation of low back pain and correctly interpret physical findings on examination in order to establish a diagnosis, identify signs and symptoms of potentially serious pathology ("red flags"), know when to refer to a specialist and how to treat low back pain in the primary care setting.

Conflict of interest

no

## Contribution ID: 242

### Presentation form

Workshop

### WORKSHOP: The role of GPs in community based prevention: experiences with collaboration between GPs, public health and social domain

#### Authors

Ton Drenthen<sup>1,2)</sup>, Roos de Wit<sup>1)</sup>, Karolien Van den Brekel-Dijkstra<sup>2)</sup>

<sup>1)</sup>*Prevention and patient education, Dutch College of GPs, Utrecht, Netherlands*

<sup>2)</sup>*Leidse Rijn, Julius Health Centers, Utrecht, Netherlands*

**Background:** To address the increasing burden of lifestyle related chronic diseases, a combination of personalized preventive care and an integrated community based approach is needed. Health problems and unhealthy lifestyle are often related to the psychosocial background. Therefore, effective collaboration with public health and the social domain is necessary. The Dutch project 'Prevention in the neighborhood 2016-2018' was intended to connect general practice, public health and social domain to increase collaboration (GPs, public health, social domain and local citizens) in 20 local communities in the Netherlands.

**Aim of the workshop:** The aim of this workshop is to present the results and lessons of a Dutch national project. And to discuss international experiences and to learn facilitators and barriers in the collaboration between GP and public health in community based prevention programs in several countries.

**Methods:** In the workshop we will present the experiences with the work sessions, and discuss what is needed to ensure this collaboration in the future..

#### Workshop timetable

1. Opening, welcome, Ton Drenthen (5')

2. Prevention in the neighbourhood: experiences, results, materials. Karolien van den Brekel and Roos de Wit (15')

3. Discussion in Small groups + plenary (30')

4. Results and conclusions: take home messages (10')

**Results and conclusions:** Collaboration between GP and public health in the local community is feasible. The workshop gives insight from international best practices, barriers and success factors of organizing integrated prevention in Europe.

Conflict of interest

no

## Contribution ID: 246

### Presentation form

Workshop

**WORKSHOP: Recreational drugs Escape Room. Skill-building training of the approach to recreational drug's intoxication in the prehospital settings and ED**

### Authors

Elena Klusova Noguina<sup>1)</sup>, Rocío García-Gutierrez Gómez<sup>2)</sup>, Juan María Rodríguez Martínez<sup>3)</sup>, Miriam Rey Seoane<sup>4)</sup>, Guillermo García Martínez<sup>5)</sup>

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<sup>4)</sup>semFYC/VdGM, Barcelona, Spain

<sup>5)</sup>VdGM/semFYC, Albacete, Spain

**Background:** The non-medical drug use and abuse is a serious public health problem, responsible for 2.400.000 life-years lost due to disability and mortality (WHO). An increasing number of cases of life-threatening drug intoxications have shaken the planet in the last 15 years, and the use of psychoactive substances have recently acquired a new dimension owing to atrocity of sexual crimes associated with Drug Facilitated Sexual Assault.

**Aim:** We believe it is imperative that physicians know the symptoms and signs of alarm of these pathologies, to improve early recognition, prevent a consecutive severe neurotoxic damage and to achieve the possibility of patient's survival by providing an early and correct treatment.

**Methods:** We present a skill-building workshop in an entertaining and time-dependent context of a Medical Escape Room with an opportunity to exercise clinical-diagnostic thinking in the scenarios of overdoses by recreational drugs currently more popular and problematic in Europe.

**Results:** Participants can leave the maze of the Escape Room, full of action and science, only after solving the dilemmas of rapid warning-sign's recognition essential to distinguish in intoxicated patient, analysing algorithms of immediate diagnostic orientation based on physiopathological mechanisms of their action, organizing the human team and finally deciding pharmacological and non-pharmacological treatment of the patient.

**Conclusions:** WHO's new strategies of health care programs, primary prevention, and risk reduction of drug-use disorders will require from the GP's it's knowledge, not only to warn promptly about them but to go along with the patient to recovery.

Conflict of interest  
no

## **Contribution ID: 661**

### **Presentation form**

Workshop

### **WORKSHOP: Cancer care by general practitioners**

#### **Authors**

Annette Berendsen<sup>1)</sup>, Daan Brandenburg<sup>1)</sup>, Saskia Accord-Maass<sup>1)</sup>, Geertje Liemburg<sup>1)</sup>, David Weller<sup>2)</sup>

<sup>1)</sup>*Dept of General Practice & Elderly Medicine Care, University Medical Center Groningen, Groningen, Netherlands*

<sup>2)</sup>*Dept of General Practice, University of Edinburgh, Edinburgh, United Kingdom*

**Background:** This workshop is being organised by the WONCA Special Interest Group on Cancer and Palliative Care. With an ageing population, there are growing numbers of patients with cancer. Typically these patients have complex health care needs and a range of co-morbidities. Models of survivorship and palliative care increasingly highlight roles for primary care

**Aim of the Workshop:** To bring delegates up to date with the latest evidence on roles for primary care in survivorship. Areas we will cover in the presentations include:

1. Possible missed opportunities for diagnosis of colorectal cancer in Dutch primary care;
2. Correspondence between primary-and secondary care;
3. Long-term effects among survivors of breast cancer;
4. Follow-up for colorectal and breast cancer: what is effective and what could be substituted to primary care?

**Methods:** The workshop will comprise presentations followed by an interactive panel session. Participants will be encouraged to raise issues from their own clinical practice – and to draw comparisons on approaches to survivorship and palliative care between countries.

**Results and Conclusions:** This is a rapidly changing field, and delegates should come away from the workshop with a greater understanding of contemporary issues in survivorship care

Conflict of interest  
no

## **Contribution ID: 676**

### **Presentation form**

Workshop

## **WORKSHOP: How to start an insulin treatment in type 2 diabetic patients**

### **Authors**

Marcos Baraona, Inês Albano, Carlota Andrade  
*UCSP Lagoa, Lagoa, Portugal*

### Background

Since its first use in 1922, insulin has been a fundamental treatment in all types of diabetic patients. Its low price, high effectiveness and capacity to extend the life expectancy of patients make it one of the most important drugs for use in diabetes. The newest formulations of insulin like glargine insulin, make it safer for to use by type 2 diabetic patients, with lesser risk of hypoglycaemias.

**Aim of the Workshop:** Equip family doctors with the tools to start patients with type 2 diabetes on insulin treatments and to know when and how to initiate insulin therapy for T2DM in a primary care setting.

**Method:** Combination of theory (use of slides to review the basic concepts regarding pharmacological characteristics of the available drugs and factors that influence the choice of a particular type of insulin) and skills based training (use of interactive clinical cases highlighting patient particularities that should be taken into account).

**Results and Conclusions:** Insulin therapy should be considered in specific type 2 diabetic patients. The appropriate choice of insulin regimen, together with directed self-monitoring of blood glucose and a multidisciplinary approach can assist the successful transition to insulin.

At the end of the workshop participants will understand how and when to use the basal or pre-mixed insulin taking in to account the patient and their individual circumstances.

Conflict of interest

no

## **Contribution ID: 701**

### **Presentation form**

Workshop

## **WORKSHOP: Chronic Obstructive Respiratory Disease 2019. Challenges based on new evidence**

### **Authors**

Ioanna Tsiligianni, Jaime Correia de Sousa, Miguel Román Rodríguez  
*IPCRG, Crete, Greece*

**Chronic Obstructive Pulmonary Disease** (COPD) is a common respiratory problem whose prevalence and impact is increasing. It causes increasing morbidity and mortality in all countries of the world and is principally caused by exposure to smoke from cigarette smoking, or, in low and middle income countries, indoor air pollution from residential biomass fuel use. The **International Primary Care Respiratory Group** is a Special Interest Group (SIG) of WONCA Europe and an Organisation is Association with WONCA Global.

**Presenters:** Assist Profess Ioanna Tsiligianni (Greece); Assoc Prof Jaime Correia de Sousa (Portugal); Dr Miguel Román Rodríguez (Spain),

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The Symposium (which will be interactive) will cover

- Diagnosis, including the dilemmas of screening.
- Exacerbations and quality of life: the role for the decision to treat.
- Vaccination in COPD– which, when and how?
- Physical activity and pulmonary rehabilitation in COPD. Experiences gained from the Fresh Air project.
- The value of personalised care.
- Which medication to use and when? Single or combinations?
- Exacerbations – get in early!

The IPCRG has presented internationally for a number of years including in Istanbul (2x), Lisbon, Warsaw, Prague, Vienna, Malaga, Copenhagen, and Krakow. The sessions have been very well received with excellent attendance. All proposed speakers are general practitioners and are well known internationally in primary care circles, especially with reference to respiratory medicine and education in family medicine.

Conflict of interest  
yes

## **Contribution ID: 702**

### **Presentation form**

Workshop

### **WORKSHOP: Basics, barriers and challenges of asthma management**

### **Authors**

Ioanna Tsiligianni, Jaime Correia de Sousa, Miguel Román Rodríguez  
*IPCRG, Crete, Greece*

The Workshop will cover

- Diagnosis and problem identification.
- Mild asthma.
- The difference between unstable, severe, and difficult to manage uncontrolled
- Red flags in management.
- Appropriate inhalers.
- Management
- What is Asthma Right Care

The IPCRG (a special interest group associated with WONCA Europe) has presented internationally for a number of years including in Istanbul (2x), Lisbon, Warsaw, Prague, Vienna, Malaga, Copenhagen, Krakow. The sessions have been very well received with excellent attendance. All proposed speakers are general practitioners and are well known internationally in primary care circles, especially with reference to respiratory medicine and education in family medicine.

Conflict of interest  
yes

## **Contribution ID: 711**

### **Presentation form**

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Workshop

## **WORKSHOP: Studying the four form of prevention in family medicine through an online knowledge base**

### **Authors**

MARC JAMOULLE<sup>1,2)</sup>, Patrick Ouvrard<sup>3)</sup>

<sup>1)</sup>*Cabinet de Médecine Générale de Charleroi, Jumet, Belgium*

<sup>2)</sup>*Département d'Information et d'Informatique Médicale (D2IM), University of Rouen (France), Rouen, France*

<sup>3)</sup>*Département Recherche, Société de Formation et Thérapeutique Généraliste (SFTG), Paris, France*

**Background:** The concepts of prevention in General Practice/ Family Medicine (GP/FM) is different from the main stream use. Participants will be able to understand this difference and to retrieve corresponding publications through a free online available database dedicated to main concepts in GP/FM

**Objective:** to train in the use of Q-Codes on HETOP, a free online multilingual knowledge base, through the exploration of key concepts of family medicine

### **Material:**

- online database of Q-Codes <https://www.hetop.eu/hetop/3CGP>
- Target population ; participants WONCA Bratislava
- Concepts explored: Prevention, its 4 forms and sons of quaternary prevention.
  - **QD4 clinical prevention**
    - QD41 primary prevention
    - QD42 secondary prevention
    - QD43 tertiary prevention
    - QD44 quaternary prevention
      - QD441 overmedicalisation
      - QD442 disease mongering
      - QD443 overinformation
      - QD444 overscreening
      - QD445 overdiagnosis
      - QD446 overtreatment

### **Methods**

- Presentation of the base: 20 '
  - Demonstration of multilinguality, conceptual content and links
- Case study by the participants; 30'
  - 6 cases (abstract, case report, staff report) related to prevention distributed on printed paper in English
  - Each participant searches on his PC to identify the corresponding concepts.
  - Search corresponding bibliography in the online knowledge base
  - Explains his/her choice
- Pooling 20'

**Discussion:** 20 '

Conflict of interest

no

**Contribution ID: 727**

**Presentation form**

Workshop

**Symposium: Cardiology: From EPCCS Consensus Guidance on stroke prevention in atrial fibrillation in primary care to the important cooperation between GP and cardiologist**

**Authors**

Richard Hobbs<sup>1</sup>), Michaela Macháčová<sup>2</sup>), Ján Murín<sup>2</sup>)

<sup>1</sup>)Nuffield department of Primary Care, University of Oxford, Oxford, United Kingdom

<sup>2</sup>)Faculty of Medicine, Comenius University in Bratislava, Bratislava, Slovakia

**Objective:** Atrial fibrillation (AF) is the most frequent arrhythmia in clinical practice. AF contributes to all-cause mortality, heart failure and increases stroke incidence by five-times.

The number of patients with atrial fibrillation is predicted to rise steeply in the coming years. To meet the growing demand for effective care of these patients, new information is continually generated and published reflecting the multidisciplinary input into their management.

**Aim:**

1. The EPCCS consensus guidance on stroke prevention in AF covers topics including how to identify patients with AF, how to assess their stroke risk and whether this can be modified. Also, management options are discussed, with practical guidance on maximising benefit while minimising risk if anticoagulation is recommended.
2. The aim of our study was to obtain data about the prevalence of atrial fibrillation ( AF) and incidences of the most common comorbidities by patients with AF at our office. We assessed the quality of the anticoagulation therapy at AF. We focused on (Point to) risk factors which (they) play important role (to) in the incidence of the atrial fibrillation and we stressed how important is the screening for AF by the patients with risk factors.
3. **prof. Murín**

**The agenda is as follows: What a GP should know about AF, What a cardiologist should do in a patient with AF, Anticoagulation therapy in AF, Anticoagulation therapy in AF when heart failure is also present and Take home message.**

**Method:** First part, a theoretical –the presentation of authors, introduction on the topics. A second part, discussion between authors and auditorium.

**Conclusion:** (Its) Incidence and prevalence of AF increases with age. General practitioners can play an important role in the identification and stratification of stroke risk in AF patients ( which includes management of atrial fibrillation (AF), as this brings about an increased stroke risk.) ( While stroke is a devastating outcome for patients and their families, effective treatment options exist to attenuate the AF-related stroke risk. ) However, many patients' stroke risk is not adequately managed. Immediately initiated and well controlled anticoagulation therapy helps to reduce ( decrease ) thromboembolic complication, especially of stroke.

Conflict of interest

no

## **Contribution ID: 728**

### **Presentation form**

Workshop

### **WORKSHOP: European Primary Care Cardiovascular Society (EPCSS): workshop on the challenges of multi-morbidity in CVD**

### **Authors**

Michaela Macháčová<sup>1)</sup>, Christos Lionis<sup>2)</sup>, Fotini Anastasiou<sup>2)</sup>, Monika Hollander<sup>3)</sup>

<sup>1)</sup>*Faculty of Medicine, Comenius University in Bratislava, Bratislava, Slovakia*

<sup>2)</sup>*University of Crete, RETHYMNON, Crete, Greece*

<sup>3)</sup>*University of Utrecht, Utrecht, Netherlands*

Case-based interactive discussions to illustrate and debate the challenges of multi-morbidity in patients with vascular disease, the world's most common cause of morbidity. The overall aim of this workshop is to discuss the management of CVD in multimorbid patients and highlight issues that present a high interest for primary care physicians, including the management of polypharmacy, the adherence to the therapy, life style changes and the prevention of frailty. The consensus guidance for primary care published by the EPCSS and the Fact Sheets prepared by the WONCA Working Party on Mental Health could be used as main sources of information.

Conflict of interest

no

## **Contribution ID: 785**

### **Presentation form**

Workshop

### **WORKSHOP: Gastroenterology in primary care: State of the art 2019**

### **Authors**

Juan Mendive, Bohumil Seifert, Niek de Wit, jean Murriss, Christos Lionis

*European Society For Primary Care Gastroenterology (ESPCG), London, United Kingdom*

Gastroenterology in primary care: State of the art 2019

Chair: Prof. Dr- Bohumil Seifert, General Practitioner, Prague. Czech Republic.

Introduction by Chair.

1. Gastroesophageal reflux disease.

Dr Juan Mendive.

President

ESPCG. Family Physician. Barcelona.

2. Dyspepsia, peptic ulcer disease and Helicobacter Pylori.

Prof. Dr Niek de Wit, Julius Center, UMC Utrecht, the Netherlands

3. Irritable bowel syndrome.

Prof. Jean Muris.

Department of General Practice, University Medical Center Maastricht, the Netherlands

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4. Food intolerance, allergy, and coeliac disease.  
Prof. Dr Christos Lionis,  
Dept of General Practice, University of Crete, Greece  
Discussion  
Conflict of interest  
no

## **Contribution ID: 787**

### **Presentation form**

Workshop

### **WORKSHOP: Liver Management Problems in Primary Care**

#### **Authors**

Juan Mendive, Jean Murris, Pierluigi Fracasso, Foteini Anastasiou, Niek de Wit  
*European Society For Primary Care Gastroenterology (ESPCG), London, United Kingdom*

Management of liver disease is an increasing challenge for primary care doctors. Different disorders such as infectious hepatitis, alcoholic and non-alcoholic liver disease are a focus for the society to ensure adequate management in different European scenarios. Immigration among European countries is also a recent and relevant factor adding to the need for wider hepatic knowledge.

Chair: Prof. Jean Muris. Department of General Practice, University Medical Center Maastricht, the Netherlands

Introduction by Chair.

1. Dealing with Abnormal Liver Function Test in Primary Care: A Case Report Dr Juan Mendive, ESPCG President and Family Physician, Barcelona.

2. Metabolic Syndrome and Liver: Primary Care Practical Management Dr Pierluigi Fracasso, Italy ESPCG

3. Hepatitis Management in Primary Care: The Hepatitis C Scenario.

Dr Foteini Anastasiou,

Greece ESPCG & Prof. Dr Christos Lionis, Dept of General Practice, University of Crete, Greece

4. Cultural Differences and Hepatic Impairment Across Europe: The Refugees and Other Scenarios Prof Dr Niek De Wit, The Netherlands ESPCG

Discussion

Conflict of interest

no

## **Contribution ID: 885**

### **Presentation form**

Workshop

### **WORKSHOP: Management of multimorbidity in primary care**

#### **Authors**

Ioanna Tsiligianni<sup>1</sup>, Miguel Roman-Rodriguez<sup>1</sup>, Jaime Correia de Sousa<sup>1</sup>, Dermot Ryan<sup>2</sup>, Pinar Topsever<sup>3</sup>, Richard Hobbs<sup>4</sup>, Juan Mendive<sup>5</sup>, Theo Verheij<sup>6</sup>

<sup>1</sup>IPCRG, Crete, Greece

<sup>2)</sup>Primary Care Allergy Interest Group - PCAIG, Dublin, Ireland

<sup>3)</sup>Primary Care Diabetes Europe - PCDE, Ankara, Turkey

<sup>4)</sup>European Primary Care Cardiology Society - EPCCS, London, United Kingdom

<sup>5)</sup>European Society Primary Care Gastroenterology - ESPCG, Madrid, Spain

<sup>6)</sup>General Practice Infectious Diseases - GRIN, Amsterdam, Netherlands

This will be a symposium on the important issue of multimorbidity management in primary care. For the first time SIG members will collaborate in discussing basic issues of multimorbidity and provide their input from their specialised point of view. SIG members that will collaborate and present are the EPCCS, ESPCG, GRIN, IPCRG, PCAIG, PCDE.

This symposium will focus on the fact that multimorbidity is a common problem for primary care requiring specific skills for effective management. It will cover basic issues; the definition and epidemiology of multimorbidity (in PC), the prevention and management, how to measure, horizontal and vertical integration of care, conflicts of management by the use of index disease guidelines, the need for a comprehensive-patient centred approach, polypharmacy and deprescribing. Case vignettes will be presented in an attempt to highlight collaboration and basic principles of managing complexity (eg a case will be presented from each or combined groups trying to cover some outstanding topics).

Conflict of interest

yes

## **Contribution ID: 1219**

### **Presentation form**

Workshop

### **WORKSHOP: Keeping patients safe by avoiding harm from medical over intervention and harm from under intervention**

#### **Authors**

Andrée Rochfort<sup>1)</sup>, Isabelle Dupie<sup>2)</sup>

<sup>1)</sup>Quality Improvement and Doctors Health, Irish College of General Practitioners, Dublin, Ireland

<sup>2)</sup>Patient Safety, STFG Formation Recherche, Paris, France

**Background:** In the health system, the doctor has many responsibilities: for making an accurate diagnosis, to act as gatekeepers for tests, treatments and referral into the hospital system. They are coordinators of multimorbidity and longitudinal care over each patients' lifetime. Doctors must respond to patients problems, patient expectations and anxieties in a safe manner and make efforts to avoid unnecessary harms of action or inaction.

The complexity of medical practice, especially family medicine is escalating rapidly with an increasing number of diagnostic options and treatment options. The family physician has a crucial role in deciding the scope of medical intervention for each individual patient, both for patients who remain in primary care and for patients prior to and after hospitalisation.

**Aim:** This workshop aims to generate discussion and create consensus recommendations for managing harms from medical overintervention, and harms from underuse of helpful interventions in family medicine.

**Methods:** The interactive workshop begins with a presentation on harms from overmedicalisation, overinvestigation, overprescribing, overtesting and overdiagnosis, as well as harms from undetection, undertreatment, underinvestigation, delayed diagnosis, missed diagnosis and screening.

Participants will then be given clinical cases for discussion in small groups, learning and sharing perspectives on clinical management from different European health systems and cultures.

**Results and Conclusion:** Feedback from the small groups will contribute to an open floor discussion on the concepts of managing uncertainty in clinical care, managing patient safety and health anxiety and address doctors fear of receiving complaints. EQuIP will report on the conclusions.

Conflict of interest

no

## Contribution ID: 1229

### Presentation form

Workshop

### WORKSHOP: Initiating insuline therapy in primary care: a practical approach ( PCDE WS)

#### Authors

Pinar Topsever, Samuel Seidu

*PCDE (Primary Care Diabetes Europe), Ekeren Antwerp, Belgium*

**Aims:** Insulin therapy is a difficult point in the treatment of Type 2 diabetes for patients and health professionals. However, insulin therapy is often necessary because T2DM people live longer and hence are in need for more advanced and complex treatment plans. Although, there are many algorithms regarding hyperglycaemia treatment schemes like the European Association for the Study of Diabetes (EASD), the American Diabetes Association (ADA), the National Institute of Clinical Excellence (NICE) including insulin algorithms based on the best evidence available, all algorithms largely agree to recommend when and how to start with an Insulin regimen.

**Design and method:** This is a 2 hours workshop that through a case discussion would like to introduce the most common difficulties when considering Insulin as a therapy option. The idea is to answer practice based questions regarding insulin therapy following a pedagogical model focused on clinical situations. How to recognize patients who

need insulin (at diagnosis of type 2 diabetes, as a stepwise approach with worsening glucose control, and during an acute process). What kind of insulin molecules do we have available on the market? What are their differences and how to use them? What is the best and easiest way possible to start insulin therapy in primary care?

**Results:** After this workshop the attendees will : know the indications for initiation of insulin therapy (who?); know how to initiate insulin therapy (how? Initial dose, titration, etc.); know how to follow up a patient on insulin (glycaemic target values,

combination with other hypoglycaemic therapy options, side effects: hypoglycaemia, weight gain etc.); know red flags for referral (emergencies).

Conflict of interest

no

## **Contribution ID: 1241**

### **Presentation form**

Workshop

**WORKSHOP: Treatment with injectables is easier than you think: how to communicate with reluctant patients**

### **Authors**

Pinar Topsever, Sam Seidu

*PCDE (Primary Care Diabetes Europe), Ekeren Antwerp, Belgium*

**Introduction and aim:** Health is determined by exposure to multiple risk, the modifiable ones can be avoided by healthy lifestyle and adherence to therapy. Health behaviour change is a complex issue, for patients, as well as healthcare professionals. Patients with chronic diseases like Diabetes Mellitus sometimes perceive therapy as complex and adaptation burdensome which, in turn, results in low adherence to therapy. This workshop (WS) aims to review and practice communications skills for effective behavioural interventions in primary care to motivate and empower reluctant patients to initiate and adhere to injectable therapies.

**Design and methods:** In this interactive 90 minute WS participants will review together with the facilitators patient-centred clinical communication techniques, especially focussing on microskills to initiate behaviour change by evoking the patient's intrinsic motivation. The WS will be run in small groups (maximum 35 participants) with 2 or 3 facilitators. The program will begin with a presentation on motivational interviewing techniques and will continue with discussion of and reflection on videos of patient-physician consultations portraying different motivational interview scenes.

**Results:** After having attended this WS participants will be able to describe the stages of change (according to the "Transtheoretical Model"), explain the relationship among ambivalence, readiness to change, and motivation, define motivational interviewing and explain the technique, demonstrate awareness of micro skills to initiate behaviour change.

Conflict of interest

no

## **Contribution ID: 1242**

### **Presentation form**

Workshop

**WORKSHOP: The ALICE trial: a pragmatic study in 15 European countries**

### **Authors**

Theo Verheij<sup>1)</sup>, Alike van der Velden<sup>1)</sup>, Christopher butler<sup>2)</sup>

<sup>1)</sup>*Julius Center, UMC Utrecht, Utrecht, Netherlands*

*<sup>2)</sup>Department of Primary Care, Oxford University, Oxford, United Kingdom*

The ALICE study was part of a larger multi-disciplinary EU funded study on pandemics, called PREPARE. Aim of the open randomised clinical trial ALICE was to assess the (cost)-effectiveness of oseltamivir for patients with flu-like illness in primary care. Antivirals are rarely prescribed in primary care in many countries for influenza-like-illness, partly because effectiveness overall, and particularly in subgroups has been insufficiently quantified in publicly funded, pragmatic trials in real world settings.

In this workshop we will address the following topics:

How we set up a 15 country networks of primary care practices in order to do a large pragmatic trial: requirements, logistics, problems encountered.

We will discuss advantages and disadvantages of doing an open trial versus a blinded placebo-controlled trial

We will present some results of the ALICE trial: we randomised 3266 participants (children, adults and elderly), and ascertained the primary outcome for 3059 (93.7%); 1590 (52.0%) had confirmed influenza infection. We will present results on microbiology and on effects of oseltamivir in trial participants.

Finally we will present some future perspectives of our primary care network.

Participants will be informed on recent results of this large trial, but also have the opportunity to discuss issues related to doing international study projects.

Conflict of interest

no

## **Contribution ID: 1243**

### **Presentation form**

Workshop

**WORKSHOP: Allergy Hot topics / EAACI Special Interest Group Session / Covering all you need to know about allergy prevention, educational needs, integrated care models, immunotherapy, anaphylaxis, and how and when to use adrenaline devices**

### **Authors**

Elizabeth Angier

*Faculty of Medicine, University of Southampton, Southampton, United Kingdom*

**Background:** The incidence of allergy is increasing across Europe. 1 in 1333 of the population will have anaphylaxis over their lifetime. Whilst the number of anaphylaxis fatalities in the UK remains stable the incidence of anaphylaxis is rising.

**Aim of workshop:** Aim to understand the background and possible causes of allergy and to understand the latest advice on allergy prevention and weaning guidelines that is relevant to primary care.

To consider educational needs and how to take an allergy history, prescribing and use of adrenaline.

To understand the indications for immunotherapy.

Guidelines and studies discussed will include those from European Allergy Academy, British Society Allergy and USA guidelines

## Learning objectives

To be able to take an allergy history and advise on weaning

To be able to demonstrate how and when to use an adrenaline device

To know when to refer for specialist advice and for immunotherapy

**Methods:** Lecture and interactive demonstration of trainer adrenaline devices with case histories.

Case histories and link to guidelines for understanding weaning, guidelines, immunotherapy

**Results/ conclusions:** The incidence of allergy is rising across Europe and a good knowledge and understanding of risk assessment and treatment and referral is required in primary care for integrated care delivery. This workshop looks at some of the hot topics in allergy including practical advice on guidelines from the UK and across Europe and USA on weaning, immunotherapy, with a look at educational needs, competencies and how to take an allergy history.

Conflict of interest

no

## Contribution ID: 5

### Presentation form

Oral Communication

**INR and vitamin K antagonists management by general practitioners in Basse-Normandie (France).**

### Authors

Xavier HUMBERT, Loïc Druilhe

*General medicine, University of Caen Normandy, Caen, France*

**Introduction/Aim:** Vitamin K antagonists (VKA) therapy is a common strategy in patients with atrial fibrillation and thromboembolic events (TE). However, their therapeutic range is narrow, the minor International Normalized Ratio (INR) fluctuations monitoring is not codified in the guidelines and few algorithms are available. The aim of our study was to make an assessment of the knowledge and the VKA management of general practitioners (GPs).

**Materials and Methods:** A questionnaire was sent by mailing to 542 GPs in Basse-Normandie (France) in February 2018. It contains two clinical vignettes (stable INR with atrial fibrillation and unstable INR with TE) and general questions about anticoagulation management.

**Results:** We received 125 responses (response rate: 23%). In stable INR vignette, GPs would prescribe the next INR measurement at 3,8 weeks, changed the dose of the fluindione if the INR goes below 1,9 or above 3,2. They tended to estimate the annual risk of stroke at 5% with fluindione, 25% without fluindione and the mean time in therapeutic range at 84,1%.

If the INR was unexpectedly overdosed at 4,4, 75,2% of the GPs would omit the next dose, 12% would make a new INR measurement the next day, and a dose reduction of 27%.

73,6% of the GPs used only their clinical experience for the VKA monitoring. Fluindione was the most used of the VKA while they considered warfarine as the most effective VKA.

**Conclusion:** Although the new anticoagulation drugs prescription increase, improving the VKA management should be important in primary care.

Conflict of interest

no

## **Contribution ID: 14**

### **Presentation form**

Oral Communication

### **Spirometry made easy**

### **Authors**

Miguel Roman-Rodriguez

*IPCRG / semFYC, Palma, Spain*

This workshop has been presented internationally being very well received and with excellent attendance in Wonca Europe previous Conferences for the last years including Malaga, Vienna, Copenhagen, Istanbul, Lisbon, Warsaw, Prague and Krakow. The proposed speakers are general practitioners working in Spain and responsible for primary care spirometry guidance and guidelines for the Spanish primary care society (semFYC) and also part of IPCRG a WESIG for Wonca Europe. The sessions have been during the previous Conferences.

The workshop aims to introduce attenders to a clear and practical exposition of spirometry technics and interpretation in clinical practice. The same attenders will perform real spirometry during the workshop and they will be able to deal with a number of different difficulty examples to get a real spirometry experience.

After the workshop we assure that interpretation of spirometry gets no trouble or mystery for the attenders and they will feel comfortable to deal with it when back home to busy practices. Methodologically checked over years with more than 100 workshops being delivered by the speakers all over Spain. We will also give the attenders some printed quick interpretation guides available from IPCRG that will help them to get more confident with this technique.

Conflict of interest

no

## **Contribution ID: 24**

### **Presentation form**

Oral Communication

### **Home-based calf raise exercise increases walking ability in patients with intermittent claudication**

### **Authors**

Michel van Schaardenburgh<sup>1,2)</sup>, Martin Wohlwend<sup>3)</sup>, Øivind Rognmo<sup>3)</sup>, Erney Mattsson<sup>3,4)</sup>

<sup>1)</sup>*Nidaros, general practice, Trondheim, Norway*

<sup>2)</sup>*Dept. of Clinical and Molecular Medicine, Norwegian University of Science and Technology, Trondheim, Norway*

<sup>3)</sup>*Dept. of Circulation and Medical Imaging, Norwegian University of Science and Technology, Trondheim, Norway*

<sup>4)</sup>Department of Surgery, St Olavs Hospital, Trondheim, Norway

**Introduction/Aim:** 40 million individuals in Europe are affected by peripheral arterial disease. Among patients with peripheral arterial disease symptoms of intermittent claudication in the calf muscle are most common. Symptoms improve by exercise. We therefore focused on a calf raise exercise. We hypothesized that calf raise exercise would increase walking distance.

**Materials and Methods:** A prospective clinical trial was conducted with patients with intermittent claudication randomized to a control group (n=15) or a calf raise exercise group (n=14). The control group was instructed to walk near the pain threshold, at least for 30 minutes, three times a week. The exercise group was instructed to perform "Five Plus" exercise, three times a day. "Five Plus" exercise consists of one bout of continuous calf raises followed by five extra repetitions after initiation of pain. All participants were tested at baseline and after 8 weeks. Pain free and maximal walking distance were measured using the 6-minute walking test. Paired t-test was used for statistical analysis. Statistical significance was indicated by a value of  $p < 0.05$ .

**Results:** 8 weeks of "Five Plus" training improved pain free walking distance by 44 meters (95%CI -4 to 92,  $p=0.035$ ) and maximal walking distance by 99 meters (95%CI -19 to 217,  $p=0.047$ ), while the control group did not show significant improvements.

**Conclusions:** 8 weeks of home-based "Five Plus" training improves pain free and maximal walking distance. "Five Plus" training might be a new conservative approach to intermittent claudication in general practice.

Conflict of interest  
no

## Contribution ID: 26

### Presentation form

Oral Communication

### Our primary care sweetest diabetic patients – characteristics and points of concern

#### Authors

Heinrich Ilan<sup>1,2)</sup>

<sup>1)</sup>TECHNION SCHOOL OF MEDICINE, HAIFA, Israel

<sup>2)</sup>FAMILY MEDICINE, CLALIT HEALTH SERVICES Haifa, HAIFA, Israel

**Objectives:** A major issue in diabetes management focuses upon supervising patients' drug treatment and achieving desired HBA1C, blood pressure and LDL levels. Small but important group consistently fail to balance their HBA1C properly, feeling (along with physicians) rather frustrated. Analyzing medical approach, patients' psychosocial patterns may give a key towards better Diabetes control.

**Methods+Results:** 67 Diabetic type II patients with HBA1C > 10% aged 45-82 were surveyed. 61 attended scheduled appointments. Mean Diabetes duration 5.6Y with mean polypharmacy 6.6 items. Patients were screened by our practice physicians concerning drug compliance, beliefs and approaches toward conventional and

alternative medicine, life style behaviors, exposure to relevant information concerning Diabetes Mellitus and their interpretation of their practitioner present role in daily confrontation with the disease.

Most relevant withdrawals to "proper behavior compliance" were: Exposure to probable medication side effects in the Media (not self experienced), preferring natural options - OTC herbal products, inability to maintain desired diet, "loosing motivation" after years of combat and impression that the family physician is somehow indifferent with the situation.

Drug compliance difficulties, apathy to disease undesired sequels, unwillingness to exercise and financial abilities to purchase medications ranked lower. Reassurance and planning a new treatment contract with a meaningful caregiver may be a helpful solution."

**Conclusions:** Practitioners should not lose hope upon their stubborn Diabetic patients. Revised appreciation and renewal of patients' and physicians' mutual expectations and acquaintance may revive the struggle against Diabetes beneficially.

Conflict of interest  
no

## **Contribution ID: 59**

### **Presentation form**

Oral Communication

### **De-intensification of blood glucose lowering medication in people with type 2 diabetes identified as being over-treated: a mixed methods study**

#### **Authors**

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**Introduction;** we previously demonstrated that older patients with type 2 diabetes mellitus (T2DM) from a primary care population were often overtreated. In 2018 we notified the caregivers of possible overtreatment of these older patients with T2DM.

**Aim:** to evaluate if, one year after this notification, care providers de-intensified glucose lowering medications and to gain insight into the opinions and beliefs of both care providers and patients regarding de-intensification.

**Methods:** Mixed methods using routine care data from five academic general practices (n=41.502, T2DM n=1.002) in the Netherlands. Patient characteristics and medication prescription of older patients (aged > 70 years, n=319), previously identified as possibly over-treated (n=64 [20%]), were extracted from patients' medical records. Opinions of care providers were obtained through interviews. Patients received questionnaires about their diabetes treatment and were asked to participate in focus groups.

**Results:** 64 elderly possibly overtreated T2DM patients were included; 57.8% male, median age 75 years (IQR72-82) and median diabetes duration 12 years (IQR8-18).

De-intensification glucose-lowering medication (like sulfonylureas or insulin) was implemented in 36 patients (56.3%). Care providers preferred individualised goals above guideline recommended HbA1c target values, taking into account patient characteristics (e.g. comorbidity) and patient's preference. Patients value glucose levels as most important for determining their treatment goals. Both patients and care providers felt that de-intensification should be implemented gradually.

**Conclusion:** Glucose-lowering treatment had been de-intensified in more than half of patients. 'Person-centred care' is considered central in the treatment of elderly T2DM patients. De-intensification is experienced as an iterative and time-intensive process.

Conflict of interest

no

## Contribution ID: 101

### Presentation form

Oral Communication

### Adherence with chronic use of oral anticoagulation among patients in two dispensing practices in the Netherlands: a comparison with Direct-Acting Oral Anticoagulants (DOACs) and vitamin K antagonists (VKAs)

#### Authors

Freek Stijntjes<sup>1)</sup>, Brian Bosch<sup>2)</sup>

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**Introduction / Aim:** Since the introduction of DOACs, the ease of use of anticoagulants has improved compared to that of VKA. Some experts have concerns about patient adherence with these new drugs. We calculated the adherence with DOACs in two dispensing practices in the Netherlands, compared to adherence with VKAs.

**Materials and Methods:** Over 5,2 years, prescription data from 4488 patients was collected from 2 dispensing practices. DOAC prescriptions for more than 35 days were investigated. Adherence was calculated using the PDC-ratio (proportion of days covered).

**Results:** The number of DOAC users increased from 0.04% (n = 2) to 1.2% (n = 54) in the study period. Patient age was 74 years (median). Number of VKA users was stable 2,5%. Adherence with DOACs was calculated: 94,4% of patients had PDC-ratio <sup>3</sup>80%. In comparison: Adherence with VKAs is reported 65-75%. In this study, the number of patients with low adherence (PDC-ratio <80%) was too small (n = 3) for factor analysis.

**Conclusions:** The use of DOACs is growing very rapidly, while use of VKA is slightly decreasing. Adherence with DOACs in two dispensing practices was higher than previously reported and also better than the adherence with VKAs. Concerns about inadequate adherence to this new group of anticoagulant medications seems unfounded.

Conflict of interest

no

## **Contribution ID: 104**

### **Presentation form**

Oral Communication

### **How can we best manage disadvantaged marginalised young people in a primary care setting to optimise their health and future**

### **Authors**

Trina Gregory, Anthony Egeland

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We are a youth health service that sees marginalised and disadvantaged young patient 12-25 and their children in Canberra. We have a diverse funding model We see all patient without prejudice or judgement and provide a safe place for them Our service consists of an accredited general practice, working together with a youth service providing basic needs such as food ,showers and clothing. Our patients are marginalised from main stream society for many different reasons, including but not limited to mental health issues, dysfunctional families, domestic violence and abuse, drug and alcohol issues ,refugee status ,religious beliefs ,homelessness, gender or sexual orientation. We try to deliver gold standard primary care, following current guidelines , in a non confrontational youth friendly way.

Our patient don't fit into our established mainstream systems of health care, and are unable to access the care they need from other sources. Our service is cost neutral to the patients we try to optimise their health and future and break the cycle of marginalisation and disadvantage.

This is both challenging and rewarding work for our staff, and incredibly important work for our young people ,our society and our future. We do the best we can but we need to do better. Is there an optimal model? How do we best deliver gold standard primary care in this setting while maintaining engagement of our patients?

Conflict of interest

no

## **Contribution ID: 119**

### **Presentation form**

Oral Communication

### **Venous thromboembolism – one of the travel hazard**

### **Authors**

Katarina Dostalova<sup>1)</sup>, Lucia Kukuckova<sup>2)</sup>, Eva Horvathova<sup>1)</sup>, Stefania Moricova<sup>1)</sup>, Peter Simko<sup>1)</sup>

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Since the fifties of the last century, it is known that passengers are at higher risk of venous thromboembolism(VTE) when they remain seated and immobile more than four hours. This was confirmed by project WRIGHT(WHO Research into Global Hazards of Travel). The risk also increases significantly in the presence of other known risk factors of VTE(obesity, extremes of height, use of oral contraceptives and

prothrombotic blood abnormalities). The absolute risk of VTE per more than four-hour flight, in a cohort of healthy individuals was 1 in 6 000.

We analysed VTE risk factors in 219 patients who have had VTE. All patients are followed at Outpatient Department of Angiology (100 men (45.7%), 119 women (54.3%)). Mean age was 59.43 (standard deviation 16.96) with age range 21-90 years.

6.4% of patients developed VTE regarding to travelling. 4.4% of young adults (21-45 years) and 4.5% of elderly (66-90 years), difference is not statistically significant (p=0.426).

**Conclusion:** The incidence of VTE associated with travel was almost the same in young adults as in the elderly. Elderly people are well aware of the risks of travel; therefore they try to get as much information as possible before the trip. Based on our knowledge and experience, we engaged in community-based education on thrombosis of travellers. We have developed cooperation with seniors' clubs, where active elderly people meet who. The 4 lectures were attended by 430 seniors and we believe that the knowledge gained there is spreading among their relatives, friends and acquaintances.

Conflict of interest

no

## **Contribution ID: 139**

### **Presentation form**

Oral Communication

### **Evidence-based protocol for assessment of risk of dependency after stroke: a challenge for health and social care planning**

#### **Authors**

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**Introduction/Aim:** After a stroke families require the coordinated assistance of health and social care. There is a lack of comprehensive evaluation and assessment tools to identify discharge needs and there is separate management of the health and social resources. The main objective was to assess the factors associated with risk of future dependency after stroke and propose a suitable instrument for identifying patients at higher risk for needing formal care from health and/or social providers and avoid delays in achieving formal care services.

**Materials and Methods:** This was a 2-year prospective and community study of a stroke cohort. The primary outcome was recognized dependency. The potential predictors were considered in a multivariate regression, and receiver operating characteristic (ROC) curves were used to predict dependency.

**Results:** 233 stroke survivors were recruited, 49.8% of whom were women. The total rate of dependency was 31.5 (95% CI 26.1-37.7) cases/100 person-year, but 30.4% became dependent prior to the stroke. The independent factors associated with dependency outcome were: age >80 years (HR 2.03, 95% CI 1.32–3.12,  $p=0.001$ ), Pfeiffer score  $\geq 4$  (HR 1.82, 95% CI 1.25–1.2.66,  $p=0.002$ ), Barthel score <60 (HR 1.79, 95% CI 1.21-2.66,  $p=0.003$ ), and Charlson score  $\geq 3$  (HR 1.49, 95% CI 1.02-2.16,  $p=0.039$ ). The AUC was 0.84 (95% IC 0.79-0.89;  $p < 0.001$ ).

**Conclusions:** The use of alarm conditions could bring considerable time savings and ease the burden for the application to Dependency Law by supporting the integrated role of social and health services after a stroke.

Conflict of interest

no

## Contribution ID: 146

### Presentation form

Oral Communication

### Facilitators and barriers in the diagnostic process of recurrent vulvovaginal complaints in general practice: a qualitative study

#### Authors

Peter Leusink

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**Introduction:** The gap between the relatively high prevalence of provoked vulvodynia (PVD) in the general population and the low incidence in primary care can partly be explained by physicians' lack of knowledge about the assessment and management of PVD.

**Aim:** To recognize barriers and facilitators of GPs in the diagnostic process of women presenting with recurrent vulvovaginal complaints.

**Method:** A qualitative focus group study in 17 Dutch GPs, five men and 12 women. An interview guide, based on the scientific literature and the expertise of the researchers, including a vignette of a patient, was used to direct the discussion between the GPs. The interviews were audiotaped and transcribed verbatim. A systematic text analysis of the transcripts was performed after data saturation was reached.

**Results:** Analysis of the interviews generated three major themes: Identifying and discussing sexual complaints, the importance of gender in professional experience, and coping with professional uncertainty. Within these themes, the reluctance regarding sexual complaints, male gender, negative emotional responses when faced with professional uncertainty, as well as lack of education were barriers to the diagnostic process and management of PVD. Female gender and understanding that patients can profit from enquiring about sexual health issues were found to be facilitating factors.

**Conclusions:** To improve the care for women with PVD, attitude and skills of GPs regarding taking a sexual history and performing a vulvovaginal examination should be addressed, as well as GPs' coping strategies regarding their professional uncertainty.

Conflict of interest  
no

## **Contribution ID: 184**

### **Presentation form**

Oral Communication

### **Undiagnosed bipolar disorder in patients treated for major depression in primary care**

#### **Authors**

Jonathan Silva

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**Introduction/Aim:** Early identification of Bipolar Disorder (BD), particularly in the depressive phase, can be challenging. As a result BD is frequently misdiagnosed as unipolar major depression disorder and may receive inappropriate treatment. Thus, early diagnosis is of crucial importance. The aim of this work is to review the most recent information about early recognition of BD in primary care.

**Materials and Methods:** Review of the literature published in the PubMed database, in the last 10 years, using the Mesh terms "bipolar disorder", "major depressive disorder", "misdiagnosis", "primary care" and "screening".

**Results:** Delay in diagnosis leads to a more severe form of BD. There are several demographic and clinical characteristics that are more commonly observed in bipolar disorder compared with unipolar depression which should be considered in order to early recognise BD. Another strategy for improving diagnosis, may be the use of screening instruments. Several psychometric instruments have been developed to screen for BD. Hypomania Checklist-32 (HCL-32) is one of such instruments, designed to screen for hypomania symptoms in patients with major depressive disorder.

**Conclusion:** Evidence presented from the literature has shown that there are available screening tools for BD with reliable psychometric properties that may be useful in the primary care setting. While screening tools are not a replacement for diagnosis of a mental illness by a trained professional, they are helpful in assisting primary care practitioners in early recognition. Integrating such screening tools with careful characterization of longitudinal course may provide the best strategy for diagnosis.

Conflict of interest  
no

## **Contribution ID: 191**

### **Presentation form**

Oral Communication

### **Physician suicide - what's wrong with us**

#### **Authors**

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<sup>2)</sup>*USF Albufeira, ARS Algarve/ACEs central, Portugal, Albufeira, Portugal*

**Introduction:** Medicine has the highest rate of suicide of any profession. Doctors are twice as likely to kill themselves as members of the general public. About 1 in 10 medical trainees report recent suicidal thoughts. We believe this is an important issue and our aim is to identify risk factors and contribute for its prevention.

**Methods:** We research for all types of studies with full text free access, published in the last ten years in PubMed, DARE and other specific sites of international societies, with the terms MeSH "mental disease" and "suicide" and "doctors". To rate the quality of studies we used the Strength Recommendation Taxonomy Scale (SORT) from the American Academy of Family Physicians. We selected 8 articles.

**Results:** Mental illness is a major factor in physician suicide, but only a few will seek help. Depression is the most common diagnosis. Doctors who had received a complaint of any kind were found to be 77% more likely to suffer from moderate to severe depression. Dissatisfaction with work and difficulties in balancing between work and family are important determinants of burnout. Self treatment is very common.

**Conclusions:** Physician suicide is an important public health problem as the rate of suicide is higher than the general population. We need better strategies to identify pre-suicidal physicians in order to provide supportive and confidential health care. We have to mobilize to decrease the stigmatization of mental health problems.

Conflict of interest

no

## **Contribution ID: 212**

### **Presentation form**

Oral Communication

### **"A doctor with benefit": The actual state of psychosomatic care in Czech general practice**

#### **Authors**

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**Keywords:** Psychosomatic care; Czech general practice; case presentation; guidelines; bio-psycho-social

**Background:** Psychosomatic care in Czech general practice in the year 2019 can be compared to the onset of microscopy in the field of medical diagnostics. The first thorough guideline on psychosomatic disorders and medically unexplained symptoms in general practice was published in 2015. Furthermore, psychosomatic medicine has been approved as a new sub-specialization. More and more family doctors are undergoing the additional training and exam to become GPs with an additional specialization in psychosomatic medicine. However, the practice still differs significantly across health centres and physicians themselves. Moreover, extra time spent with a patient to provide psychosomatic care is still not reimbursed by public insurance. Fortunately, significant changes to the field are expected in the coming months to years.

**Aim and Methods:** The author will present a case from his own practice as an example of psychosomatic care in Czech general practice. In the next parts of the

presentation, the actual state of psychosomatic medicine in the Czech Republic will be discussed.

**Conclusions:** It is challenging for a physician to provide proper holistic (bio-psycho-social) care to patients within the constraints of limited time, and without being appropriately financially rewarded. However, it can be very exciting and, in the end, rewarding to find one's own ways to become "a doctor with benefit" for patients. Sharing this experience can be inspiring and motivating for colleagues from all over the world.

**Disclosure:** No conflict of interest declared  
Conflict of interest  
no

## Contribution ID: 219

### Presentation form

Oral Communication

**Mass casualty incidents - time to engage. Role of Family Doctor in a comprehensive approach to a catastrophe.**

### Authors

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**Background:** Mass casualty incidents (MCI) seem to test medical systems worldwide and are important and relevant today more than ever. The local emergency rescue services, both personnel and equipment, happen to be overwhelmed by the number and severity of casualties in a very short period of time, either for terrorism, mass-transport accidents or natural disasters, still many institutions around the world are not prepared. Although the setup is different in every country and institution, the basic remains the same and can be taught universally.

**Aim of the Workshop:** With this workshop we want to analyse the multifaceted role of a Family Physician in an integral approach to a catastrophe and train the wide range of its possibilities of intervention, which can begin with the recognition and declaration of the MCI, triage, coordination of transport, acute or definitive medical treatment as well as physical and emotional consequences after the catastrophe.

**Methods:** After a brief definition of the concept and severity scoring systems of the MCI according to the ITLS and WSES guidelines, we will organize team-works for triage training, involving complex ethical dilemmas and a practice of Sanitary Logistics on mock-up, ending with a role-playing and a critical analysis, assessing team intervention.

**Results and Conclusions:** We believe that primary care teams play a key role in approaching MCIs in their acute phase and in the sequels stage. International need around the world creates an opportunity to organize MCI management trainings and on-site preparedness drills and we want to share this initiative.

Conflict of interest

no

## Contribution ID: 229

### Presentation form

Oral Communication

### The relationship between body weight and health-related quality of life among Korean cancer survivors

#### Authors

Na Lee Park, Jung Ah Lee

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**Introduction/Aim:** Although it is well established that body weight has an effect on quality of life (QoL), this has rarely been evaluated in cancer survivors.

**Materials and Methods:** We enrolled 710 subjects with a previous cancer history from the 6<sup>th</sup> Korea National Health and Nutrition Examination Survey. QoL was measured using the Euro Quality of Life-5 Dimensions questionnaire, which evaluated 5 domains that included mobility problems, self-care, usual activity, pain/discomfort, and depression/anxiety. Body mass index (BMI) was classified into 4 groups as follows: <18.5kg/m<sup>2</sup>, 18.5-22.9kg/m<sup>2</sup> as a reference value, 23.0-24.9kg/m<sup>2</sup>, and ≥ 25.0kg/m<sup>2</sup>.

**Results:** A low EQ-5D score was associated with both underweight (OR 2.32, 95% CI 1.04-5.16) and overweight (OR 1.79, 95% CI 1.12-2.87). Mobility problems were associated with a higher BMI (OR 2.22, 95% CI 1.19-4.16 in BMI 23.0-24.9kg/m<sup>2</sup> group, OR 2.68, 95% CI 1.48-4.85 in BMI 24kg/m<sup>2</sup> group). A higher level of anxiety/depression showed a relationship with underweight (OR 2.69, 95% CI 1.13-6.37).

**Conclusion:** Both overweight and underweight are associated with a low QoL among cancer survivors. Mobility problems are associated with a higher BMI whereas anxiety and depression are related to underweight. An appropriate body weight is therefore an important QoL consideration in cancer survivors.

Conflict of interest

no

## Contribution ID: 235

### Presentation form

Oral Communication

### More patient gender-based differences in high blood pressure management among male general practitioners

#### Authors

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**Introduction/Aim:** Our objective was to analyze general practitioner (GP) high blood pressure (HBP) management in terms of procedure while considering the gender of both the GP and the patient.

**Materials and Methods:** Fifty-nine randomly recruited GPs from the Paris metropolitan area enrolled every patient aged 25–79 years taking an anti-hypertensive medication and seen during a two-week period. Dependent variables were the presence in the patients' files of information necessary to manage hypertension: weight, height, alcohol consumption, lifestyle habits, physical activity, electrocardiograph, serum creatinine and cardiovascular risk factors assessment. Analyses used mixed logistic models with a random intercept and adjusted for patient and physician characteristics.

**Results:** Information necessary to manage hypertension were more frequently recorded in men's than in women's files (for instance for cholesterol, odds ratio (OR) 1.58 (95% confidence interval (CI): 1.19–2.09 and for smoking status 1.80 (CI: 1.33–2.44)). These gender differences were less substantial when the patients were seen by female (for cholesterol OR 1.28 (CI: 0.65–2.50) and smoking status 1.08 (CI: 0.531–2.23)) compared with male physicians (for cholesterol OR 1.66 (CI: 1.21–2.17) and for smoking status 1.99 (CI: 1.43–2.79)). The patients who were least well managed were women seen by male physicians.

**Conclusion:** Women patients receive less satisfactory hypertensive management than men do, and these differences are even more marked when the physician is a man. More attention to the influence of gender stereotypes is needed in medical training in order to combat the inequalities that they cause.

Conflict of interest

no

## Contribution ID: 239

### Presentation form

Oral Communication

### Direct-to-consumer genetic testing - the next frontier of overdiagnosis?

#### Authors

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**Introduction/Aim:** An increasing number of direct-to-consumer or home genetic testing kits are available for people to purchase throughout Europe. This workshop will explore the implications of these tests on primary care both in terms of clinical management and the ethical and legal questions which stem from their use.

**Materials and Methods:** The workshop will be interactive, drawing on presentations, case studies and group discussions. We will present some common tests available across Europe, explain the technology underpinning these tests and analyse their utility and limitations. There will be group discussions around cases that may present to primary care both before and after completing direct-to-consumer tests. There will also be discussion and analysis of emerging UK and international policies and clinical guidance.

**Results:** Participants will leave the workshop with:

- an understanding of what home genetic testing kits offer and actually deliver
- an appreciation of their benefits and potential harms
- skills and information to help counsel patients wishing to use these tests
- increased confidence when faced with results of a test

**Conclusions:** Protecting patients from overdiagnosis has been strongly championed by WONCA Europe and the EUROPREV network for many years. Direct-to-consumer genetic testing is a new phenomenon in many countries and it is important that family doctors are aware of the ways in which this testing can exacerbate overdiagnosis by bypassing the gatekeeping function of the family doctor.

Conflict of interest

no

## **Contribution ID: 273**

### **Presentation form**

Oral Communication

### **Interest in caring for geriatric patients among family medicine residents**

#### **Authors**

Lesca Hadley<sup>1)</sup>, Omalara Olajide<sup>2)</sup>, Richard Young<sup>2)</sup>, Janice Knebl<sup>3)</sup>, Jennifer Severance<sup>3)</sup>

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**Introduction/Aim:** The Geriatric population is expanding rapidly worldwide, and Family Physicians are needed to care for these vulnerable patients. However, few Family Medicine residents pursue training to care for the growing elderly population. The purpose of this study was to determine reasons residents lack interest in geriatric education in addition to searching for ways to encourage their desire to care for the elderly.

**Materials and Methods:** A mixed-methods study of 51 Family Medicine residents was performed. Residents completed an anonymous survey regarding their perception of additional geriatrics education. Qualitative data were analyzed for common themes. Quantitative data were analyzed with descriptive statistics.

**Results:** Respondents included 22 first year, 16 second year, and 13 third-year residents. 30 responders received some form of geriatrics exposure in medical school, ranging from clinical rotations to lectures. After medical school, 8% were interested in additional geriatric training. Following, a Geriatrics rotation in residency, 28.5% were interested in additional geriatric training. Advantages to additional geriatrics training included increased comfort with managing complex diagnoses with improved quality of care for the elderly. Perceived negatives included the extra time required for additional training as well as the challenge of managing the complexity of medical problems.

**Conclusion:** Increased exposure to geriatrics education in Family Medicine residents was associated with increased interest in caring for geriatric patients upon

graduation. Personal, financial, and job satisfaction features of Geriatrics both attracted and discouraged residents from considering caring for elderly as a career.

Conflict of interest

yes

## Contribution ID: 278

### Presentation form

Oral Communication

### Acute respiratory infections and their immunomodulatory treatment options

#### Authors

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**Introduction/Aim:** Acute respiratory infections (ARIs) are the most common seasonal cause of patient visits in a general practitioner's office. ARIs, whether viral or bacterial, have not only the impact on personal health, but also cause a lot of economic issues. Price related to the disease treatment is not only high, but extensive drug usage also significantly influences the consumption of antibiotics in global measures.

**Materials and Methods:** Etiological agents in over 90% of all ARI cases are primarily viruses. In the clinical picture of the disease, is possible to see whole spectrum of symptoms from classic colds, to pharyngitis, tracheobronchitis , laryngitis , bronchiolitis or pneumonia .Into this group of diseases also belongs the so-called flu-like illness.

**Results:** Treatment of ARIs and flu-like illness that are of viral origin is usually symptomatic. The possibilities to shorten the duration of symptoms and the duration of treatment by affecting the immunity in individuals is currently limited. In clinical practice, there is established use of drugs of biological or chemical origin, which influence nonspecific immunity. But only some of them are used upon the concept of evidence-based medicine and the other part is rather used within "good clinical experience" of a treating physician.

**Conclusion:** The lecture will present information obtained from literature on some of the most commonly used biological (eg natural medicines - echinacea and fungal  $\beta$ -glucans) and chemical immunomodulators (eg inosine pranobex, azoximeri bromicum) and their efficacy in the treatment of acute viral respiratory diseases.

Conflict of interest

no

## Contribution ID: 280

### Presentation form

Oral Communication

### Effects of optimal asthma care for children; collaboration between primary and secondary care

## Authors

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**Introduction:** Previous study from our group showed overdiagnosis in more than 50% of children with asthma in primary care and frequently diagnosis and management not in accordance with guidelines. As a result current asthma care in general practice is often of suboptimal quality.

**Aim:** Improving quality of asthma care in children by implementing a structured asthma management program to optimize diagnosis and treatment of asthma in children in primary and secondary care.

**Methods:** This project was conducted in the Julius Health Centers (JHC), the academic primary care practices in Utrecht and in 3 healthcare centres in Nieuwegein, The Netherlands, providing health care for more than 60.000 patients, among whom 350 children diagnosed with asthma, in collaboration with paediatricians from the referral hospital.

An asthma management program was developed and implemented, consisting of a transmural protocol, asthma diagnosis check, specialised consultation hours, consultation service of a paediatric lung specialist, structured evaluation of asthma control in children treated in primary and secondary care and if necessary referral.

**Results:** Effects of the project will be analysed according to the following parameters; number of children evaluated, childhood Asthma Control Test (c-ACT) scores, number of exacerbations, spirometry results, Paediatric Asthma Quality of Life Questionnaire (PAQLQ) scores and number of children referred. Results are being processed and will be presented at the conference.

**Conclusion:** Primary care management of asthma in children needs improvement. Implementation of an asthma disease diagnosis and management program and close collaboration between GPs and pediatricians are important conditions to achieve this.

Conflict of interest

no

## Contribution ID: 289

### Presentation form

Oral Communication

### What does CRP-testing add to the doctor's clinical suspicion of pneumonia in primary care?

#### Authors

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**Introduction:** Guidelines concerning how to assess pneumonia in primary care do not conform. Some of the guidelines recommend CRP-testing in the initial judgement, whereas others do not. We also know that the assessment differs between countries. In Sweden CRP is widely used, however it is not recommended in the initial judgment according to Swedish guidelines. The general practitioner's degree of suspicion correlates well to findings at chest x-ray when the CRP-value is known but it is not known to what extent CRP-testing has impact on the doctor's degree of suspicion.

**Aim:** To investigate to what extent the physician's degree of suspicion is affected by CRP level when community-acquired pneumonia is suspected in primary care.

**Materials and Methods:** 266 adult patients where the physician had some degree of suspicion of pneumonia were recruited consecutively at five primary health care centres in Sweden. All patients underwent CRP-testing. The physicians rated their degree of suspicion as 'unsure', 'quite sure', and 'sure' before and after the CRP results were known.

**Results:** In 69 % of the cases the degree of suspicion changed after the CRP levels were known and 28% of patients were judged not to have pneumonia. In 31% of cases, the CRP result did not influence the degree of suspicion.

**Conclusion:** CRP-testing seems to influence the physician's suspicion degree to a large extent when community acquired pneumonia is suspected and appears to be of contributory value in the diagnostic process in primary care.

Conflict of interest  
no

## Contribution ID: 296

### Presentation form

Oral Communication

### Assessment of the relationship between the variable number and type of services and the severity of health behaviors among patients with chronic cardiovascular diseases

#### Authors

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**Introduction:** Health behaviors are considered a key element in achieving and maintaining a good state of cardiovascular health. The purpose of the study was to analyze the impact of selected health services provided as part of home care by a family nurse on the intensification of health behaviors of patients with chronic cardiovascular diseases.

**Material and methods:** The study covered 193 patients under the home care of family nurses as part of primary care. The study used the author's interview questionnaire and the Inventory of Health Behavior Questionnaire. The data analysis was based on the Spearman correlation coefficient test.

**Results:** A statistically significant positive correlation was found between the level of health behaviors in the area of health practices and the number of health education cases ( $r = 0.25$ ,  $p = 0.001$ ), nursing interviews ( $r = 0.17$ ,  $p = 0.024$ ) and blood pressure measurements ( $r = 0.17$ ,  $p = 0.023$ ). In patients with fewer diet controls - a higher level of normal eating habits ( $r = -0.16$ ,  $p = 0.014$ ) and a positive mental attitude ( $r = -0.16$ ,  $p = 0.036$ ) were observed.

**Conclusions:** It is important to stimulate health behaviors as part of basic home care in patients with chronic cardiovascular diseases and smaller number of health education interventions, nursing interviews and blood pressure measurements, as these patients show lower health behaviors in the category of health practices.

Conflict of interest

no

## Contribution ID: 307

### Presentation form

Oral Communication

### Quality of palliative care in five health centers in The Netherlands

#### Authors

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**Introduction/Aim:** Palliative care is an important activity in general practice, but providing of palliative care conform national quality standards is challenging for many general practitioners (GPs). The aim of this study is to determine the number and characteristics of patients who received palliative care, and to assess the content of palliative care by GPs.

**Methods:** A retrospective cohort study was conducted, using the routine care registration data of the Julius Health Centers in the Netherlands (academic primary care practice of Utrecht University, 45.000 patients). We identified all patients who died a non-sudden death in the last two years. From those who received palliative care the following data are being extracted from their files: 1. Cause of death, 2. Underlying disease(s), 3. Place of death, 4. Hospitalization in the last year, 5. Involved care-givers/ professionals, 6. Type of care provided: symptom-oriented or disease-oriented palliation, 7. Life end wishes, 8. Medication used in the palliative phase.

**Results:** Based on routine care data 279 patients died in the last two years. We are currently processing and analysing the data, which will be presented at the conference. The benchmark of the Dutch National Quality Framework of Palliative Care will be used to determine the quality of care.

**Conclusion:** Palliative care is an important part of the care provided by the family physician, but little is known about the quality of palliative care. Based on the results of this study we will determine the quality of palliative care and which aspects need improvement.

Conflict of interest

no

## **Contribution ID: 311**

### **Presentation form**

Oral Communication

### **Preventative and holistic health and social care in City and Hackney: the development of Neighbourhoods**

#### **Authors**

Tehseen Khan

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The London boroughs of City and Hackney are developing multi-stakeholder neighbourhoods, which aim to build on existing communities to create a geographical health community around GP practice populations of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health as per the Dahlgren and Whitehead (1991) model. The neighbourhood model will organise our health and care services around the patient and this approach should lead to real and meaningful integration of health and social care.

The neighbourhood model builds on the concept of mutual patient support and peer learning to empower residents to better manage their health and their lives within the context of their conditions. Patients will be supported to use existing services through informed navigation and a structure that makes sense to them and is accessible.

This study will review potential outcome measures that may be used at the micro, meso and macro levels to assess the neighbourhood model.

Micro-level changes focus on the individual patient and include patient activation measures (PAM). Meso-level outcomes pertain to service level data, such as uptake of service and type of service utilised. Finally, macro-level outcomes look at the system as a whole, where metrics such as emergency department attendances will be assessed.

The outcomes, once defined will feed into the formal evaluation of the neighbourhood programme. The data captured from this process will inform future planning and commissioning of services.

Conflict of interest

no

## **Contribution ID: 315**

### **Presentation form**

Oral Communication

## **A cardiovascular risk prediction model for older people - development and validation**

### **Authors**

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**Introduction:** Cardiovascular risk prediction is mainly based on traditional risk factors that have been validated in middle aged populations. However, associations between these risk factors and cardiovascular disease (CVD) attenuate with increasing age.

**Aim:** To develop and internally validate a risk prediction model for fatal and non-fatal CVD, for people aged  $\geq 70$  years, by (re)evaluating the predictive value of traditional factors, exploring additional factors and integrating competing risks of non-cardiovascular death.

**Methods:** 1811 older persons from the preDIVA (Prevention of Dementia by Intensive Vascular care) study aged 70-78 year and free from CVD were included. We used Cox regression analyses for models including traditional risk factors only, and to assess incremental predictive ability of seven traditional and eleven novel candidate predictors. Analyses were repeated accounting for competing risk of death, using Fine-Gray models. Bootstrap validation was applied to adjust for overfitting and discriminatory ability was calculated.

**Results:** During a mean of 6.2 years follow-up, 277 CVD events occurred. Age, gender, smoking, type 2 diabetes mellitus, polypharmacy and apathy symptoms were predictors for CVD, whereas total cholesterol, HDL cholesterol, and systolic blood pressure (SBP) were not. Accounting for competing risks resulted in slightly smaller hazard ratios and absolute predicted risks. Discrimination was moderate (validated concordance statistic 0.65).

**Conclusion:** SBP, HDL and total cholesterol no longer predict CVD in older adults, whereas polypharmacy and apathy symptoms are relevant new predictors. Building on the selected risk factors in this study, combined with other potential risk factors, may improve CVD prediction in older adults.

Conflict of interest

no

**Contribution ID: 322**

### **Presentation form**

Oral Communication

## **Proactive Integrated Care or Older People to prevent acute events: a long term implementation**

### **Authors**

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**Aim:** The number of frail older people in primary care is increasing rapidly. To prevent unnecessary crisis situations, frailty should be identified early. An integrated care has been developed to early identify frail older people and to improve collaboration between healthcare and social care professionals. Aim: to examine impact of the program on acute healthcare consumption, self-sufficiency and well-being, of independent living older people.

**Method:** A longitudinal study with two year follow-up. A total of 53 general practices in the city of Utrecht participated. They provided care to approximately 35000 people aged 65+. Data was extracted from routine primary care data, hospital data and social care data from the municipality. Important outcomes were: number of GP visits, house visits by GP, out of hours primary care visits, emergency room visits (ER visit), hospital admission, social support, self-sufficiency and wellbeing.

**Results:** The GP contacts and visits significantly increased over time. ER visits and out-of-hour visits significantly decreased over time and showed a significant interaction with the impact of the program. Social and psychological assistance provided by social workers was significantly reduced. Self-sufficiency and well-being data was not available for those aged 65 plus and therefore not reported. The program was well perceived by professionals.

**Conclusion:** After implementing the program, a significant reduction in acute visits (ER and out-of-hour visits) was observed. GP contacts and visits were also significantly increased. Social assistance and support was significantly reduced by the impact of the program.

Conflict of interest

no

## Contribution ID: 350

### Presentation form

Oral Communication

### Gynecology care in family medicine doctor office

#### Authors

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<sup>2)</sup>Medical University of Lodz, Łódź, Poland

**Aim:** Analysis of women's approach to care, examination and gynecological by a family medicine doctor.

**Materials and Methods:** The research was carried out as a survey given to patients of family medicine office. 2 838 people were examined, whose average age

was 35. At the same time, we asked for family doctors' answers on the same topic. In doctors' group we received only 204 responses, the average age was 46 years.

**Results:** 68.7% of women do not know who their midwife is and 61.8% do not know what their midwife's level of competence. The majority of patients in our survey indicated a positive response to the thought of their family physician carrying out breast or cytological examinations at the rates of 76.2% and 77.4% respectively. In our study one can also see that a nullipara would be more willing to undergo a gynecological examination carried out by a family doctor. 67.6% of doctors admitted to not wanting to conduct a gynecological examination. However, 59% of physicians would like to consult gynecological problems with their patients (including 23.1% in the case of additional funding). We appreciate that only 22.5% do not know to whom direct the child with gynecological problems.

**Conclusion:** Younger patients who are not related to the gynecologist, for example through pregnancy, would be more likely to benefit from counseling provided by family physicians. Most of family physicians feel ready to conduct gynecological consultations, perhaps in the case of more training they would be ready to conduct gynecological examinations.

Conflict of interest

no

## **Contribution ID: 354**

### **Presentation form**

Oral Communication

### **Family planning in family medicine doctor office**

#### **Authors**

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**Aim:** Analysis of women's approach to counseling and assistance in the selection of contraception and hormonal replacement therapy by a family medicine doctor.

**Materials and Methods:** The research was carried out as a survey given to patients of family medicine office. 2 838 people were examined, whose average age was 35. At the same time, we asked for family doctors' answers on the same topic. In doctors' group we received only 204 responses, the average age was 46 years.

**Results:** 58.4% of women desire family doctor counsel in their selection of contraception method. However, only a 7.4% family physician raised the topic of contraception with their patient. 71.4% of the doctors would like to discuss this topic with the patient, 23.1% of whom would do so if additional funding is introduced. 94% of patients have not spoken to a family doctor about family planning issues (73.1% of doctors declare that they would be open to conduct such a conversation). The situation looks better in the case of hormone replacement therapy (HRT). 52.8% of family doctor talked to the patient or helped in the selection. Similarly, 70.4% of physician would expressed willingness to talk with the patient about this method. On the positive note, 79,7% of our patient respondents have assessed their family doctor as "very good"

**Conclusion:** Both patients and doctors want to talk about methods of contraception and hormone replacement therapy. This is a huge field for the further development of doctors and their relationship with the patient.

Conflict of interest

no

## Contribution ID: 356

### Presentation form

Oral Communication

### Healthcare-associated infection – raising problem in hospital and outpatient care

#### Authors

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**Introduction:** The whole world faces the problem of growing bacterial resistance that overtakes the development of new antibiotics. Healthcare-associated infections (HAI) are not only a problem of hospitals since symptoms may occur after patients have been released or transferred to another facility. Patients who suffered a HAI or are colonised by nosocomial pathogens are released to the care of general practitioners (GPs), who are faced with the burden of proper patient advising. Relatives are often afraid to live together with a colonized family member.

**Materials, Methods:** We follow up the situation with HAI on our department and the reports of the Public Health Service of Slovak Republic (PHS).

**Results:** According to the Annual Report of the PHS of the SR, 11,224 healthcare-associated infections (incidence 0.9% of hospitalized patients) were reported from healthcare facilities in 2017, an increase of 10.1% compared to 2016. These numbers are a result of passive data collection, real numbers are certainly higher. The most common HAIs were diarrhea, vascular infections, respiratory and urogenital infections. Recently, more cases of patients infected /colonized by multidrug resistant organisms (MDRO) have begun to emerge. Decolonization is often very problematic and in carbapenemase-producing enterobacteriaceae it is not recommended.

**Conclusion:** We want to give GPs advice that will be useful in every day practice in patients colonised with MDRO: which pathogens can be decolonized, which contact precautions have to be followed in hospital, nursing or home care. GPs have to be prepared for the increasing number of MDRO colonized patients and their questions.

Conflict of interest

no

## Contribution ID: 379

### Presentation form

Oral Communication

## Is doing sport really healthy? Hepatotoxicity of anabolic steroids

### Authors

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Drug induced liver injury is a common cause of hepatopathy. Drugs alone are causing 20-40 per cent of all fulminant liver failures. Androgenic anabolic steroids (AAS) represent a vast variety of hormones, many of which were artificially synthesized for medical purposes. Thanks to their positive effect on protein creation and increasing muscle mass or their positive effect on body regeneration AAS are in the centre of attention among athletes. Abusing of AAS by amateur athletes is still underreported but with potentially life threatening complications. The liver is the most common organ damaged by drugs. Hepatotoxicity caused by AAS ranges from simple elevation of liver enzymes or cholestasis to formation of adenomas of liver with an increased risk of progression to hepatocellular carcinoma. Presented case report depicts a case of 24 years old male patient, who developed severe cholestasis after three months of using AAS. After cessation of anabolics and thanks to the hepatoprotectives we observed improvement of clinical status of patient as well as normalisation of liver enzymes. The aim of this case report is to raise awareness among medical professionals of increasing trend of abusing AAS by amateur athletes. This issue is even more actual because of the fact that these drugs are easily accessible via internet shops, often of questionable quality. Moreover, users are mainly young individuals with very limited conciseness of possible health risks.

Conflict of interest

no

### Contribution ID: 399

#### Presentation form

Oral Communication

#### How to choose a contraceptive pill

#### Authors

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**Background:** The pill is the most common contraceptive method in Europe (21.9%). There are many options available with different combinations of drugs, in various doses and different administration regimens. The choice of a contraceptive pill can be very complex as all women are unique and will each be in a different reproductive phase of their life. In addition to this, some may have comorbidities and other non-contraceptive benefits may also be desired as a result of taking the pill.

**Aim of the Workshop:** Equip family doctors with the tools to determine the best pill option for women interested in oral contraception.

**Methods:** Combination of theory (use of slides to review the basic concepts regarding pharmacological characteristics of the available drugs and factors that influence the choice of a particular pill) and skills based training (use of interactive clinical cases highlighting patient particularities that should be taken into account).

**Results and Conclusions:** Choosing a contraceptive method should be an informed and elucidated decision, adapted to the women's characteristics and preferences. Regarding the pill, it's important to consider not only the pharmacology but also age, weight and clinical conditions that may benefit from the use of this method. At the end of the workshop participants will understand how and when to use the contraceptive pill, taking into account the patient and their individual circumstances.

Conflict of interest

no

## **Contribution ID: 409**

### **Presentation form**

Oral Communication

### **What does evidence-based medicine says about wet cupping**

#### **Authors**

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**Background:** Wet cupping is a traditional practice from ancient societies. Its origins date back to 3000 BC. The benefits of this traditional practice are liberated from rumors and are now manifested by evidence-based medicine.

**Aim of the Workshop:** To show how making wet cupping and show diseases with high treatment value on light of evidence-based medicine.

**Methods:** At first, 5 groups will be created. According to the level of evidence, articles will be distributed to four groups. Fifth group will place how to make wet cupping steps in order. Then first four groups will make 3 dk presentation by one by. Fifth group will tell the steps. Then practise will be done on gloves, balloons and voluntary. During a cupping treatment, a cup is placed on the skin and then heated or suctioned onto the skin. Modern cupping practitioners have shifted to using rubber pumps to create suction versus more traditional heat methods.

**Results and Conclusions:** Wet cupping is effective treatment method according to the evidence based medicine some diseases. Participants in the workshop learned that wet cupping is an application that based on evidence based medicine and will be separated as they have done on gloves, balloons or on voluntary.

Conflict of interest

no

## **Contribution ID: 414**

### **Presentation form**

Oral Communication

### **ABCDE: a systematic approach of the critically ill patient in emergency primary care**

#### **Authors**

Antonia Viljac, Rachel Braunstahl, Pieter Visser

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**Background:** General Practitioners in the Netherlands have an important role in emergency care and are regularly confronted with critically ill patients. Dutch GP trainees are prepared for this task in a specially designed training program, in which the ABCDE approach is taught. ABCDE stands for Airway, Breathing, Circulation, Disability and Exposure. This is a systematic approach to the immediate assessment and treatment of critically ill or injured patients and is widely accepted among all emergency workers. GPs are taught that you do not need a definitive diagnosis to initially treat the patient. The ABCDE assessment is repeated until the patient is stable or medical assistance has arrived.

**Aim of the workshop:** the aim is to demonstrate the ABCDE approach in the primary emergency care as a useful tool in training and treatment.

**Methods:** The workshop consists of two parts: a theoretical and a practical part. First we will give a brief review of the value of the ABCDE approach in primary emergency care and our experience over the past years in education. Second we will give a demonstration of the ABCDE approach in a simulation setting using a simulation patient as used in the GP training. Participants will be encouraged to have an active role.

**Results:** Widespread knowledge and skills in the ABCDE approach will contribute to better quality of primary care, enhance team efforts and thereby improve patient outcome.

Conflict of interest  
no

## **Contribution ID: 436**

### **Presentation form**

Oral Communication

### **Attitudes towards advance directives of patients diagnosed with cancer at perpetual succour Hospital-Cebu Cancer Institute, Cebu City, Philippines**

#### **Authors**

Katherine Ruth Beltran

*Department of Family and Community Medicine, Perpetual Succour Hospital, Inc., Cebu City, Philippines*

**Introduction/Aim:** An advance health care directive or advance directive is a kind of legal document that tells the doctor your wishes about your health care. This study is done since the researcher has noted a lack of appraisal regarding advance directives especially for cancer patients, in the Philippine setting. This is conducted to determine the attitudes towards advance directives of patients diagnosed with cancer who are currently undergoing treatment, and to determine if there is a relationship between the personal profile of the cancer patients and their Advance Directive Attitude Survey (ADAS) score.

**Materials and Methods:** This employed the descriptive-correlational design, and was done in Perpetual Succour Hospital- Cebu Cancer Institute. The respondents were all Filipino adult patients diagnosed with cancer, undergoing treatment from September 2018 to December 2018. The ADAS was the tool used.

**Results:** In the sampled population, it showed that patient's age negatively correlated with ADAS score, education positively correlated with ADAS score, and the cancer stage of patients did not have an effect on their ADAS score. This implied that patients lower than college level don't have enough knowledge regarding advance directives to have a positive preference towards it.

**Conclusions:** It would be recommended for oncologists and primary care physicians to orient cancer patients and their families on the existence of advance directives and to educate them on the implications earlier on. Another recommendation is to have more subjects, and to have didactics for resident physicians on how to initiate the topic on advance directives.

Conflict of interest

no

## **Contribution ID: 438**

### **Presentation form**

Oral Communication

### **Can lifestyle intervention replace antidiabetic and hypertensive drugs? - about a case report**

#### **Authors**

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**Introduction/Aim:** Diabetes and hypertension are increasingly frequent pathologies that are associated to obesity epidemics. In fact, the adipose tissue secretes substances which contribute to insulin resistance, pancreatic beta cell dysfunction and increase in proinflammatory factors, leading to endothelial dysfunction and cardiovascular disease. Some authors describe diabetes as a disease of carbohydrate intolerance so, theoretically, a low carb diet, could allow its control without medication. Despite its effectiveness, evidence suggests that it's not superior to other dietary approaches and its long-term effects are unknown. Still, weight loss, caloric restriction and exercise reduces insulin resistance, preserving beta cell function and endothelial function, thus improving blood pressure control. This report aims to relate a case of a patient with good management of his diabetes and hypertension only with lifestyle changes, allowing suspension of previously prescribed medication.

**Materials and Methods:** Case study. The information was retrieved from the electronic medical record of the patient.

**Results:** A 60-year-old male patient with type 2 diabetes and hypertension. He was medicated with metformin 1500mg per day, losartan 100mg plus hydrochlorothiazide 25mg daily, and amlodipine 10mg daily. However, he decided on his own to suspend all medication and initiate lifestyle changes, with low carb diet and intensification of physical activity in May 2017. In December 2018 he still kept good metabolic control without any pharmacological therapy.

**Conclusion:** This case report shows that lifestyle changes can have an important impact on metabolic control, sometimes allowing suspension of pharmacological therapy. Still, patient cooperation is essential for its success.

Conflict of interest

no

## **Contribution ID: 448**

### **Presentation form**

Oral Communication

### **Advance care planning at nursing homes in Sweden from the perspective of physicians and nurses**

#### **Authors**

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<sup>2)</sup>*Department of Clinical and Experimental Medicine, Linköping University, Linköping, Sweden*

**Introduction:** Advance care planning (ACP) can help patients to receive care in line with their wishes and can positively impact quality of end-of-life care. However, studies show that there is often a lack of ACP.

This study aimed to investigate clinicians' perspectives on the factors that shape ACP in a nursing home context.

**Methods:** Individual interviews were conducted with 14 physicians and 11 nurses working at nursing homes in Sweden. Interviews were analysed using latent qualitative content analysis.

**Results:** Factors that shape ACP according to the interviews were: Exploration of preferences and views, e.g. exploring patient wishes regarding end-of-life issues and restrictions in care early, and sensitivity to patient's readiness to discuss end-of-life issues, Integration of preferences and views, e.g. integration of patient's preferences and staff's and family member's views, Decision & documentation of the ACP, e.g. clearly written and updated documentation in patient's medical records available for staff and Implementation & re-evaluation of the ACP, e.g. following up after ACP-appointment to confirm the content of the documented ACP. The latent theme, Establishing beneficence – defending oneself against tacit accusations of maleficence, emerged as a deeper meaning of all manifest parts of the ACP-process.

**Conclusions:** This study shows the importance of involving patients, family members, and the team in the work with ACP in nursing homes. Furthermore, clear medical record documentation and education in end-of-life communication related to ACP may be factors of importance to shape ACP in a nursing home context.

Conflict of interest

no

## **Contribution ID: 462**

### **Presentation form**

Oral Communication

### **Evaluation of diagnosis, treatment and clinical follow up of diabetes mellitus patients' according to primary and third stage health services**

#### **Authors**

Elif Fatma Ozkan Pehlivanoglu<sup>1,2</sup>), Huseyin Balcioglu<sup>2</sup>), Goknur Yorulmaz<sup>3</sup>), Ugur Bilge<sup>2</sup>), Ilhami Unluoglu<sup>2</sup>)

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**Background:** Diabetes Mellitus is a chronic metabolic disease that requires continuous medical care.

**Objective:** To evaluate the diagnosis, treatment and clinical follow-up of Diabetes Mellitus patients who applied to Eskisehir Osmangazi University Health Practice and Research Hospital Internal Diseases and Endocrinology Policlinics and Family Health Centers in Eskisehir and to determine the factors that have impacts on disease management.

**Methods:** This is a descriptive study that uses information from Family Health Centers of Eskisehir Provincial Health Directorate' and Eskisehir Osmangazi University Health Practice and Research Hospital Endocrinology and Internal Diseases Clinics' patients at least 1 year diagnosed with Diabetes Mellitus. A questionnaire was applied to the Diabetes Mellitus patients.

**Results:** This methodological study was performed on 979 Diabetes Mellitus patients. 515 of the cases (52.6%) were in Eskisehir Osmangazi University Health Practice and Research Hospital Endocrinology and Internal Diseases Clinics (Third-Stage Health Services) and 464 (47.4%) were in Eskisehir Provincial Health Directorate (Family Health Centers). Complicated Diabetes Mellitus patients prefer Third-Stage Health Services more than Primary Health Services. Difficulties in referring patients to doctors of different specialties by family physicians, lack of medication reports and limitations in the use of laboratory services may be the reasons why Third-Stage Health Services is more preferred by patients with Diabetes Mellitus complications.

**Conclusion:** Diabetes Mellitus is a chronic metabolic disease that requires continuous medical care, in order to reduce the risk of acute complications and to prevent chronic complications; continuous training of health workers and patients is essential.

Conflict of interest

no

**Contribution ID: 466**

**Presentation form**

Oral Communication

**The knowledge, attitude and awareness levels of parents about child abuse and neglect**

**Authors**

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**Background:** Child abuse and neglect, is a universal problem that affects not only childhood, but also older ages because of the negative consequences of child abuse.

**Aim:** The aim of this study was to determine the knowledge, attitude and awareness of the parents who have children treated in the hospital.

**Materials and Methods:** Between November and December 2018, 197 parents were included in the General and Social Pediatrics Clinics of the Department of Pediatrics, Eskişehir Osmangazi University Health Application and Research Hospital. It was applied to the participants 24 items questionnaire prepared by the researchers.

**Results:** Of the 197 participants who included in the study, 112 (56.9%) were mothers, 39 (19.8%) were fathers, 4 (2%) were mothers and fathers together, 8 (4%) were other caregivers. 34 participants did not want to indicate who they were. In our study, sexual abuse was the most known (89.3%), economic abuse and physical neglect were at least (42.1%) known topics. In the case of abuse, 170 (86.3%) of the participants stated that they will inform the police, 16 (8.1%) stated that they will share the situation with their relatives and 11 (5.6%) will solve the problems by themselves.

**Conclusion:** Family physicians perform most of the preventive health care services especially for babies and children and plays an important role in this regard.

About increasing awareness of child abuse and neglect parents and all occupational groups (teachers, family physicians) working in the field of protection of children should work in cooperation.

Conflict of interest

no

## Contribution ID: 490

### Presentation form

Oral Communication

### Motives and needs of low SES older adults with increased dementia risk to improve their lifestyle - a qualitative study

#### Authors

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**Introduction/Aim:** Around a third of dementia cases worldwide might be attributable to potentially modifiable, mostly cardiovascular risk factors. Individuals with low socioeconomic status (SES) generally have increased cardiovascular and dementia risk. Since they are less inclined to perceive the need for lifestyle advice and less frequently engage in lifestyle interventions, alternative approaches might be necessary to reach this group. This qualitative study aims to provide insight into attitudes of low SES older individuals towards prevention of dementia and cardiovascular disease (CVD) through lifestyle adaptations and into their motives and needs to engage in lifestyle change.

**Materials and Methods:** Semi-structured interviews were performed with low SES individuals (55+) with increased dementia risk. Attitudes, motives and needs were

discussed in the context of prior and current attempts to change their lifestyle. Interviews were transcribed verbatim and analyzed thematically.

**Results:** 20 Interviews were performed. Participants perceived to have no influence on their dementia risk and little influence on CVD risk. Important motives to change lifestyle were complaints from the social environment about their behaviors, physical or practical discomfort and cardiovascular events. The right mindset ("a switched button"), quick and noticeable results, and support from the social environment were facilitators for lifestyle change.

**Conclusion:** This study among low SES older adults suggests that the perceived absence of a clear relationship between lifestyle and disease is a barrier for lifestyle change. Important motives to engage in lifestyle change are mainly concrete events, such as practical and social discomfort or cardiovascular events.

Conflict of interest

no

## Contribution ID: 495

### Presentation form

Oral Communication

### Management of *Helicobacter pylori* infection by family physicians and internists in Hungary

#### Authors

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**Introduction/Aim:** Most patients with *Helicobacter pylori* (*H. pylori*) infection are consulted for the first time by family physicians. We aimed to survey the adherence to the newest guidelines of the diagnosis and management of *H. pylori* infection in the primary and secondary care settings in Hungary.

**Materials and Methods:** Altogether 793 physicians, among them 94 trainees in family medicine, 334 family doctors without and 195 with board in internal medicine, 87 internists, 78 family pediatricians were enrolled and 9 others excluded. Attitudes towards *H. pylori* infection were compared by a voluntary and anonymous questionnaire.

**Results:** Participants test for *H. pylori* infection in 92.8% of cases with a family history of peptic ulcer or 76.9% of gastric cancer, 68.9% of dyspepsia, 49.9% of non-specific abdominal complaints, before initiation of non-steroidal anti-inflammatory drug (NSAID) (17.3%) and antiplatelet treatment (14.5%), respectively. They confirm the success of eradication therapy in 88.1% mainly by urea breath test. Most of them initiate themselves eradication therapy and only 22.4% refer their patients to gastroenterologist. Clarithromycin based standard triple therapy is mostly preferred (62.1%). Family physicians with previous infection check

for *H. pylori* infection more frequently before initiation of NSAID treatment (26.3% vs. 16.2%,  $p=0.015$ ) and are more likely to use histology to detect *H. pylori* (29.6% vs. 16.8%,  $p = 0.01$ ).

**Conclusion:** The adherence in the primary and secondary care to the recent recommendations of current guidelines is moderate. There is a need to increase penetration of current recommendations to family physicians and internists.

Conflict of interest

no

## **Contribution ID: 506**

### **Presentation form**

Oral Communication

### **The process of seeking healthcare among young adults in first line of care**

#### **Authors**

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In Sweden, healthcare outpatient visits has increased during recent years. Being young adult, 20-29 years of age, is one explanatory factor for many of the avoidable doctor visits. The aim was to gain deeper understanding of the process of healthcare seeking among young adults in the first line of care.

The study has a qualitative design alignment with Grounded theory and data collection consisted of both interviews and observations.

The process of seeking healthcare can be described as becoming aware of-, verifying-, communicating- and receiving outgiving about symptoms. The main concern for the patients in this process is feeling of being taken seriously. The process is influenced by; external factors, clarity of symptoms, personal traits, and healthcare know-how. The clearer the symptoms are the less communication is needed during the visit. When symptoms are unclear, the importance of personal traits and healthcare know-how increases. The concluding part of the process is receiving outgiving about symptoms. Crucial in this part is enabling self-manage for the patient. Receiving outgiving about symptoms accumulates the experiences from the healthcare visit and therefore influences forthcoming doctor visits. Healthcare experience has an impact on all parts of the healthcare seeking process. Depending on outcome from previous healthcare visit, healthcare experience can either be of harm or help the patient in the healthcare seeking process.

It is important for young adults to feel that they have been taken seriously. Seeking healthcare yield to healthcare experience which affect future healthcare visits, showing the importance of person-centred care.

Conflict of interest

no

## **Contribution ID: 508**

### **Presentation form**

Oral Communication

## Survival and prognosis of dizziness in general practice: a 10-year prospective cohort study

### Authors

Vincent van Vugt

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**Introduction:** Our objective was to determine the prognosis and survival of patients in primary care with different subtypes and causes of dizziness.

**Materials and methods:** In a primary care prospective cohort study 417 adults, aged  $\geq 65$  years with dizziness, received a full diagnostic workup in 2006-2008. A panel of physicians classified their dizziness subtype and primary cause of dizziness. Presyncope was the most common dizziness subtype (69.1%), followed by vertigo (41.0%), disequilibrium (39.8%), and other dizziness (1.7%). The most common primary causes of dizziness were cardiovascular disease (56.8%) and peripheral vestibular disease (14.4%). Main outcome measures were mortality and dizziness-related impairment assessed at 10-year follow-up.

**Results:** At 10-year follow-up 169 patients (40.5%) had died. Multivariable adjusted Cox models showed a lower mortality rate for patients with the subtype vertigo compared to other subtypes (HR 0.62 (95% CI 0.40 to 0.96)), and for peripheral vestibular disease versus cardiovascular disease as primary cause of dizziness (HR 0.46 (95% CI 0.25 to 0.84)). After 10 years 47.7% of patients experienced substantial dizziness-related impairment. No significant difference in substantial impairment was seen between different subtypes and primary causes of dizziness.

**Conclusion:** The 10-year mortality rate was lower for the dizziness subtype vertigo compared to other subtypes. Patients with dizziness primarily caused by peripheral vestibular disease had a lower mortality rate than patients with cardiovascular disease. Substantial dizziness-related impairment in older dizzy patients 10 years later is high, and indicates that current treatment strategies by FPs may be suboptimal.

Conflict of interest

no

### Contribution ID: 516

#### Presentation form

Oral Communication

#### Should HPV vaccination be extended to males?

##### Authors

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**Introduction/Aim:** Human Papillomavirus (HPV) is an oncogenic virus, with an established association to the development of several lesions, which can affect both men and women. Currently, programs of vaccination against HPV mainly focus on girls, with the purpose of reducing the incidence of cervical cancer. The aim of this narrative review is to evaluate whether HPV vaccination in males has efficacy and cost-effectiveness in the reduction of HPV-related diseases in both genders.

**Materials and Methods:** We searched Pubmed/Medline and the Journals "Vaccine" and "Papillomavirus Research" for review articles, guidelines and meta-analysis in the last 10 years, in English, with the search terms "HPV Vaccine" and "Male" and the MeSH formula "Papillomavirus Vaccines AND Male". We obtained a total of 253 articles, from which we selected 15. These were selected by their pertinence and relevance to the topic.

**Results:** When it comes to the efficacy of the vaccine, this seems to be lower in males, with percentages of protection against both transient and persistent infections of 41-85% vs. 76-100% in females, in gender-neutral vaccination studies. Factors influencing the cost-effectiveness of extending the vaccine to males included female vaccine coverage and cost per dose/number of doses, with lower cost and lower female coverage favouring vaccination of boys. Cost per QALY (Quality-Adjusted Life Year) gained ranged from 30 000 to 55 000€.

**Conclusion:** Extending HPV vaccination to males may be a cost-effective public health measure. However, the decision should be tailored to each country's reality.

Conflict of interest

no

## **Contribution ID: 519**

### **Presentation form**

Oral Communication

### **Vitamin supplementation in the elderly**

#### **Authors**

Madalena Monteiro

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**Introduction:** In the process of aging there is a reduction in vitamins intake due to variations in metabolic processes, food absorption, comorbidities, polypharmacy. On the other hand, there is a increase need of vitamin D, B6 and B12. In Portugal the majority of the elderly asks their family physician about the necessity of taking vitamin supplements.

**Methods:** Search on Pubmed database and Evidence-Based Medicine sites of evidence-based reviews, clinical guidelines, meta-analysis, systematic reviews and randomized controlled trials, of articles published in English

**Results:** The recommended dietary allowance for vitamins should come from food like seeds, nuts, green leafy vegetables, beans and whole grains. The results about the relationship between vitamins and cancer prevention are inconsistent, overall didn't seem to reduce the risk of cancer. In osteopenia and fractures it seems that great intakes of vitamin A is associated to reduced bone mineral density. Vitamin E appears to be related to a decrease in the functional decline. Vitamin C reduces the duration of colds but do not seem to reduce the incidence of colds in the general population. Vitamin D reduces hip and total fractures, is recommended a supplementation of 700 to 1000 IU a day to prevent falls.

**Conclusion:** The use of vitamin supplements to prevent aging or to promote health is not recommended by the current evidence. The majority or inclusive the total of nutrients that the older adults need must come from their diet and not by food supplements.

Conflict of interest

no

## **Contribution ID: 547**

### **Presentation form**

Oral Communication

### **Exercise prescription in DM1 - a new approach**

#### **Authors**

Claudia Silva

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**Introduction/Aim:** Regular exercise is essential for the children's psychomotor development. However, the increased risk of hypoglycaemia and insufficient information make it difficult for children with Diabetes mellitus type 1 (DM1) to practice it. The present study's aim is to understand the knowledge of the target population on the subject.

**Materials and Methods:** Descriptive observational study, based on an online, anonymous questionnaire. Sample: children with DM1 followed in the Pediatric Department under functional insulin therapy. The authors made a systematic review of the main international societies' consensus using the terms MeSH "Exercise" and "Diabetes Mellitus, Type 1", published within the last 5 years, and built a survey, regarding glucose intake and therapy adjustments during exercise. Data was collected between September 2017 and 2018, analyzed using Excel® and SPSS® 23.

**Results:** There was a response rate of 47%; ages ranged between 5 and 17 years, mostly males (58.1%). Aerobic activities prevailed (83.9%), mostly lasting from 30 to 60 minutes (54.8%), moderate intensity (48.4%). The issue where the population's lack of knowledge was most evident was therapeutic adaptation: most maintained their usual dose of insulin before and after exercise (77,4%/90.3%), which was adequate in only 22.6%/32.3%, respectively. Glucose consumption was adequate in 71%/61.3%. Nighttime hypoglycaemia occurred in 25.8%;

**Conclusion:** Nearly all forms of physical activity can be performed safely by the child with diabetes. The individual adequacy of diet and therapy is essential to reduce risks and enhance satisfaction in this practice.

Conflict of interest

no

## **Contribution ID: 559**

### **Presentation form**

Oral Communication

### **Are statins responsible for new-onset diabetes? – Evidence-based review**

#### **Authors**

Carolina Reis<sup>1)</sup>, Cristiana Craveiro<sup>1)</sup>, Tânia Tavares<sup>2)</sup>, Miguel Pisco<sup>2)</sup>, Bernardete Machado<sup>3)</sup>, Ana Margarida Gomes<sup>4)</sup>

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**Introduction/Aim:** Multiple studies have associated statin therapy with new-onset diabetes. However, there is no evidence available associating this fact with an increase of cardiovascular events.

**Methodology:** Search for Systematic Reviews (SR), meta-analysis (MA) and randomized clinical trials (RCT), published in the last 5 years, with the Mesh terms: "new onset diabetes" and "statin". Databases selected were Medline, Cochrane, NHS evidence and BMJ. Articles whose title or abstract were considered relevant were selected. The recommendation strength was evaluated with the SORT scale by American Family Physician.

**Results:** Out of the 72 articles found, we selected 2 SR and 4 MA. Both of the systematic reviews showed an increase of new-onset diabetes. One of them showed that despite increasing diabetes, there was a similar decrease concerning cardiovascular risk. Three MA showed an augmented risk of new-onset diabetes in patients treated with statins. Additionally, two of them revealed that lower LDL target level is directly related to the risk of developing diabetes. The other MA, didn't recognize therapy with statins as a risk factor for new diagnosis in elderly patients, but confirmed the decrease in adverse cardiovascular diseases due to statins.

**Conclusions:** Statins therapy is associated with an increase in new-onset diabetes but it isn't responsible for increasing cardiovascular risk (SORT C). LDL target level may be related to the risk of new diagnosis (SORT C). Therefore, patients taking statins should have blood glucose monitoring.

Conflict of interest

no

## Contribution ID: 582

### Presentation form

Oral Communication

### Dealing with vaccine hesitant patients: a practical toolkit for GPs

#### Authors

Pedro Rocha Alves<sup>1)</sup>, Ana Pacheco<sup>2)</sup>, Pedro Gehl Braz<sup>1)</sup>, Rita Matos<sup>1)</sup>, Filipa Araujo<sup>3)</sup>

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**Background:** Over the last 30 years, national vaccination programs led to a decrease in the vaccine-preventable diseases along with their mortality and sequelae throughout Europe. At the same time and more than ever, an uprising of anti-vaccination movements caused the general population to question the safety and efficacy of vaccines. As GPs, we have an important role in promoting vaccination by helping these new vaccine hesitant patients in making an informed decision about this topic.

**Aim of the Workshop:** Supplying the participants with up-to-date information on vaccination safety and efficacy, and tools to persuade the vaccine hesitant patients.

**Methods:** Introduction of the participants and chairs. Short introduction of vaccination panorama. Role-play where participants seat opposite to each other in pairs, pretending they are in a medical appointment and one of them reads a statement pretending to be an anti-vaxxer/vaccine hesitant and the other, as the doctor, tries to tackle it. Listing of the most conveyed arguments used by anti-vaxxers and how to address them. Sharing of personal experiences. Time for suggestions and questions.

**Results and Conclusions:** After the workshop, we expect the participants to be more capacitated to deal with vaccine hesitant patients, to provide them useful and updated information on vaccination and share strategies which can be used in the Primary Care setting. Moreover, sharing personal experiences and overviews on the attitudes towards vaccination will contribute to a more efficient way of addressing this problem.

Conflict of interest

no

## **Contribution ID: 587**

### **Presentation form**

Oral Communication

### **Vaccinations from a Polish Viewpoint**

#### **Authors**

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**Aim:** To analyze the approach of Polish citizens towards preventive vaccinations and elucidate their knowledge of possible adverse effects.

**Materials and Methods:** Data collection was carried out as a survey that was given to patients of a family medicine department. Our sample size was 2621 people, representing an average age of 23.

**Results:** 88.1% of respondents believe it is necessary to vaccinate against infectious diseases. Additionally, 67.8% of respondents would vaccinate themselves or their partners against rubella before becoming pregnant. Interestingly, 31.9% think that screaming or crying that is difficult to soothe is an undesirable post-vaccination outcome. The following percentages represent respondents who believe that the subsequent conditions can occur as adverse effects of vaccinations: 11.5% autism, 13.8% behavioural changes, 3.3% mental illnesses (eg. depression or schizophrenia), 5.7% asthma and 8.8% autoimmune diseases. In the case of vaccines against tropical diseases, 90.9% of those surveyed believe that vaccination is necessary before travelling to at-risk countries. Additionally, 87.8% would vaccinate against rabies when bitten by a wild animal and 68.2% against tetanus at the break of skin continuity and subsequent wound contamination.

**Conclusion:** Contrary to the general trend of anti-vaccine movements, the Polish populous is willing to vaccinate themselves against diseases. It is however still necessary to increase awareness of the various types of vaccines, their recommended doses and frequency of administration. It is of vital importance that physicians speak with their patients to inform of the possible post-vaccination

outcomes to avoid undue association of the vaccine with on non-vaccine-related diseases.

Conflict of interest

no

## Contribution ID: 601

### Presentation form

Oral Communication

### Child abuse: what every family doctor needs to know

#### Authors

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**Aims:** To equip Family Doctors with a set of tools that should help them identify and manage Child Abuse and Adverse Childhood Experiences (ACEs). After a brief introduction regarding key facts on Child Abuse, we intend to introduce the audience to some specific features of this type of abuse. We would offer insights into screening and communication skills via discussion in groups.

**Description:** Child Abuse is a public health problem that can be presented in several forms such as negligence, physical, psychological and sexual abuse. WHO states that worldwide 1 in 4 adults were physically abused as children, and the consequences can be immediate or last a lifetime. Adults who were abused or neglected as children have a higher risk of perpetrating or being a victim of violence; depression; obesity; high-risk sexual behaviours; unintended pregnancies; harmful use of tobacco, drugs and alcohol. Family Doctors should approach this subject comprehensively, understanding how children are affected and considering potential short and long term consequences. Identifying and assessing risk and protective factors, including the social determinants of health, is a key procedure to achieve positive outcomes from interventions in these cases.

**Conclusions:** Family Doctors, in frequent contact with children and knowledge of families' interactions, are well placed to identify and help those who are being abused or at risk. Through a dynamic and interactive workshop we aspire to provide the participants with the necessary tools in order to deal with this issue confidently.

Conflict of interest

no

## Contribution ID: 604

### Presentation form

Oral Communication

### Access to preventative care services for patients in family medicine clinics in urban communities in the Moscow region of Russia

#### Authors

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<sup>4)</sup>Family Medicine, University of North Texas Health Science Center, Ft. Worth, United States

**Introduction/Aim:** Russia has dedicated enormous resources to providing preventative health care services through Family Medicine Clinics. Currently, ease of access to preventative care services for Family Medicine patients is unknown.

**Materials and Methods:** Preventative care recommendations from the World Health Organization and the American Academy of Family Physicians were combined for a survey distributed to Family Physicians practicing in the Moscow Region of Russia. Using a 1-5 scale, recipients were asked about the importance of and access to 20 specific preventative care services in their clinics. Demographics obtained included years in practice, size of community, and other physician specialties in the Family Medicine Clinic.

**Results:** 33% of the Family Physicians had 21-30 years of practice. Years in practice ranged from 0 to over 40 years. Colon cancer, breast cancer, cervical cancer, diabetes, hypertension, and tuberculosis screening were rated as most important. Diabetes, hypertension, and cholesterol screenings were easiest to provide. Hypertension, cholesterol, hepatitis C, and HIV screening supplies are most commonly available. Diabetes, hypertension, and cholesterol screening results are obtained quickly.

**Conclusion:** Good concordance exists between the perceived importance of recommended preventative care services and Moscow Region Family Physicians. Preventative care varies by location. Diabetes and hypertension screenings were considered most important and accessible, while colon cancer, cervical cancer, breast cancer, and tuberculosis screenings were also considered important but lack availability. Standardization of preventative care protocols across all clinics could address the important challenge of ensuring availability of all preventative care services deemed important by Family Physicians.

Conflict of interest

no

## Contribution ID: 606

### Presentation form

Oral Communication

## Proactive primary care for frail elderly: Qualitative evaluation of a new comprehensive assessment-tool

### Authors

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**Background/Aim:** Frailty is recognized to be an issue of growing importance in developed countries. In recent NICE guidelines, primary care is advocated to identify and manage frail elderly persons but there is a lack of validated methods to assess frailty and to organize care. In the ongoing intervention-study "Proactive health care for frail elderly persons" in Swedish primary care, a new work-model for frail elderly persons in primary care is currently being evaluated. One part of this project is the development and introduction of a new assessment-tool for frailty dedicated to primary care and based on Comprehensive Geriatric Assessment. Our aim was to evaluate the experiences of primary care nurses and general practitioners of the Primary care Assessment Tool for Elderly (PASTEL).

**Method, Design and Setting:** Three focus group interviews were carried out with 15 informants (nurses and GP:s) from eight primary healthcare centers in Southeastern Sweden. The material was processed using manifest content analysis.

**Results:** The informants considered the assessment-tool as useful and valuable. They experienced that enough time was essential and therefore recommended to select individuals with at least mild frailty for assessment. PASTEL gave a structured overall picture of the individual's health situation and identified the patient's own thoughts and needs through in-depth conversations. The informants regarded the use of PASTEL as a good preparation for care planning and a support for identifying appropriate actions.

**Conclusion:** The use of a structured assessment-tool adapted to primary care, as PASTEL, can facilitate care for frail elderly persons.

Conflict of interest

no

### Contribution ID: 607

#### Presentation form

Oral Communication

## Long-term contraceptive methods: Intrauterine device and subcutaneous Implant - when to use and how to place them

### Authors

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

 Bratislava  
June 26-29, 2019

With this workshop we aim to teach our colleagues the pros and cons of long acting contraception devices, specifically Intra-Uterine and Subcutaneous devices, as well as teach them how to properly place and remove them (the IUD Mirena® and the Subcutaneous device - Implanon NXT®).

Maximum attendants - 30

Duration - 60 minutes

We will supply the necessary material to place and remove the mentioned devices, as well as realistic Mirena®s and Implanon®s, meant for training. This way, everyone will be able to practice on their own at least once (in groups of 2 people for one set - Implanon® or 5 people for one set - Mirena®).

Please note that the necessary materials were already requested to the respective labs, and were already secured.

This workshop will have a theoretical component, a 20 minutes explanation about each device, with the indications and contraindications for their use, and a short video displaying the placement and removal techniques. After that we will divide the group in 2 sets of 15 people and proceed to the practical component of the workshop, where we will place and remove the devices ourselves and then supervise the colleagues. This practical component will take about 40 minutes, 20 for each device; the groups will switch after 20 minutes.

It should be noted that although the devices are supplied by a pharma industry, we have no affiliation with them, it was just the best way to obtain the necessary materials free of charge.

Conflict of interest

no

**Contribution ID: 636**

**Presentation form**

Oral Communication

**Falls in older people: impact, consequences and preventive approach.**

**Authors**

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**Introduction/Aim:** Aging process is related to high risk of falls. The most important risk factor for occurrence of further events are previous falls and/or fractures. This serious problem results in a functional decline, reduced quality of life, risk of prolonged hospitalisation. Nowadays it is the leading cause of morbidity and mortality around the world, therefore associated with high health care costs. The purpose of this article is understand the impact and consequences of falls in older age and how medical community can have a preventive approach.

**Materials and Methods:** Search in MEDLINE (Pubmed) and Cochraine, using key words: falls, prevention, and older age, for review articles, in the last 10 years, in english, portuguese and spanish language.

**Results:** Research resulted in 39 review articles, 18 were selected because they apply to the purpose of this investigation.

**Conclusions:** Evidence shows that older people maintain preserved locomotor adaptability, especially predictive and reactive adaptation, over a broad range of

different locomotor tasks and mechanical perturbation kinds, with only minor, not statistically significant age-related deficits. As a result, decreasing falls in this population becomes an health priority, that requires implementation of training intervention programs. Intervention programs should include exercise rehabilitation, medication review and vitamin D supplementation, environmental modification as bed or chair alarms or use special beds, social environment interventions that target staff members and changes in the organisational system and knowledge interventions.

Conflict of interest

no

## **Contribution ID: 637**

### **Presentation form**

Oral Communication

### **Family doctors as patients: how they behave and which are the issues to improve**

#### **Authors**

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Getting sick is a process which has a great impact on personal and work life. The sick person becomes vulnerable. When it comes to a doctor, there is a role conflict which makes the process more complex.

**Aims:** To describe Family doctors (FD) behaviours facing illness and to identify improvement topics.

**Methodology:** A questionnaire was designed and validated to know Behaviours and Attitudes of DOctors facing self Illness (BADOSI) based on literature review, in-depth interviews and focus groups. The survey was run in the web of Spanish National Association of Medical Colleges. Statistical analysis was made with SPSS v 20.5.

**Results:** FD answered 1667 of 3408 questionnaires (38,7%). 58,9% female and 74,5% employed doctors. 89% were satisfied with their work. Only 8% of FD feel in bad health. 90% FD said "health problems affected professional activity". 92% FD have gone to work with a health problem for which they would recommend sick leave and in 61% because "not to overburden colleagues". When dealing with a minor health problem, 40% self-medicate or try to solve the problem themselves and to a major problem, 90% make a consultation with a colleague. 31,6% self-prescribed sedative-hypnotics and/or anxiolytics. 34% normally do not undergo occupational health checks. 90% said that Ill doctors should be treated by professionals specifically trained for this purpose.

**Conclusion:** FD recognize health problems influence their practices but they act differently for their health problems than for their patients'. It can be interesting to train doctors who treat doctors.

Conflict of interest

no

**Contribution ID: 650**

**Presentation form**

Oral Communication

**Vulvodynia in general practice: Breaking the vicious cycle of pain**

**Authors**

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**Background:** Provoked vulvodynia (PVD) affects women throughout the lifespan and significantly impacts their quality of life (QoL). Its etiology is considered multifactorial. PVD is associated with pain syndromes, genital infections and mental disorders, which are common diseases in family practice. Although its prevalence is estimated to be approximately 10%, PVD is underdiagnosed in family practice. Studies show that GP's may diagnose vulvovaginal candidiasis, based upon clinical manifestations, in many women in whom PVD might be a better diagnose. A timely diagnosis of PVD may be helpful both in improving the impaired QoL and the consumption of needless medical care.

**Aim:** As clinicians may experience frustration in diagnosing and treating vulvodynia, this workshop aims to provide a basic framework to help to identify, diagnose and manage PVD in the differential diagnosis of vulvovaginal complaints.

**Methods:** After an introduction regarding essential concepts and recent findings in general practice, knowledge and skills will be trained concerning 1. the differential diagnosis of vulvovaginal complaints, 2. sexual history taking and 3. examining the vulva and pelvic floor. Interaction will be encouraged and clinical cases will be discussed. The difference between a gynaecological and sexological approach, within the competence of GPs, will also be discussed.

**Results:** After the workshop GP's will have knowledge and skills to involve PVD in the differential diagnosis of vulvovaginal complaints.

**Conclusions:** GPs might reconsider their diagnostics and management when women present recurrent or persistent vulvovaginal complaints, especially if accompanied by dyspareunia, functional syndromes, micturition symptoms and psychological conditions.

Conflict of interest

no

**Contribution ID: 654**

**Presentation form**

Oral Communication

**Challenges in respiratory infections in primary care**

**Authors**

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Upper and lower respiratory infections are one of the most common complaints of patients visiting primary care facilities. Many guidelines have been issued by national committees as well as international institutions specialized in respiratory medicine and infectious diseases. Aim of this workshop is to present some unusual presentations of patients with respiratory infections that can obscure diagnosis and do not fall into the guidelines' pathways. The workshop, after a short presentation, is an interactive process with detailed case histories and discussion of diagnostic procedures with open discussion among participants. Practicing family physicians with academic interest in family medicine and epidemiology of infectious diseases will be leading the workshop. Aim of the workshop is to increase the ability to think "out of the box" and to be able to identify clinical presentations that may lead to the diagnosis.

Learning objectives of the workshop are

1. Diagnostic strategies in infectious diseases
2. Treatment of respiratory infections
3. Management of comorbidities in treating respiratory infections

Conflict of interest

no

## **Contribution ID: 688**

### **Presentation form**

Oral Communication

### **Implementing Frailty Screening In A Community Hospital in Singapore**

#### **Authors**

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**Introduction:** Frailty is defined as an age-associated decline in a person's reserves and function, with increased susceptibility to decompensation and poor outcomes. It is a dynamic state which can be improved with interventions. Frailty screening is recommended as part of the geriatric assessment. A baseline survey conducted in a community hospital, St. Luke's Hospital (SLH), indicated that although 93% of clinical staff knew about frailty, the rate of inpatient frailty screening was 0%.

**Objective:** To improve the current practice of geriatric care in SLH by achieving a 70% rate of frailty screening amongst elderly patients within 4 days of admission over a 6-month period.

**Methods:** A survey of clinical staff was done to facilitate root cause analysis and Pareto charting. These quality improvement methods identified top barriers to the clinical practice of frailty. Potential interventions were developed in response. Easy interventions with good expected utility were adopted, such as an educational programme for hospital staff and the introduction of the FRAIL scale as a simple and effective screening tool. Two Plan-Do-Check-Act cycles were undertaken.

**Results:** The average frailty screening rate attained was 73.3% (1087 of 1483 patients). A frailty prevalence rate of 46.9% was found which to our knowledge, is the first of such data in the community hospital setting locally.

**Conclusion:** Simple interventions enabled us to attain our objective. Results have also shown that frailty is indeed prevalent in the community hospital. Further efforts are needed to sustain frailty screening and introduce interventions with tangible benefits for patients.

Conflict of interest

no

## Contribution ID: 726

### Presentation form

Oral Communication

### Long-term post-traumatic stress disorder in mine workers after a coalmining disaster

#### Authors

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**Introduction/Aim:** Soma Disaster is a coal mine disaster that occurred in Turkey, which caused the death of 301 miners. The aim of this study was to determine the prevalence of Posttraumatic Stress Disorder (PTSD) and risk factors associated with PTSD, in mine workers working in the region where the coal mine accident occurred.

**Materials and Methods:** This was a cross-sectional study conducted among mine workers who applied to occupational health and safety training in Soma. Sociodemographic data form and PTSD Symptom-Scale Self-Report (PSS-SR) were used to collect data. A score of  $\geq 14$  was used as a positive screen for PTSD. Descriptive statistics, chi-square, student's-t test and logistic regression, analyzed using IBM SPSS version 22.0.

**Results:** 672 trainees participated in the study. All of them were males, with the mean age of  $33.83 \pm 7.45$  years (range: 19-56 years). At the time of the accident, 23.7% (n=159) of them were in the mine where the accident occurred. The mean score on total PSS-SR was 4.27 (SD:  $\pm 4.49$ ). 18 (2.7%) participants screened positive for PTSD. Significant risk factors for PTSD included: being single/divorced/widowed (OR=3.53, 95% CI: 1.21-10.28), having a chronic disease (OR=6.73, 95% CI: 2.06-21.93), having a family history of psychiatric illness (OR=7.48, 95% CI: 2.01-27.81) and previously experiencing traumatic events more than one (OR =24.56, 95% CI: 7.03-85.77).

**Conclusion:** Coalmining workers have considerably high prevalence rate of PTSD after a coalmining disaster. Assessing PTSD and associated risks is important for preventive mental health services.

Conflict of interest

no

## Contribution ID: 732

## Presentation form

Oral Communication

### Are there any harms about introducing soy milk during complementary feeding?

#### Authors

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**Introduction:** The trend nowadays is an healthy lifestyle. Eating more plant-based foods, parents are going for a different pattern choosing soy as the first option for milk, not only for them. Are there any harms about its introducing during complementary feeding time?

**Methods:** We searched on Cochrane Library, Dynamed, MedLine/PubMed, DARE, UpToDate, Evidence Based Medicine, CMA, NGC and NICE articles written in portuguese or english with full access till December 2018 and search terms: ("complementary feeding" and "soy milk") NOT "formula" NOT "infant". The inclusion criteria were Population - Children from 1 to 2 years of age, Exposure - Complementary Feeding with soy milk and Outcome - What consequences. The results were filtered by the relevancy of the title, abstract and lastly the full article. We assessed study quality using the Strength of Recommendation Taxonomy.

**Results:** From 133 articles, 6 met our inclusion criteria: 1 clinical trial, 1 observational descriptive study, 1 clinical guideline and 3 case reports. Two articles aimed to study cow milk but reported on soy milk. They found low levels of vitamin A and D, calcium and phosphate, additionally bioavailability of fortified nutrients might not result in enough calcium source. Exclusive intake of soy milk might lead to rickets. Children might have allergic enteropathy with soy protein.**Conclusion:** This systematic review shows with consistency and limited-quality-patient-oriented evidence that there is a risk of preventable nutritional deficiencies from giving inappropriate milk during complementary feeding. It is important to educate parents that it is not a suitable milk without modification.

Conflict of interest

no

## Contribution ID: 740

### Presentation form

Oral Communication

### Comprehensive assessment of a frail elderly person in primary care

#### Authors

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**Background:** Frailty is characterised by a cumulative decline in many physiological systems, a vulnerability to stressors leading to an increased risk of adverse outcomes. Early identification and intervention can potentially decrease or reverse frailty. Primary care physicians and community social networks have important roles

in identifying pre-frail and frail elderly through the use of screening tools and geriatric assessments.

**Aim:** This workshop is designed to focus on frailty assessment using a comprehensive geriatric assessment, in primary care practice. The process must be multi-dimensional, considering the person's living environment, physical, mental and social status as well as any carers. Workshop goals include review of available evidence on frailty and differentiation from normal physiological aging, review and debating the best path to follow.

Will be reviewed the best practice based on current published literature on the evaluation of frailty and follow-up options. Ample time will be allocated for discussion of frailty, case based examples, and participants will be encouraged to bring examples from their practices.

**Results/Conclusions:** Frailty is a graded abnormal health state which ranges from the majority who are pre-frail and need supported self-management, through those who are have advanced frailty where anticipatory care planning and end-of-life care may be appropriate interventions. Many pre-frail and mildly frail seniors' first point of contact with the healthcare system is with the primary care physician. The opportunity should be taken to identify them in the primary care setting and help them to maintain their own health for as long as possible.

Conflict of interest

no

## **Contribution ID: 768**

### **Presentation form**

Oral Communication

### **Speak up and reach out workshop: prevention of suicidal behavior from primary care consultation.**

#### **Authors**

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Family doctors have an advantage position in society as we are accessible to the patients and the first professional to whom can ask for help. Suicidal behaviour is a major health concern in many countries, developed and developing alike. At least a million people are estimated to die annually from suicide worldwide and there is a rising trend of youth suicide. A very important fact we should know and take advantage of is that the 75% of the persons that committed suicide verbalized the idea in the previous months. We have the possibility of recognize suicidal risk before the commitment and prevent it.

We will trace the main profile characteristics of the suicidal potential using a quiz that the assistants will have to answer and analyse. Role-playing and discussing will

be the tools to learn how to identify the predisposing factors of risk of suicide, perform a correct clinical interview and try to manage the patient's conduct. Criteria for referral to specializing services will be learned using clinical cases and proposing and developing mechanisms to solve the problems exposed.

Be willing to participate in role-playing games, realize a group debate, open exchange of personal experience and its analysis. Interactive attitude is required.

After the workshop, we aim that the participants will be able to identify the predisposing and protective factors of suicide risks, handle basic skills of communication and the key tools for the prevention of suicidal conduct in the primary health care consultations, following evidence-based medicine.

Conflict of interest

no

## Contribution ID: 772

### Presentation form

Oral Communication

### Choosing between a primary care physician and a specialist for the treatment of type-2 diabetes: a national multicenter cross-sectional study.

#### Authors

Philippe-Richard Domeyer<sup>1)</sup>, Sofia Birka<sup>2,3)</sup>, Ioanna Tsiligianni<sup>2,4)</sup>, Anastasia Papaioannou<sup>2,5)</sup>, Vasilios Gkizlis<sup>2,6)</sup>, Thetis Kerasidou<sup>7)</sup>, Evaggelia Hartamba<sup>7)</sup>, Zoi Tsimtsiou<sup>2,3,8)</sup>

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**Introduction/Aim:** Type 2 diabetes is commonly treated by primary care (P.C.) physicians in most countries; in Greece patients can choose to be treated by specialists without a P.C. physician referral. This study aimed to determine the prevalence of diabetic patients visiting P.C. physicians while being treated by specialists and to assess putative predictors that might influence their choice of specialist physician versus P.C. physician for their initial and current treatment.

**Materials and Methods:** In this national study conducted at nine P.C. units during twenty working days, a pre-tested structured questionnaire was administered to diabetic patients among the first twenty each day to visit their P.C. physicians. Standard sociodemographic, clinical and laboratory parameters were included in analyses. Predictors were assessed through multivariate logistic regression.

**Results:** A total of 225 patients were recruited (84% response rate). Only 15.9% declared being initially treated by a diabetes-specialist and 11.9% acknowledged still

being treated by him. Age (odds ratio [OR]: 0.93), personal history of hypoglycemia (OR: 2.45) and eye exam (OR: 3.87), as well as a family history of diabetes in siblings (OR: 3.66) were associated with the initial choice of a specialist physician. Female sex (OR: 3.30), personal history of hypoglycemia (OR: 3.77) and HBA1C most recent value (OR: 1.39) were correlated with the current choice of a specialist physician.

**Conclusion:** Although most patients visiting P.C. facilities receive diabetes care from their family physicians, some favor specialists. The predictors of this trend merit further study to better address patients' healthcare needs in P.C.

Conflict of interest

no

## Contribution ID: 773

### Presentation form

Oral Communication

### Screening for and manifestation of microvascular complications in diabetic primary care patients: a national multicenter cross-sectional study.

#### Authors

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**Introduction/Aim:** Type 2 diabetes mellitus (T2DM) is associated with serious microvascular complications. Our study's aim was to explore the prevalence of diabetes microvascular complications and their screening modalities among primary care patients and investigate their predictors.

**Materials and Methods:** In this national study conducted at nine P.C. units during twenty working days, a structured questionnaire was administered to diabetic patients who were among the first twenty to visit their P.C. physicians daily. Standard sociodemographic, clinical and laboratory parameters were included in the analyses. Microvascular complications of diabetes studied were: retinopathy, nephropathy and diabetic foot neuropathy. Regression analyses were performed on the number of existing diabetic complications and the number of complications, for which screening was performed during the past year, to investigate putative predictors.

**Results:** A total of 225 patients were recruited (84% response rate); mean age was 70.9±9.5 years and duration since T2DM diagnosis was 10.5±8.4 years. Among them, 17.9% had at least one microvascular complication but only 22.7% of the respondents reported having performed a screening test for all of them during the past year. Duration of diabetes, number of medications, insulin treatment, urea and mother's history of diabetes emerged as significant predictors of microvascular complications, whereas the history of hospitalization and of diabetic complications were correlated with the number of complications for which screening was performed during the past year.

**Conclusion:** Emphasis should be placed on the timely detection of microvascular complications in certain population subgroups at high risk for their development.

Conflict of interest

no

## Contribution ID: 775

### Presentation form

Oral Communication

### Health literacy and patient-related barriers in achieving effective glycemic control: a multicenter mixed-method study in Primary Healthcare in Greece

#### Authors

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**Introduction/Aim:** This study aimed in investigating diabetic patients' knowledge towards optimal glycemic control targets, their perceived level of glycemic control and issues they dislike about their therapy to identify barriers in effective glycemic control.

**Materials and Methods:** Nine primary care (P.C.) practices from seven different Greek prefectures participated in the study. A pre-tested 51-item questionnaire was administered to diabetic patients who were among the first twenty each day to visit their P.C. physicians during 20 consecutive working days. Both quantitative and qualitative research methodology was employed.

**Results:** A total of 225 patients were recruited (response rate: 84%); mean age was 70.9±9.5 years and 117 (52%) were male. Poor glycemic control (HbA1c>7%) was achieved in 68 respondents (30.2%), among which 30 (44.1%) perceived their

diabetes to be controlled, 25 (35.8%) uncontrolled, while 13 (19.1%) were ignorant of its status. As many as 196 patients (87.1%) knew the optimal values for good glycemic control. The issues that participants disliked about their treatment were grouped into five themes identified by thematic content analysis: negative attitudes towards the necessity of daily medication, worries about treatment's safety, adverse events, individual preferences and treatment's complexity.

**Conclusion:** Discordances between the patients' perceived and actual diabetes control, combined with frequent overestimation of control rates, possible lack of knowledge on optimal glycemic control targets, as well as patients' concerns and preferences should be individually addressed. The provision of patient-centered care remains the gold pathway to eliminate patient-related barriers and achieve higher levels of diabetes control.

Conflict of interest

no

## Contribution ID: 803

### Presentation form

Oral Communication

### Compression therapy in treating venous ulcers in a portuguese health center - 10 years of experience

#### Authors

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**Introduction:** Up to one percent of people in industrialized countries will suffer from a leg ulcer (VLU) at some time. The majority of these leg ulcers are due to problems in the veins, resulting in an accumulation of blood in the legs. Chronic leg ulcers are responsible for chronic pain and seriously affect patient life quality. Compression therapy is the gold standard for treating venous leg ulcers.

**Methods:** The project started in 2004, in a phased manner, with the creation of multidisciplinary teams and then applied in different health centers on our region. A previously validated protocol was applied for patient evaluation and data recording.

**Results:** In the last 10 years in our health center the results show that were made 172 treatments in 112 patients between 2008 and 2018. 59,8% are female and the average age is 76,2 years. 24 treatments happened in the patient's residence and 47,3% have history of recurrent ulcer. Complete healing of the ulcer was obtained in 80,3% of the patient's and 54,4% were treated in less than 90 days. 8,1% of the patient's abandoned the compression therapy.

**Conclusions:** Compression therapy has proven to be the cornerstone in the treatment of VLU, leading to a reduction in pain, healing time, frequency of treatments and consequently an improvement in the quality of care provided, and in the life of the patient.

Conflict of interest

no

## **Contribution ID: 838**

### **Presentation form**

Oral Communication

### **Non-pharmacological therapies in chronic pain**

#### **Authors**

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**Introduction:** Pain has a high prevalence in our population, generating interest at a scientific, medical and social level; unfortunately, it is not treated adequately in many cases. It is a serious problem causes much stress and anxiety to those who suffer with it. Its chronicity can limit many aspects of daily life and be disabling. This can result in negative impacts , on their work , social and personal environments. Currently, there is an increase in the demand for non-pharmacological treatments by patients who do not improve with medication alone. They are seeking prolonged relief and pain control in these therapies, as well as a decrease in the use of analgesics and an improvement in the quality of life.

**Objectives:** Obtain and present high quality scientific evidence in relation to non-pharmacological therapies indicated in the treatment of chronic pain.

#### **Method:**

- 1) Stretching exercises to experience the feeling of relaxation
- 2) Presentation of scientific evidence of these therapies
- 3) We will divide the participants into groups to solve clinical cases

**Conclusions:** Non-pharmacological therapies have a positive impact on the management of chronic pain.

- It is important to train doctors about these therapies. In the management of chronic pain, conventional pharmacological treatment together with non-pharmacological treatment are a good association to relieve and control pain.

Conflict of interest

no

## **Contribution ID: 841**

### **Presentation form**

Oral Communication

### **Knee in primary care**

#### **Authors**

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**Aims:** The knee pain is the most common musculoskeletal complaint and a reason for frequent consultation in primary care. It has a wide variety of specific causes, whose precise and timely diagnosis can be obtained based only on clinical and physical examination.

The aim of this workshop are to review the anatomy of the knee and the fundamental aspects of the anamnesis, to exemplify and practice in an oriented manner the different maneuvers of the complete physical examination and to systematize the differential diagnosis of knee pain and its appropriate treatment.

**Description:** The workshop will be divided into 3 parts. First, a brief introduction focusing on the anatomy of the knee and on the general aspects of the anamnesis (10'). Secondly, a complete physical examination will be exemplified, allowing the participants to practice maneuvers in pairs guided by the trainers (40'). Finally, clinical cases will be presented to establish the diagnosis by clinical and physical examination and adequate guidance (40').

**Conclusions:** After this workshop, the participants will be able to conduct a targeted interrogation that allows a complete characterization of the complaints. It is also hoped that they will learn, train and begin to master the different maneuvers of physical examination, which allow to distinguish between the more frequent diagnoses of knee pain. This knowledge allows the family physician a better orientation of patients. The mastery of clinical tools permits a more cost-effective practice, avoiding imaging tests and empowers the physician to establish rigorous diagnoses and a more timely orientation.

Conflict of interest

no

## **Contribution ID: 850**

### **Presentation form**

Oral Communication

### **Deprescription and Reconciliation Therapy (DeRT) office: an innovative GP's project in Italy**

#### **Authors**

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**Introduction/Aim:** the polypharmacy of elderly affected by many diseases is a big issue in Western country and beyond. In Italy the 30% of people between 75 and 85 years would take 5 or more drugs prescribed by their doctors, without counting OTC and other medicine. General Practitioner is the most suitable professional to recognition, monitoring and care of this patients: he knows the clinical story, the life

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style and the social context. The relationship established over the years can promote sharing therapeutic target that take into account the patient's pathologies, their expectations and their realization in order to avoid damage from excess of medicalization.

**Materials and Methods:** a group of 10 GP have designed and realized with their health organization (ASLTO3 Turin) a surgery in which promote a reconsideration of chronic therapy in patients over 65 taking 5 or more drugs. The project includes: choose the patients to invite to visit, inquire drugs taken focusing on adherence and interactions, ask for life quality perception, suggest to the patient which drugs could be cut out or not.

**Results:** we have screened 4200 patients >65 of which approx. 1300 taking 5 or more drugs. We are calling them for the active consultation and propose a shared care plan in accordance with deprescribing.

**Conclusion:** this work aims to give practical application, as usual in primary care, to the evidence that is useful reduce the overuse of medications in elderly in order to minimize the risk of harms and improve the life's quality.

Conflict of interest

no

## **Contribution ID: 855**

### **Presentation form**

Oral Communication

### **HTN treatment in the elderly. Review of recent literature and current evidence.**

#### **Authors**

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**Aim:** there are numerous clinical guidelines to lead us through our practice. However, we encounter serious contradictions among them. Scientific evidence does not have all the answers needed and experts' opinions are not always pristine and may be biased. In this review we assess current evidence quality regarding optimal BP targets in the elderly.

**Material and methods:** reading of the most current literature.

**Results:** JNC 8's guidelines published in 2014 based its research solely in RCTs. When it comes to the population aged 60 years or older, they declare that research shows, with a grade A evidence, a reduction in stroke, heart failure and coronary events, when HTN is treated to a target lower than 150/90 mmHg. Recently the SPRINT research was published, creating a serious discordance with this JNC 8' statement, and favoring the 'regression' to JNC 7' HTN classification in AHA/ACA 2017 and ESH/ECC 2018 guidelines. SPRINT was a randomized controlled trial, open-labeled and multicentered (9361 patients, 102 sites across USA and Puerto Rico). It randomized its patients to an intensive treatment group with SAP goal < 120, and standard treatment group with SAP target < 140. Though results clearly favoring the strict targets, it is important, nonetheless, to underline the important flaws within this research; potential Hawthorne effect and bias ascertainment, significant greater proportion of men, potential multicenter bias and BP levels overestimation

(measured without staff present). Conclusion: based on evidence targets <150/90 for population older than 60 are the only to have shown clear benefits.

Conflict of interest

no

## Contribution ID: 883

### Presentation form

Oral Communication

### Validation of the SCORE (systematic coronary risk evaluation) model for estimation of cardiovascular risk in a southern European country

#### Authors

Carlos Brotons<sup>1</sup>, Irene Moral<sup>1</sup>, Mireia Puig<sup>1</sup>, Eva Calvo-Bonacho<sup>2</sup>, Luis Quevedo-Aguado<sup>2</sup>, Carlos Catalina-Romero<sup>2</sup>, Carlos Fernandez-Labandera<sup>2</sup>, Paloma Martinez-Muñoz<sup>2</sup>, Diana Fernandez-Valverde<sup>1</sup>, Teresa Vilella<sup>1</sup>

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**Introduction/Aim:** To conduct an external validation of the SCORE (Systematic COronary Risk Evaluation) model for low-risk regions among asymptomatic individuals (primary prevention).

**Materials and Methods:** Nationally cross-sectional examination in an occupational cohort with an in-person interview including laboratory tests. Study Participants: Workers examined between 2006 and 2007 without previous cardiovascular disease. Outcomes: Fatal cardiovascular events over a 10-year follow-up period registered in the Spanish Statistics Institute mortality data base. Statistical analysis: The predictive accuracy of the cardiovascular risk score model was assessed using both calibration and discrimination. Agreement between predicted and observed events across deciles of predicted risk was graphically evaluated. Discrimination was assessed by plotting the receiver operating characteristic curve and calculating the C-statistic and the Youden index. Sensitivity and specificity were calculated at the recommended treatment thresholds of the SCORE risk model (5%).

**Results:** SCORE was computed for 235,633 subjects, mean age was of 48 (SD 6.2) years and 75.9% were men. SCORE fatal events were recorded in 0.6% of men and 0.1% of women. Median follow-up time was of 9.8 years. 7.6% of men and 0.4% of women were classified as high cardiovascular risk. Estimated C-statistic was of 0.75. Youden index was of 0.37 with an empirical optimal cut-point of 1%. At the threshold of 5% sensitivity was of 94% and specificity of 22%, correct classification was of 94%.

**Conclusion:** Despite acceptable discrimination capacity, calibration was significantly inaccurate. The SCORE model for European low risk countries overestimates the cardiovascular risk in a southern European country.

Conflict of interest

no

## Contribution ID: 886

### Presentation form

Oral Communication

## **Open, randomized, multicentre clinical trial to evaluate the effectiveness of an intervention to reduce cardiovascular risk: the INFORISK study**

### **Authors**

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**Introduction/Aim:** To evaluate the effectiveness of an intervention to reduce the risk in high cardiovascular risk patients.

**Materials and Methods:** one year follow-up, open, randomized multicentre clinical trial with parallel groups. Setting: 6 primary health care centres. Inclusion criteria: individuals without history of cardiovascular disease, 40 to 69 years old, fulfilling one of the following criteria: SCORE $\geq$ 5% (or relative risk >4), REGICOR  $\geq$ 10%, diabetes mellitus with proteinuria and/or one major risk factor, severe kidney disease or subclinical atherosclerosis. Intervention: a specific trained nurse explained the concepts of absolute, relative risk and vascular age and followed patients every three months to see changes in health style habits, risk factors and treatment adherence. Variables: cardiovascular risk (primary endpoint), healthy habits, blood pressure, total cholesterol. Statistical analysis: multilevel mixed-effects models.

**Results:** 464 people were included, 49.1% in the intervention group, 59.3% men, mean age was of 61.0 (SD 8.0), mean REGICOR and SCORE risk were 7.7 (SD 3.8) and 3.3 (SD 2.3), respectively. Follow-up was completed for 87% of participants. A statistically significant reduction in the REGICOR risk was detected in the intervention group with a mean reduction of 0.6 (p=0.006). Other statistically significant findings in the intervention group were a reduction in systolic blood pressure of 4.4 mmHg (p=0.001), body mass index of 0.3 kg/m<sup>2</sup> (p=0.047) and abdominal circumference of 1.6 cm (p=0.001).

**Conclusion:** An intervention addressed to improve information on cardiovascular risk was effective in the reduction of cardiovascular risk as well as of other cardiovascular risk factors.

Conflict of interest

no

### **Contribution ID: 921**

#### **Presentation form**

Oral Communication

## **Effects of a structured care path from general practice after cancer diagnosis; results on patient reported outcomes and healthcare utilization**

### **Authors**

Ietje Perfors<sup>1</sup>, Eveline Noteboom<sup>1</sup>, Niek de Wit<sup>1</sup>, Elsken van der Wall<sup>2</sup>, GRIP study group<sup>3,4,5,6,7</sup>, Anne May<sup>1</sup>, Charles Helsper<sup>1</sup>

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**Introduction:** There is growing potential and demand for more personalised and continuous cancer care. Although primary care involvement may be key to achieve this, there is no structured role for primary care after a cancer diagnosis. We aim to assess the effects of structured primary care guidance after diagnosis on patient reported outcomes and healthcare utilization.

**Methods:** A randomised controlled trial, among curatively treated cancer patients in the Netherlands. Intervention: A "time out" consultation by the GP between diagnosis and treatment decision, followed by structured monitoring from primary care after the cancer diagnosis. Control: Usual care. We are presently analysing (1) the effect of a Time Out on primary care involvement shortly after diagnosis, (2) its effects on patients' experienced level of Shared Decision Making (SDM), information provision and perceived self-efficacy, and (3) the effects of the complete intervention on primary and secondary health care use during treatment.

**Results:** 154 patients were included. Currently, only secondary health care use data are incomplete (N=74). First results indicate increased contacts in primary care and substantially reduced cancer related hospital care in the intervention arm. Patients in the control arm scored higher on "experienced SDM" at two weeks after diagnosis. No effect on perceived self-efficacy and information provision was found. Complete results will be presented at the conference.

**Conclusions:** The first results suggest that structured primary care provision after the cancer diagnosis may shift care from secondary to primary care. However, its effect on patients' perception of SDM and self-efficacy may be limited.

Conflict of interest

no

## Contribution ID: 924

### Presentation form

Oral Communication

### Treatment decisions in cancer patients treated with curative intent; process of choice and the role of the GP

#### Authors

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**Introduction/aim:** Increasing cancer treatment options and the aim for personalised cancer care increase the potential and demand for shared decision making (SDM). In SDM GPs play a growing role. We aim to assess the process of treatment choice, including the preferred role of the GP, for curatively treated cancer patients.

**Materials and Methods:** Following the principles of grounded theory, we used semi-structured individual interviews with purposively sampled cancer patients and focus group with patients, family members, and GPs, to explore (1) the themes that guide the treatment choice process and (2) the preferred role of the GP. The influence of "migration background" and "multi-morbidity" was also explored.

**Results:** The treatment decision process was focussed around a main theme: "Remove cancer to attain survival ". With this focus, 'trusting the physician' and 'feeling safe with a treatment', were dominant subthemes. The role of the GP was described as supportive, mainly for deliberation and psychological support, from a personal perspective. A migration background increased the influence of 'a preference for maximum treatment', 'the influence of treatment choice on social status' and a 'key figure in the patients environment'. Multimorbidity increased the influence of the patient's physical and personal situation.

**Conclusion:** Treatment decision for curatively treated cancer patients is generally dominated by a focus on optimal survival gain. A migration background and the presence of multi-morbidity can influence the decision making process. The role of the GP is described as supportive, mainly for deliberation and psychological support from a personal perspective.

Conflict of interest

no

## **Contribution ID: 932**

### **Presentation form**

Oral Communication

### **Improving women's health among navy military**

#### **Authors**

Marisa Reis, Sara Ferreira, Joana Reis

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**Introduction/Aim:** Reproductive health plays a key role in every woman's well being. Although women are in the navy since 1992, there was not a structured project to address sexual and reproductive health or to approach it at fitness for duty evaluations. The aim of this work is to share a project created in order to improve women's follow-up in the military setting.

**Materials and Methods:** Two navy doctors, a gynaecologist and a family physician perform medical appointments and cervical cancer screening to military women two times per month.

**Results:** Each year, all military personnel is examined in order to access mental and physical well being and fitness for duty. At ages of 35, 45, 50, 55 and 65, military personnel undergoes an extended physical examination, laboratory tests as well as otorhinolaryngology, ophthalmology and urology evaluation. Women's health

appointments may take place either by women's request, complaints or for fitness for duty evaluation purpose. Since September 2018, we have implemented this specific appointment at key ages instead of an urology one. The project has reached 4% of women in the navy in a three-month-period, about 90% had been in a gynaecologist in the past year. The majority of appointments were done in fitness for duty evaluation context.

**Conclusion:** Women's health needs are unique, so an individualized approach is needed to improve and maintain it. We aim to reach every women in military setting and provide the best care possible, empowering and counselling them. Nevertheless, much more work is still needed.

Conflict of interest

no

## Contribution ID: 941

### Presentation form

Oral Communication

### Impact of alcoholism in the immunologic system and its association with respiratory infections - can we prevent it?

#### Authors

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**Introduction:** Alcohol is the most frequently abused drug in the world. Alcohol exposure, and particularly chronic heavy drinking, affects all components of the adaptive immune system. The mechanisms by which alcohol abuse increases the risk of pneumonia can be grouped into three general categories: 1) colonization of the oropharynx with pathogenic bacteria; 2) increased frequency of aspiration as a result of depressed level of consciousness and diminished gag and cough reflexes; and 3) impaired integrity of the host immune system.

**Methods:** We research for all types of studies with full text free access, published in the last five years in PubMed, DARE and other specific sites of international societies, with the terms MeSH "alcoholism" and "respiratory infections". We found forty-one articles and, after selection, we analysed eight.

**Results.** The effects of chronic alcohol exposure are not limited to phenotypic changes in T cells but also include T-cell functions. These changes in turn compromise the organism's ability to respond to pathogens and contribute to increased susceptibility to infections. Individuals with alcohol use disorder are more likely to develop pneumonia, tuberculosis, respiratory syncytial virus infection and acute respiratory distress syndrome.

**Conclusions:** Alcohol abuse is one of the most preventable risk factors for respiratory infections. Alcohol abuse has been associated with increased incidence and severity of community-acquired pneumonia. Implementing alcohol abuse cessation programs and a pneumococcal vaccination schedule are essential to diminish the burden of pneumonia and other pneumococcal infections.

Conflict of interest

no

## Contribution ID: 943

### Presentation form

Oral Communication

### Fighting cervical cancer – implementation of a new organized screening program in greater lisbon area

#### Authors

Joana Reis, Marisa Reis, Sara Ferreira  
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**Introduction/Aim:** In 2018, a population organized screening for cervical cancer was implemented in our Primary Health Care Unit. We aim to share our experience implementing this program.

**Materials and Methods:** We collected and analysed data from the cervical cancer screening digital platform from June to December 2018.

**Results:** Until 2017, Portugal's National Cervical Screening Program used to recommend conventional cytological screening every 3 years for women aged 25-60 years. In 2018, a new organized screening program was implemented in greater Lisbon area. This program includes a primary cervical human papillomavirus (HPV) screening every 5 years and direct referral to colposcopy for women aged 30-65 years who tested positive for HPV16/18 or a liquid-based cytology triage for women who tested positive for oncogenic HPV other than HPV16/18. Invitation to screening, communication of test results and referral to colposcopy are performed through a digital platform. Cell samples are analysed in the nearest hospital's laboratory, avoiding the previous need for the women to transport the sample to an out-patient laboratory and collect the test results. From June to December 2018, 374 women were screened in our health care centre: 3% tested positive for HPV 16/18 and 6% tested positive for other oncogenic HPV with an altered cytological result.

**Conclusions:** This new cervical cancer screening program and the use of a digital platform allowed us to screen more women, an earlier access to test results and a timely referral to colposcopy.

Conflict of interest

no

## Contribution ID: 973

### Presentation form

Oral Communication

### Risk of osteoporosis in rheumatoid arthritis

#### Authors

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**Introduction:** Rheumatoid arthritis is a common systemic inflammatory autoimmune disease characterized by painful, swollen joints and severe impairment of quality of life. The risk of osteoporosis is increased in these patients due to multiple factors: illness itself, lack of exercise, treatment.

**Aim:** The study of osteoporosis and of some risk factors for osteoporosis in patients with rheumatoid arthritis. Family doctors could improve the diagnosis and the treatment of patients with rheumatoid arthritis and osteoporosis

**Materials and Methods:** Several groups of patients with rheumatoid arthritis aged over 18 years were included in the study. We assessed the presence of osteoporosis using DXA and personal history of osteoporosis-related fractures in the spine, hip or wrist.

**Results:** The risk of osteoporosis was equal in women and men. Osteoporosis was more commonly observed in advanced stages of rheumatoid arthritis, in those with corticotherapy, in those who had impaired renal function, and in those treated with nonsteroidal anti-inflammatory drugs or with conventional disease-modifying antirheumatic drugs.

**Conclusion:** Both women and men with rheumatoid arthritis have an increased risk of osteoporosis. Diagnosis and early treatment of osteoporosis improves the quality of

Conflict of interest

no

## Contribution ID: 977

### Presentation form

Oral Communication

### Insulin therapy in specific situations in type 2 diabetes patients

#### Authors

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**Background:** The management of type 2 diabetes(T2DM) patients is nowadays moving to primary care physicians all over the world. The insulin therapy is an important type of treatment on the patients with diabetes and because of this, the training of primary care physicians about this area is so necessary.

**Aim of the workshop:** This workshop pretends to provide an overview of how to initiate insulin therapy for T2DM in different specific situations

- a) Patients in corticosteroid treatment
- B) Patients in Palliative Care

c) Fragile Patient

d) Ramadan Situation

**Methods:** Through the workshop, different clinical trials will be exposed to assess the initiation and maintenance of insulin therapy in this type of situation.

**Results and conclusions:** This workshop will offer new tools and skills to primary care physicians to initiate insulin therapy in special situations.

Conflict of interest

yes

## Contribution ID: 980

### Presentation form

Oral Communication

### Back to basic in type 2 diabetes mellitus

#### Authors

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**Background:** Nowadays there are so many new information about the management of type 2 diabetes (T2DM), and for this reason it is so important to get clear the scientific evidence about its management at the primare care consultations.

**Aim of the workshop:** To keep abreast on the management of type 2 diabetes at the primare care consultations. In these workshop we will propose a review of the key principles of medical management in T2DM, providing sspecific tips.

**Methods:** Through the workshop, we will review the differents guidelines about T2DM remembering the basic aspects of its management:

--- Diagnosis criterio for diabetes

--- Approach to therapy

--- Diabetes treatment intensification

**Results and conclusions:** With this workshop phsicians will learn the importance of managing the T2DM basic concepts having the opportunity to resolve their doubts with the differents speakers and the audience.

Conflict of interest

yes

## Contribution ID: 981

### Presentation form

Oral Communication

### Screening for mood disorders among patients with diabetes in Primary Care

## Authors

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<sup>2</sup>*Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary*

**Introduction/Aim:** Depression and anxiety are common psychiatric disorders. The prevalence of depression and anxiety is almost twice as high among patients with diabetes mellitus compared to nondiabetic patients. The aim of our study was to identify the prevalence of symptoms suggesting depression and anxiety among patients with Type 2 diabetes in the general practice setting.

**Materials and Methods:** Patient history, anthropometric, socioeconomic and laboratory parameters were collected during visits. Beck Depression Inventory and the Hamilton Anxiety Scale were used to evaluate the severity of mood disorders.

**Results:** 345 patients with diabetes mellitus participated in our study. The mean age of the patients was 69.8±11.1 (years±SD), 63% was female. The prevalence of medium/severe depression symptoms was 6%. Seventeen percent of patients with depressive symptoms were treated. We found anxiety in 20% of the cases and 27% of patients were treated. Among female patients we found significantly higher prevalence of depression symptoms (27% vs. 16%, p=0.016) and anxiety (54% vs. 34%, p=0.002). Among patients with HbA1c above 7.5%, the prevalence of depression symptoms was higher (12% vs. 4%, p=0.012). We found a higher prevalence of anxiety (65% vs. 37%, p=ns) among patients with HbA1c<7.5%.

**Conclusions:** Routine screening for symptoms of depression and anxiety among patients with diabetes would be an important part of the patient management work. The use of the recently introduced extended Summary Care Record will enable GPs to screen for mood disorders among patients with diabetes mellitus.

Conflict of interest

no

## Contribution ID: 986

### Presentation form

Oral Communication

### Individualizing objectives in the management of dm2: New tools

#### Authors

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**Background:** The treatment of type 2 diabetes have been suffered many modifications on last years. Several studies have showed the importance of the individualization of the glycemic objectives in our patients. However, with so much new information, sometimes is not so easy to do this new treatment approach recommendation at the primary care consultations.

**Aim of the workshop:** To provide some skills and tools for making real the glycemic objectives individualization at the primary care consultations all over the world.

**Methods:** Through the workshop, different consultation tools and the main tips to establish the glycemic objectives in our diabetic patients will be presented.

**Results and conclusions:** The health professionals will learn the basic aspects of the individualization of glycemic targets.

Conflict of interest

yes

## Contribution ID: 1034

### Presentation form

Oral Communication

### Thyroid cancer after Chernobyl Accident

#### Authors

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**Introduction:** The annual increase of newly diagnosed thyroid cancer (TC) is observed both in contaminated after Chernobyl accident territories and others. The heterogeneous nature of regional TC increase requires detailed analysis of prevalence and morbidity taking into account possible risk factors.

**Aim:** to analyze morbidity and prevalence of TC in Ukraine after Chernobyl Accident.

**Materials and methods:** The analysis of National Cancer Registry of Ukraine, data of statistical reports of healthcare establishments were conducted. Statistic was done using Excel 2016, StatSoft STATISTICA10.0.1011.0.

**Results:** There was a huge increase in TC morbidity since 1990 compared with pre-Chernobyl period in Ukraine. In 1990-2004 the all-Ukrainian TC increase among male population was 90.28%, female-104.42%; for Kyiv region-65.6% and 156.9% respectively. For 2005-2016 TC increased in structure of all cancers, TC morbidity increased in Ukraine in 1.7times ( $p < 0.01$ ), in Kiev region – in 1.5times ( $p < 0.01$ ) with highest incidence in Kyiv region. The highest increase of morbidity was observed among men aged 40-44 years, and women 30-34 years old. The TC prevalence increased over the same period in Ukraine in 112.5%, in region - 98.2%. Gender analysis revealed TC prevalence in female. The heterogeneous nature of regional distribution of TC morbidity was observed. The prognostic model indicated its increase for next 5 years.

**Conclusions.** The annual steady increase in the morbidity and prevalence of TC, as well as the heterogeneous gender, age and regional distribution indicates the multifactor and relevance of studying this problem with the subsequent improvement of the system of preventive measures.

Conflict of interest

no

## Contribution ID: 1139

### Presentation form

Oral Communication

### Benefits of phytoestrogens in menopausal women - Evidence-based review

#### Authors

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**Introduction:** Menopause is a physiological process for women. However, because of the symptoms that can occur, it can affect the woman's quality of life. Phytoestrogens are plant-derived compounds with estrogen-like properties that are often used because of their potential capacity to improve some symptoms of menopause.

The aim of this work is to review the evidence about the potential benefit of phytoestrogens in menopausal women.

**Materials and methods:** Search for systematic reviews (SR), meta-analysis (MA) and randomized clinical trials (RCT) in the Pubmed, NHS evidence, BMJ and Chocrane databases, published in the last 5 years, with the Mesh terms "menopause" and "phytoestrogens". The recommendation strength was evaluated using the SORT scale by American Family Physician.

**Results:** Out of 76 articles found, we selected 2 MA and 3 RCT. The 2 MA showed an association between the supplementation with phytoestrogens and the reduction of hot flashes and one of them also showed a decrease in vaginal dryness. One RCT indicated a decrease in sexual problems and an improvement of sleep quality. Besides, other RCT showed benefits on mood and cognitive performance. At least, the last RCT demonstrate that phytoestrogens may play an important role in the prevention of atherosclerosis.

**Conclusion:** Some patients can benefit of phytoestrogens to relief some menopausal symptoms and also to prevent the progression of atherosclerosis (SORT B). Further rigorous studies are needed with larger samples, longer follow-ups and less limitations to obtain more robust conclusions

Conflict of interest

no

## Contribution ID: 1148

### Presentation form

Oral Communication

### The family physician's role in care management related to hip fracture in elderly people

## Authors

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**Introduction/Aim:** Hip fracture is a worldwide public health problem. It is one of the most important causes of increased dependence and decreased life expectancy. One-year mortality is well documented, but little is known about long-term survival. The aim of this study was to identify factors of survival after trochanteric fracture surgery in elderly from Slovakia.

**Materials and Methods:** 202 patients (75.2% of females) 65 years and older (mean age 80.9±6.8) all treated with the same type of surgery were involved in the study. A prospective cohort study was carried since 2003 with the latest follow up in December 2018. Overall health status (ASA score), BMI and new mobility score (NMS) were collected at the admission to the hospital. The abbreviated mental test score (AMTS) was obtained before the surgery. Cox proportional hazards models with a forward selection procedure were used to find the survival predictors.

**Results:** The mean survival time was 47.6 months (95%CI 41.1-54.2). The 15-year overall survival rate was 6.9%. Multivariate analysis revealed that good mental state (AMTS>8; HR 2.0) and good pre-injury mobility score (NMS≥7; HR 1.8) were factors significantly increasing chance for hip fracture survival while worse nutritional status (BMI<22 kg/m<sup>2</sup>; HR 1.9) significantly decreased it.

**Conclusion:** Although surgery is the main treatment for hip fracture, family physicians play a key role as patients' consultants. Primary care interventions maintaining nutritional status, mental and physical capacity are important for better health outcomes and survival after hip fracture. [Grant support: APVV-15-0719]

Conflict of interest

no

## Contribution ID: 1152

### Presentation form

Oral Communication

### Exploring suicidality in depressed patients: an observational study in Dutch sentinel general practices

#### Authors

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<sup>3)</sup>Department of Psychiatry, Amsterdam UMC, location VUMC, Amsterdam, Netherlands

**Aim:** This paper describes exploration of suicidal behaviour among depressed patients by general practitioners (GPs) in the Netherlands.

**Materials and methods:** An observational study of consultations between GPs and depressed patients (ICPC code P76) in 39 Dutch sentinel GP-practices in 2017. GPs filled in questionnaires after each consultation (N=1034). Primary outcome measure is suicide exploration by the GP. Secondary outcome measures concerning patients,

include prevalence and severity of suicidal thoughts. Secondary outcome measures concerning GPs include follow up actions of GP and reasons not to explore suicidality.

**Results:** A total of 1034 questionnaires were included in the analyses. GPs explored suicidality in 44% of patients with depression en in 66% of those with a new episode. GPs explored suicidal feelings more often in patients with a new episode of depression (OR 4.027,  $p < .001$ , 95% CI [2.924, 5.588]), male patients (OR 1.71,  $p < .001$ , 95% CI [1.256, 2.330]) or younger patients (OR 1.017,  $p < .001$ , 95% CI [1.009, 1.026]). Multilevel analysis showed that 22% of the variation in suicide exploration is due to differences in GP practice. Of the patients asked by their GP, 38% reported (severe) suicidal ideation. When not exploring suicidal feelings most GPs (67.5%) did so because they thought the patient would not be suicidal.

**Conclusion:** GPs explored suicidal thoughts in less than half of the depressed patients and two third of newly depressed patients revealing large variation between practices. Suicide prevention training is recommended to enhance suicide exploration.

Conflict of interest

no

## **Contribution ID: 1171**

### **Presentation form**

Oral Communication

### **Red eye reflex - Prevention at a glance**

#### **Authors**

*Filipa Granado, Raquel Castro, Beatriz Cruz, Joana Franco, Rui Valério, Carla Cardoso  
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**Background & Aim:** We aim to highlight the importance of inclusion of red reflex test in routine medical assessment of children as recommended in guidelines.

The red reflex test can be a very useful and cost effective secondary prevention tool for early detection of major eye conditions such as retinoblastoma. This fast, easy, inexpensive and non-invasive screening test can be performed with an ophthalmoscope. According to current guidelines, this test should be performed regularly during the first five years of childhood.

Retinoblastoma accounts for 3% of cancers occurring in childhood. Two-thirds of all cases of retinoblastoma are diagnosed before the age of two.

**Case Report:** A case of a two and a half year-old boy with leukocoria noticed by his parents and later diagnosed as a retinoblastoma is described.

From birth to the age of diagnosis he was never tested for red reflex despite the guidelines. This retinoblastoma could only be detected due to its dimensions and when it was within millimetres from the lens. This delay could have seriously compromised the quality of life of this child and he's own survival.

**Conclusion:** It is a rare but very aggressive tumour that can cause major impairment. If untreated, almost all patients die of intracranial and disseminated disease within two years. New diagnostic and treatment methods ensure a high survival rate (93% in USA). Therefore, primary care physicians should be able to recognize early features of this malignancy.

Conflict of interest

no

**Contribution ID: 1179**

**Presentation form**

Oral Communication

**Hand-held cardiac ultrasound examinations performed in primary care patients by nonexperts to identify reduced ejection fraction**

**Authors**

Gunnar Nilsson

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**Introduction/Aim:** We examined if (1) focused cardiac ultrasound (FCU) with a hand-held device (Vscan 1.2) could identify patients with reduced left ventricular ejection fraction (LVEF) < 50%, and (2) the distribution of HF types among patients with suspected HF seen at primary care clinics.

**Materials and Methods:** FCU by GPs after a training programme comprising 20 supervised FCU examinations were compared with conventional cardiac ultrasound by specialists. The agreement of estimated LVEF <50% was compared. Types of HF were determined according to the outcomes from the reference examinations and serum levels of natriuretic peptides (NT-proBNP).

**Results:** One hundred patients were examined by FCU that was performed by 1-4 independent examiners as well as by the reference method, contributing to 140 examinations (false positive rate, 19.0%; false negative rate, 52.6%; sensitivity, 47.4% [95% confidence interval [CI]: 27.3-68.3]; specificity, 81.0% [95% CI: 73.1-87.0]; Cohen's  $\kappa$  measure for agreement = 0.22 [95% CI: 0.03-0.40]). Among patients with false negative examinations, 1/7 had HF with LVEF <40%, while the others had HF with LVEF 40-49% or did not meet the full criteria for HF. In patients with NT-proBNP >125 ng/L and fulfilling the criteria for HF (68/94), HF with preserved LVEF ( $\geq$ 50%) predominated, followed by mid-range (40-49%) or reduced LVEF (< 40%) HF types (53.2%, 11.7% and 7.4%, respectively).

**Conclusions:** The poor performance of non-experts could be explained by their limited experience in identifying left ventricular dysfunction because of the low percentage of patients with HF and reduced ejection fraction seen in primary care.

Conflict of interest

no

**Contribution ID: 1199**

**Presentation form**

Oral Communication

**Benefits in health education of immigrant pediatric population.**

**Authors**

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*EMERGENCY, SUHA, ALCAÑIZ/ARAGON, Spain*

We observe a progressive increase in immigrant child population in the last decade in our community and their difficulties in understanding and transmitting problems in the primary care consultation.

**Method:** Two pediatric consultations were selected. In one the explanations in immigrant population were completed with material sheets of advice and recommendations for one year and in the other not. Then, we evaluated and compared the knowledge of the two consultations through a questionnaire of 10 items.

**Results:** A total of 112 tests were collected (84.84%), 56 from the group that had received written material and 54 from the group without; obtaining a significant difference ( $p = 0.001$ ) with 84.46% of correct answers of the first and 50.37% of the second. There were significant differences between the two groups in relation to the questions of oral hygiene, introduction of nuts, management of vomiting, intoxications and syncopes ( $p = 0.012, 0.035, 0.001, 0.001, 0.011$ ), obtaining a percentage of failures in these five topics greater than 50% in the second group. Note however, 48.21% of failures in the first group in the question of poisoning.

**Conclusions:** Written material improves the transmission of information. A periodic questionnaire allows you to solve doubts and discover problems. A better communication improves the doctor-family relationship.

Conflict of interest

no

## Contribution ID: 1205

### Presentation form

Oral Communication

### What troubles our patients?

#### Authors

Beata Blahova<sup>1)</sup>, Ivana Bačová<sup>2)</sup>, Stanislava Bachledová<sup>2)</sup>, Katarína Dostálová<sup>1)</sup>, Michaela Macháčová<sup>3)</sup>, Jana Bendová<sup>4)</sup>

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<sup>4)</sup>Faculty of Medicine, Slovak Medical University, Bratislava, Slovakia

**Background:** General practitioners treat adults from 18 years old in our republic. We meet with various diagnoses in our practices. Cardiovascular diseases are the most common cause of death and hospitalisation in Slovakia.

**Aim:** Which diagnosis is the most common our practices? Is there a difference between rural and urban areas?

**Methods:** A cross-sectional study. Patients from 2 medical offices, both around 2000 patients (one from an urban and one from a rural area) were included in our study. We followed visits in 2018.

**Results:** Urban area: 1. Respiratory diseases (1505), 2. Cardiovascular diseases (1500), 3. Diseases of the muscular system (1244), 4. Gastrointestinal diseases (430), 5. Mental disorders (244). Rural area: 1. Cardiovascular diseases (1230), 2.

Respiratory diseases (1137), 3. Diseases of the muscular system (810), 4. Gastrointestinal diseases (425), 5. Preventive examinations (335). The most common diagnosis was hypertension in both offices (urban 1080, rural 762). The number of all visits to the urban office was 4923 and in the rural office 3937.

**Conclusion:** There are differences between urban and rural areas. There is a bigger number of respiratory diseases, maybe because of easier spreading. The difference between patients visits per year is interesting (almost 1000 more in urban area). Is it because urban patients take more care of their health than rural despite there being a bigger number of preventive examinations in the rural area? There are no studies about it in our country, so more research needs to be done.

Conflict of interest  
no

## **Contribution ID: 1207**

### **Presentation form**

Oral Communication

### **Lifestyle medicine: A new perspective in Primary Health Care**

#### **Authors**

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**Introduction/Aim:** By ignoring the root causes of disease and neglecting to prioritize lifestyle measures for prevention, the medical community is placing people at harm. Advanced nations, influenced by a Western lifestyle, are in the midst of a health crisis resulting largely from poor lifestyle choices. Epidemiologic, ecologic and interventional studies have repeatedly indicated that the preponderance of most non-communicable diseases (accounting for 63% of all deaths) including cardiovascular disease, cancer, and type II diabetes, are the result of lifestyle.

**Materials and Methods:** Lifestyle medicine is a new discipline that has recently emerged as a systematized approach for management of chronic disease. Although recommended as the first line of prevention and management, Primary Health Care (PHC) physicians often do not provide behavioral change counseling in their care. Targets include diet, physical activity, behavior change, body weight control, treatment plan adherence, stress and coping, spirituality, mind body techniques, tobacco and substance abuse.

**Results:** "Patients don't change" is a slogan used by a lot of PHC physicians of the older generations. Despite the fact that our experience may be limited regarding applying lifestyle medicine principles in day-to-day practice, we strongly believe that time to make this change is now: for future generations, for our own health, and for the Hippocratic Oath we swore to uphold ("First do no harm").

**Conclusion:** It is our hope that the information presented will inspire our colleagues to pursue lifestyle medicine research and incorporate such practices into their daily care of patients.

Conflict of interest  
no

## **Contribution ID: 17**

### **Presentation form**

One slide - 5 minutes presentation

**How do we record dementia in GP's offices? What do we consider as dementia?**

### **Authors**

Danijela Daus-Šebeđak

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**Introduction:** Alzheimer's dementia is psychological disorder as consequence of Alzheimer's disease (AD), which comprises a syndrome of progressive cognitive and functional decline. So far no exact data or registry of AD available in Croatia.

**Aims:** To analyse the way dementia diagnosis and AD were recorded in electronic health records (EHR's) of family practitioners. Also to obtain data how many patients were institutionalised, or live within their families.

**Methods** Data from EHR's on age, sex, of patients with various dementia diagnoses (F00-F09, ICD-10), dementia in Alzheimer's disease (F00.-F00.9), and AD (from G30.0 to G30.9) were collected. from five family medicine practices. Also data whether a person is in an institutional accommodation or in a foster care were collected. Data were analysed by descriptive statistics.**Results** :The total number of patients in five practices was 10761, 2539 patients were 65 years old and older. There were 107 patients (4,21 % > 65 years ) recorded with various dementia diagnoses (F00.-F09. ICD - 10). Six patients were with registered Alzheimer's dementia diagnose (F00-0-F00.9), whether it was early, or late onset, or atypical presentation. Diagnose of Alzheimer's disease (from G30.0 to G30.9) was established in 8/107 patients, and parallel diagnose F00 and G30. was recorded in two cases. There were 31/109 or 29% of demented patients in homes for the elderly and infirm, or foster families.

**Conclusion** : Most of demented patients are cared for within their families. More accurate registration of AD diagnoses, and formation of AD registry is needed.

Conflict of interest  
no

## **Contribution ID: 33**

### **Presentation form**

One slide - 5 minutes presentation

**Statin non compliant Diabetes/CAD patients in primary care – can we improve current reality and by what means?**

### **Authors**

Ilan Heinrich

*FAMILY MEDICINE, FAMILY MEDICINE, CLALIT HEALTH SERVICES HAIFA ISRAEL,  
HAIFA, Israel*

Formulating innovative approaches to improve statin adherence and persistence treatment with Diabetes and CAD patients in Primary Care

Lowering LDL-cholesterol to appropriate levels is trivial when reducing CV morbidity and mortality among Diabetes, CAD and other high risk patients in the community. Beside lifestyle modifications, HMG-Coa reductase inhibitors currently constitute the mainstay combat modality.

Adherence (active patients' decision making while participation in taking drugs) and persistence (the duration part of compliance over time) are problematic concerning statins, due to common side effects harming personal life quality/endurance. Studies demonstrated statin adherence to be different and lower compared to other medications used by CAD/Diabetes patients.

The constant frustrating need to identify trends of non cooperation among primary care clients promotes daily burden upon physicians.

As there are patients, physician and health care related factors to this wearing response, reality understanding and new communication techniques are necessary to make it more endurable in the long run strengthening the compliance bond,

Content:

A: Literature data presentation.

B: Proper surveillance methods of compliance and firm/clear reflection to patients.

C: Overcoming "statin resistance".

D: Role of the "Motivational interviewing" as proper coping tool: empathetic listening, "positive streaming" with patients perceptions of statin potential hazards, support of patient's own ability to make a change, directing the client to examine and resolve ambivalence, presenting target treatment goals in respect to behavioral compliance to statin medications, emphasizing that proper bonding response in this regard is more of a partnership or companionship than expert/recipient roles.

Conflict of interest

no

## **Contribution ID: 37**

### **Presentation form**

One slide - 5 minutes presentation

### **Proton pump inhibitor deprescribing in elderly nursing home residents**

#### **Authors**

Rosario Falanga<sup>1)</sup>, Giulia Marcassa<sup>2)</sup>

<sup>1)</sup>Local Health Authority, Primary Care Department, Pordenone, Italy, EGPRN member, Polcenigo, Italy

<sup>2)</sup>School of Vocational Training for General Practitioner, Friuli Venezia Giulia Region, Italy

**Introduction/Aims:** Proton pump inhibitors (PPIs) are among the most used drugs in Italy. PPI prescribing may often be inappropriate and expose patients to a risk of drug interactions and adverse events. Research aims: determine the proportion of nursing home residents receiving long-term PPI therapy, prescriptive

appropriateness, reduce the risk of drug interaction and adverse events, evaluate the effects in the medium and long term deprescribing intervention.

**Materials and Methods:** A quantitative study was conducted from January 2017 to December 2018. A cohort of 181 elderly patients living in two nursing homes in the Province of Pordenone, average age 87 (65-103), 82% females, were enrolled in the study.

Phase 1: Data collection of drug therapy, determining the proportion of residents receiving PPI therapy for longer than 6 months.

Phase 2: Therapeutic reconciliation and deprescribing intervention of PPI for residents who fit the criteria for discontinuation.

Phase 3: Follow up evaluating the effects in the medium and long term of the deprescribing intervention.

**Results:** 85 residents (47%) received long-term PPI therapy. In 17 (20%) residents a deprescribing intervention was carried out with reduction of drug interactions. Follow up was conducted for 6 to 24 months, no major gastrointestinal hemorrhagic complication occurred in these patients and no re-initiation of medications with PPI therapy was requested.

**Conclusions:** These results support discontinuation of long-term PPI therapy for older people who fit the criteria for discontinuation. Such interventions should be further evaluated in larger randomized controlled trials.

Conflict of interest

no

## Contribution ID: 38

### Presentation form

One slide - 5 minutes presentation

### Comparison of sublingual vs. intramuscular administration of vitamin B12 for the treatment of patients with vitamin B12 deficiency.

#### Authors

Merav Jacobson Bensky<sup>1)</sup>, Shachaf Shiber<sup>2)</sup>, Anat Gafter-Gvili<sup>2)</sup>, Gideon Koren<sup>1)</sup>, Irit Ayalon Dangu<sup>2)</sup>, Eviatar Naamany<sup>2)</sup>

<sup>1)</sup>Family division, Maccabi Health Service, Tel Aviv, Israel

<sup>2)</sup>Rabin Medical Center, Beilinson Campus, Petach Tikva, Israel

**Introduction/Aim:** There are several methods to treat vitamin B12 deficiency: intramuscular (IM), oral, sublingual (SL) and intranasal vitamin B12 preparations. Large studies comparing the efficacy of SL vs. IM supplements are lacking. The aim of the present study was to compare the efficacy of SL versus the standard IM administration of vitamin B12 in restoring B12 levels.

**Materials and Methods:** This was a retrospective analysis of data from the computerized pharmacy records of Maccabi Health Service. Data were recorded for all patients older than 18 years of age who were prescribed vitamin B12 during January 2014 - December 2017. The main outcome was the change in levels of serum vitamin B12 after treatment.

**Results:** Overall, there were 4281 patients treated with vitamin B12 supplements. Of them, 830 (19.3%) patients were treated with vitamin B12 IM injections and 3451(80.7%) with SL tablets. The mean $\pm$ SD difference between serum vitamin B12

levels before and after administration of vitamin B12 supplements was significantly higher in the SL group vs IM injection group ( $252 \pm 223$  vs.  $218 \pm 184$  ng/L,  $p < 0.001$ ). SL vitamin B12 significantly increased the odds ratio (OR) for an increase of serum vitamin B12 levels, compared to the IM group, OR - 1.85, CI 95% 1.5 - 2.3,  $p < 0.001$ .

**Conclusion:** This is the largest study that documents therapy with sublingual preparations of vitamin B12 is sufficient and even superior to the IM route and should be first line option for patients with vitamin B12 deficiency.

Conflict of interest

no

## Contribution ID: 61

### Presentation form

One slide - 5 minutes presentation

### The Pancoast tumor of the lung: a rare and misleading cause of shoulder pain

#### Authors

Pim Keurlings

*Department of Primary and Community Care, Radboud University Medical Center, Nijmegen, Netherlands*

**Introduction/Aim:** Shoulder pain is a common symptom for GPs and usually – but not always – has a benign cause.

**Materials and Methods:** A 50-years old man presented with shoulder pain. During examination he had pain on abduction and palpation of his muscles. We diagnosed a subacromial pain syndrome. NSAID treatment and physiotherapy were started. Although pain was alleviated in some extent by these treatments, it persisted over time and increased during the night. Because of his smoking addiction and family history of lung cancer, the GP performed a chest x-ray, two months after the first visit. It revealed a tumor at the apex of the lung also called Pancoast tumor.

**Results:** Because a GP will see Pancoast tumors only once or twice during his career and because of its misleading symptoms, there is a mean doctors delay of four months. The usual pulmonary symptoms of lung cancer like cough, hemoptysis and dyspnea only exist in late stages. Most patients (45-95%) initially present with shoulder pain caused by destruction of the brachial plexus, pleura or ribs. The GP can be pointed in the right direction by a history of smoking, pain in state of rest or during nights, and no improvement during usual treatment. Furthermore, there can be neurological symptoms like the Horner syndrome. Since chest x-rays have a sensitivity for Pancoast tumors of only 20-60%, it is better to refer directly to a pulmonologist for investigation.

**Conclusion:** Pancoast lung tumor is a rare and misleading cause of shoulder pain.

Conflict of interest

no

## Contribution ID: 130

## Presentation form

One slide - 5 minutes presentation

## JIGSAW-E: supporting self-management of osteoarthritis across Europe

### Authors

Elizabeth Cottrell<sup>1)</sup>, Ronald D van Ingen<sup>2)</sup>, Tore Hjortland<sup>3)</sup>, Jesper Lykkegaard<sup>4)</sup>, Rui Lourenço<sup>5)</sup>, Krysia Dziedzic<sup>1)</sup>

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<sup>5)</sup>University of Algarve, Faro, Portugal

**Background:** Supported self-management of osteoarthritis was empirically tested within the cluster randomised controlled trial, MOSAICS. Using four key innovations (healthcare professional (HCP) training, patient guidebook, model consultation and electronic template (e-template)) prompted higher quality recorded care. Within JIGSAW-E, we rolled out the MOSAICS approach across Europe.

**Aim:** To identify how best to develop, adapt and deliver the four innovations in different European countries.

**Methods:** A community of practice (CoP) was formed from funding inception among the original five partner countries (England, Netherlands, Portugal, Denmark, Norway). Academic, HCP and patient champions joined the CoP to share learning and to drive forwards the implementation. Each country's project team could deliver the JIGSAW-E in a way best aligned with the local healthcare setting, provided that the four key innovations remained central.

**Outcomes:** The model consultation and HCP training proved to be straight-forward to implement. The guidebook, however required cultural adaptation (rather than simple translation) and some partners required sections to be extracted into a shorter information leaflet. The biggest barrier for implementation across Europe was the e-template, which was technically challenging or culturally unacceptable in some countries. Recognising the prompt, record, retrieve and report functions of the e-template, countries created templates/prompts/proformas to undertake these functions.

**Discussion:** Implementing primary-care research across Europe required a flexible service-delivery approach. Clarity about what the key innovations are and their functions was key to adaptation. Use of patient and HCP champions were essential to enable successful adaptation and implementation.

Conflict of interest

no

## Contribution ID: 210

### Presentation form

One slide - 5 minutes presentation

## Impact of age, sex, and education in non-compliance to antihypertensive medication in Primary Care of a rural Crete

### Authors

Theodoros Vasilopoulos, Nikolaos Tsakountakis, Dionysios Varthalis, Dimitrios Vasilakis, Dimitra Kalemaki, Georgios Galanos  
*HEALTH CENTER OF AG. VARVARA, Herakleion Creta, Greece*

**Introduction/Aim:** Non-compliance with antihypertensive therapy is thought to contribute to a large number of unregulated hypertensive patients. The aim of this study is to investigate the impact of age, sex and level of education to non-compliance with the medication administered.

**Materials and Methods:** 114 randomly selected hypertensive adults (diagnosed > 6 months) were interviewed and information was recorded for socio-demographic data (age, sex, level of education), prescribed antihypertensive medication and patients own report for compliance to instructions and medication. Blood pressure measurements were performed according to standard protocol (uncontrolled > 140/90 mmHg). Medications were investigated through electronic records.

**Results:** Age ranged between 39 to 89 y old (mean 63) and 60% of them were females. 57% had got primary education, and 43% secondary or a university degree. 19 patients (16,6%) reported non adherence in their anti hypertensive treatment. Most of them had discontinued one or more of their medications, or missed more than 7 doses per month while others took it after performing a BP measurement. Despite of the reasons that were demonstrated for non compliance the results showed that most of them were at younger age (<65y (OR =2.06 p=0.031), males (OR =2.76 p=0.004) and had no differences in education level (elementary vs >secondary(OR =1,04 p=0.90) comparing to the pts that were compliant to instructions and medication.**Conclusion:** Younger male pts with hypertension are more prone not to follow doctor's instructions for their condition and they should be close monitored.

Conflict of interest  
no

### Contribution ID: 216

#### Presentation form

One slide - 5 minutes presentation

## An integrated management model for copd in primary care

### Authors

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**Background:** Spirometry is essential to diagnose COPD. Among the main causes of under-/over-diagnosis there is the scarce diffusion of functional diagnostics. For such a disease determining a very high consumption of health resources there is a need for a multidisciplinary and concerted management approach between GPs and specialists.

**Aim:** 1. To sensitize the pts about the need of a test able to measure the breath; 2. To educate GPs on the need to confirm the suspicion of COPD by performing spirometry; 3. To make easier the access to the 1st level of respiratory functional diagnostics by performing spirometry in GP's office; 4. To realize an integrated patient management with the support of pulmonologists.

**Materials and methods:** 218 pts were enrolled, 10 (5 asymptomatic, A and 5 symptomatic, S, or with COPD) for each of the 40 involved GPs. COPD/HEALTHY group consist of 68 and, respectively, 150 (105A and 45 S) pts.

**Results:** HEALTHY group: 12 new diagnoses of COPD in A (11.42% out of 105, 8% out of 150 and 5.50% out of 218) and 25 in S pts (55.55% out of 45, 16.66% out of 150, 11.46% out of 218). COPD group: after spirometry, 34 pts (50%) modify the inhalation therapy (according to bronchial obstruction extent, 18 (26.47%) were overtreated and 16 (23.52%) were undertreated) and 20 pts (29.41%) were found to suffer from a simple chronic bronchitis.

**Conclusions:** Our study shows that a simple spirometry increases COPD diagnostic/therapeutic appropriateness, also improving therapeutic adherence.

Conflict of interest

no

## **Contribution ID: 272**

### **Presentation form**

One slide - 5 minutes presentation

### **Importance of rural health care professionals in the prevention of blindness in diabetic patients**

#### **Authors**

Maria Yolanda Valpuesta Martin, Lourdes Larrañaga Larrañaga, Juan Francisco Sanz Valentin, Maria Isabel Lopez Galvez, Gabriela Pacheco Callirgos, Jose Carlos Pastor Jimeno

*Sacyl, Valladolid, Spain*

**Justification:** The importance of early diagnosis for diabetic retinopathy is well documented. A proper follow-up and an early treatment of the patients who require it are indispensable to prevent sight loss.

Rural health care centres make it easier for diabetic patients to access screening systems.

**Material and methods:** The way a primary health care team works is described in terms of a diabetic retinopathy screening and follow-up programme.

The health care centre, located far from the referential hospital, is equipped with a non-mydratic retinal camera, to which the local diabetic patients are referred.

The team works in coordination with the ophthalmologists of the hospital, who diagnose the most severely affected patients and refer them for hospital follow-up.

**Results:** The data of prevalence and classification according to type and degree of severity of retinopathy out of a sample of 750 screened diabetic patients are presented.

The prevalence of other accompanying cardiovascular risk factors is shown as well.

**Conclusions:** The identification of those patients with sight-threatening retinopathy allows the treatment of derived complications to try to stop sight loss.

The identification of patients with bad metabolic control and the other risk factors, allows the awareness, health care education and follow-up events, favouring a comprehensive approach which improves care quality

Conflict of interest

no

## **Contribution ID: 279**

### **Presentation form**

One slide - 5 minutes presentation

### **Precocious Puberty: All that a Family Medicine Physician needs to know - A protocol proposal**

#### **Authors**

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<sup>1)</sup>*USF Albufeira, ARS Algarve, Albufeira, Portugal*

<sup>2)</sup>*UCSP Quarteira, ARS Algarve, Quarteira, Portugal*

**Aims:** Precocious puberty (PP) has been defined as pubertal changes occurring before age 8 years in girls and 9 years in boys. A secular trend toward earlier puberty has now been confirmed by recent studies in both the United States and Europe. Factors associated with earlier puberty include obesity, endocrine-disrupting chemicals, and intrauterine growth restriction. Family physicians (FP) need to continually update their clinical knowledge, given the consequences of PP. Regulated by multiple genetic and endocrine controls, it is characterized by somatic growth and sexual maturation. The aim of this work is to provide a useful and evidence-based medicine protocol so that FP can use it before referral to specialists, in order to prevent the effects of sexual precocity.

**Methods:** We research for all types of studies with full text free access, published in the last five years in PubMed, UptoDate and other specific sites of international societies, with the terms MeSH Precocious puberty, definition, etiology, evaluation and referral. We found 6 articles that were analyzed. **Results:** Regardless of the etiology, sexual precocity causes increased height velocity, somatic development, and skeletal maturation, which may have profound physical and psychological implications.

**Conclusions:** PP should always be evaluated carefully. The main principles of therapy are to stop the progression of secondary sex characteristics and menses (in girls), to increase final adult height, to promote psychosocial well-being, and to treat the underlying cause if known. An evidence-based protocol for FP to use before referral to a Pediatric Endocrinologist when PP is suspected was made.

Conflict of interest

no

## **Contribution ID: 312**

### **Presentation form**

One slide - 5 minutes presentation

### **Laryngitis that does not cure ... about a case**

#### **Authors**

Paula Colacicchi<sup>1)</sup>, Sergio Perez González<sup>2)</sup>, Irina Rivera Rios<sup>2,3)</sup>, Francisca Muñoz Cobos<sup>1)</sup>, María José González Vega<sup>4)</sup>, Rafael Escañuela<sup>1)</sup>

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## **Introduction/Aim:**

Patient Age: 41

Sex: male

Ethnicity: arabic

Disorder: patient who attends the emergency room due to odynophagia, voice change and fever up to 40 degree specially during the night. No nausea or vomiting, he has lost ten kilos in the last three months.

Case history:

No surgery history. Smoker of a package a day, no drinker at the moment. Previously drinker of three cans of beer daily.

He was diagnosed by an otorhinolaryngologist of chronic laryngitis in a smoker patient. Medication: Prednisone due for his laryngitis

Works as a gardener.

NKA

**Materials and Methods:** The patient arrives to emergencies room consulting because he continues with afonia and malaise of months of evolution despite having consulted his family doctor and the otorhinolaryngologist.

On examination we find a hyperemic pharynx with candidiasis plaques on the left tonsil and bilateral submandibular lymphadenopathies, specially on the right side. We run a chest x ray and blood analysis.

**Results:** The Xray shows a characteristic image of advanced tuberculosis with a cavern in the left pulmonary vertex.

The blood test results shows signs of inflammation.

We decided to contact the pulmonology service that decides to admit the patient for hospital treatment.

The patient shows a great improvement in his symptomatology and is referred to discharge with outpatient follow-up.

**Conclusions:** It is very important to pay attention to the general condition of the patient and especially to the warning signs to reach the diagnosis and the most appropriate treatment.

Conflict of interest

no

## **Contribution ID: 332**

### **Presentation form**

One slide - 5 minutes presentation

### **Transvaginal ultrasound in general practice**

#### **Authors**

Sanne Klinkhamer<sup>1)</sup>, Monika Hollander<sup>1,2)</sup>, Toine Lagro-Janssen<sup>3)</sup>, Niek de Wit<sup>1,2)</sup>

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<sup>3)</sup>Department of Primary and Community Care, Unit Gender & Women's Health, Radboud University Medical Centre, Nijmegen, Netherlands

**Introduction:** In recent years, the use of diagnostic tools in primary care is increasing. Transvaginal ultrasound in general offers the possibility to diagnose pathology in a patient-friendly and accessible way, usually at lower costs as compared to transvaginal ultrasound performed by the gynecologist. In literature, information about transvaginal ultrasound in general practice is lacking. We analyzed the number, indications and results of transvaginal ultrasound investigation in a primary care population.

**Methods:** In the Julius Health Centers (JHC), the Utrecht academic primary care practice with 42.000 patients and 35 GPs, we introduced the possibility to refer for transvaginal ultrasound performed by a trained general practitioner. We analyzed referrals between July to 2016 and December 2017.

**Results:** Among a total of 22.200 female patients, 282 (1,27%) were referred to transvaginal ultrasound by a GP and 290 vaginal ultrasounds were performed. The majority (21,0%) of patients referred were between 41-45 years old. The average age was 38,6 years (range 17-73 years). Waiting time to the appointment varied between 1-2 weeks. Most important referral indication groups were: IUD position check (31,7%), bleeding disorders (42,1%) and abdominal pain (17,2%). During 83 ultrasound investigations (28,6%) an abnormality was discovered mainly myoma (7,9%), endometrial polyp (5,5%) and benign ovarian anomalies (5,2%). The vast majority of women (72,3%) did not need referral to the gynecologist after the transvaginal ultrasound in primary care.

**Conclusion:** Transvaginal ultrasound by the GP is an innovative, quick and patients-friendly diagnostic tool, and implementation in primary care may help to reduce health care costs.

Conflict of interest  
no

## Contribution ID: 351

### Presentation form

One slide - 5 minutes presentation

### Endoscopic surveillance of gastric precancerous conditions and lesions – a review of the guidelines

#### Authors

Marta Tendais-Almeida<sup>1)</sup>, Patrícia Martins<sup>1)</sup>, Joana Almeida<sup>2)</sup>, Albina Oliveira<sup>1)</sup>

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<sup>2)</sup>UCSP Almeirim, ACeS Lezíria, ARS Lisboa e Vale do Tejo, Almeirim, Portugal

**Introduction/AIM:** Gastric cancer has a high mortality rate in Europe, ranking sixth in cancer's incidence and fourth in cancer mortality cause when both sexes are

considered. Gastric symptoms, such as dyspepsia, are one of the most common symptoms among patients in Primary Care. Therefore, Family Physicians (FP) should know how to manage the conditions associated with malignancy risk. The aim of this review is to suggest an appropriate approach to patients with gastric precancerous conditions and lesions, based on the most recent international guidelines.

**Materials and Methods:** Review of the most recent guidelines.

**Results:** There are several precancerous lesions that require surveillance. The presence of extensive atrophic gastritis and/or gastric intestinal metaplasia justify endoscopic surveillance every 3 years. When low-grade dysplasia is found, in the absence of a defined lesion, the endoscopic surveillance should be annual. If high-grade dysplasia is present, in the absence of a defined lesion, the endoscopic surveillance should be held every 6-12 months. When there is a defined lesion, with low- or high-grade dysplasia, it is recommended its complete resection. It is also important to remember that *Helicobacter pylori* should always be eradicated, even in the absence of lesions.

**Conclusion:** There is no effective screening method available for gastric cancer. Furthermore, the major gastric symptoms, common in general population, don't have a clear cause-relation with cancer. However, since there is no other way to exclude malignant lesions, FP may consider to prescribe an endoscopic exam and therefore be able to provide the appropriate follow-up.

Conflict of interest

no

## Contribution ID: 363

### Presentation form

One slide - 5 minutes presentation

### Doctor I have an eruption

#### Authors

Sergio Pérez González<sup>1)</sup>, Paula Colacicchi<sup>2)</sup>, María José González Vega<sup>3)</sup>

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<sup>2)</sup>CS El Palo, Hospital Carlos Haya, Málaga, Spain

<sup>3)</sup>CS Rincón de la Victoria, Hospital Carlos Haya, Málaga, Spain

#### Introduction/Aim:

Patient Age: 59

Sex: female

Ethnicity: Caucasian

Disorder: patient who attends the emergency room due to skin eruptions of four weeks of evolution. Initially she attended her primary care doctor being diagnosed with dermatitis and later with skin eruptions after chocolate intake.

Case history:

Cataract surgery

No diseases know so far

Medication: dexchlorpheniramine at the moment.

Works as a waitress in a bar. Doesn't belong to any risk group.

NKA

**Materials and Methods:** The patient arrives to emergencies room where we run a physic examination finding erythematous, patchy, pruritic plaques. We run a blood test with no relevant findings.

**Results:** With the physical examination we diagnose "guttate psoriasis" for the typical presentation of the lesions.

We start treatment with Phototherapy and corticoid foam to apply at night.

**Conclusions:** Dermatological diseases are a common practice in Primary Care and it is extremely important as general practitioners that we pay attention to the most common injuries in order to assure our patients the best possible care.

Conflict of interest

no

## Contribution ID: 374

### Presentation form

One slide - 5 minutes presentation

### The role of family medicine clinics from bone pain to multiple myeloma

#### Authors

Suat Sincan<sup>1)</sup>, Gülden Sincan<sup>2)</sup>, Raşan Yıldırım<sup>3)</sup>

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<sup>2)</sup>Hematology, Region Training and Research Hospital, Erzurum, Turkey

<sup>3)</sup>Hematology, Ataturk University, Erzurum, Turkey

**Introduction:** Multiple myeloma is a disease, characterized by increased clonal plasma cells. It is seen in elderly ages. Early diagnosis of multipl myeloma is important for prevent morbidity and mortality. The most common symptom in multiple myeloma is bone pain, occurs in 70% of cases.

**Objective:** This study was conducted in 170 multiple myeloma patients. The records of all cases were analyzed retrospectively and age, sex, the level of hemoglobin, sedimentation rate, total protein, albümin, creatine, complaints at the time of application, application status to family medicine department with same complations were recorded.

**Results:** 94 (56.47 %) cases were male and 74 (43.52 %) cases were female of all patients and the mean age of all patients 52±15 years. 121 (71.17 %) patients had bone pain, 136 (80 %) patients had fatigue, 32 (18.82 %) patients had weight loss, 29 (17.05 %) patients had susceptibility to enfecction at the time of admission to our clinic. 50 (29.4 %) patients applied to family medicine clinics before applying to our clinic with these complaints. 38 (22,3) cases of these patients were referred to our clinic with suspicion of multiple myeloma disease from family medicine clinics.

**Conclusions:** Family physician should ask enough questions and carefully listen to the answers. Bone pain and fatigue symptoms are common in elderly patients. These findings may be a sign of multipl myeloma. Multipl myeloma can be diagnosed at an early stage with the examination of total blood count, sedimentation and biochemistry parameters in patients with these complaints in family medicine practice.

Conflict of interest

no

## **Contribution ID: 487**

### **Presentation form**

One slide - 5 minutes presentation

### **Validation of a digital spirometer with smartphone (air smart spirometer) in a primary care center**

#### **Authors**

Beatriz Yuste Martinez<sup>1)</sup>, Paula Sanchez-Seco Toledano<sup>1)</sup>, Ana Garcia Garcia<sup>1)</sup>, Julia Alonso Calleja<sup>1)</sup>, Raul Piedra Castro<sup>1)</sup>, Laura Lopez Benito<sup>2)</sup>, Mihai Podaru<sup>3)</sup>

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**Introduction/aim:** The air smart spirometer is an electronic device use to measure the pulmonary functions. It is linked with a smartphone through an app. (Air MD). It measure the most common pulmonary function parameters. We want to evaluate its use for the diagnosis of obstructive lung disease in a primary care consultation.

**Materials and methods:** It is a prospective, descriptive and cross-sectional study performed in an urban health center. We studied 107 patients of both genders without previous lung disease. Everyone did a conventional spirometry with a spirometer (datospir micro) and pulmonary function measure with the air spirometer linked with an iPhone 7, through the app Air MD. The selection to do the first test was random. Measurements: anthropometrics, FEV1 (forced expiratory volume in one second ), FVC (expiratory forced vital capacity ), FEV1/FVC, PEF (peak expiratory flow) and expiration time. The diagnosis of obstruction was FEV1 / FVC less than 0.70.

**Results:** Average age: 49 años. 64,49% men. 23,36% obstruction with conventional spirometry (17,76% air smart spirometer). The air smart spirometer detects obstruction in 19 of the 25 patients with positive result in datospir spirometer. FEV1 there was no statistically significant differences between both test. FVC was superior in the conventional spirometer. FEV1/FVC was superior in the air smart spirometer test.

**Conclusion:** This device is a good tool for obstructive lung disease screening in our consultations. The use of electronic devices could help us to improve the diagnosis of COPD and asthma.

Conflict of interest

no

## **Contribution ID: 488**

### **Presentation form**

One slide - 5 minutes presentation

### **Long-term effectiveness and safety of corticosteroid injections in primary care. A cohort study**

#### **Authors**

Elena Palomino Español, Mileydy Paredes Millán, Harriet Phyllis Pinnegar, Laura Plaza Cerrato, Jose Miguel Baena Díez, Manel García Laredo  
*Primary Care Center , la Marina, Barcelona, Spain*

**Introduction/Aim:** Effectiveness of corticosteroids injections (CI) in periarticular musculoskeletal diseases is controversial.

**Materials and Methods:** We mean to determine long-term effectiveness and safety of CI in primary care. A cohort study was performed with 200 CI. A maximum of three CI were administered with four week intervals. Variables were age, sex, number/location of CI, treatment post-CI (analgesics, rehabilitation, orthopedic treatment), referral to traumatology, visual analogic scale (VAS) as measurement for pain, and complications. Results of CI were measured by changes in the VAS (initially and post-CI). CI was considered successful if the VAS decreased  $\geq 2$  points at 3 months, no referral to traumatology or rehabilitation was made, no analgesics or new CI were needed, measured at 3, 6, 12, 18 and 24 months.

**Results:** Mean age was 59.1 (SD 14.1) and 69% were women. The most frequent indications were: 78 shoulder pain, 39 plantar fasciitis, 25 trochanteritis, 24 epicondylitis and 14 anserine tendonitis. Average number of CI was 1.5 (SD 0.7), 14.5% were referred to traumatology, 17.5% required analgesics, 15% rehabilitation and 6.5% orthopedic treatment. Only 2 CI suffered minor complications: haematoma and hyperpigmentation. Average initial VAS was 7.5 (SD 1.7) points and average VAS post-CI treatment was 3.4 (SD 2.9), with a difference of averages of 4.1 (95% confidence interval 3.7 to 4.5, p-value  $<0,0001$ ). Treatment success varied in 80.8%, 74.4%, 61.5%, 55,1%, and 50% of patients in 3, 6, 12, 18 and 24 months respectively.

**Conclusions:** CI therapy in primary care is effective and safe, but effectiveness decreases over time.

Conflict of interest

no

## Contribution ID: 504

### Presentation form

One slide - 5 minutes presentation

### Do mothers who do not undergo oral glucose tolerance testing harm themselves and their babies?: One center results

#### Authors

Semra Altıyaprak<sup>1</sup>, Özhan Özdemir<sup>2</sup>, İsmail Kasım<sup>3</sup>, Adem Özkara<sup>3</sup>

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**Aim:** Gestational Diabetes (GD) is a disease with high morbidity and mortality. Resently it has been observed that some pregnant women refuse to undergo oral glucose tolerance test (OGTT) for diagnosing the GD. The aim of the present study was to evaluate the complications of possible undiagnosed GD.

**Material and Method:** 847 patients were included in our study and they were divided into two groups according to OGTT; OGTT (+): women who underwent OGTT and OGTT (-): women who didn't.

**Results:** OGTT (+) group contains 594 women (70,1%) and the OGTT (-) 253 women (29.9%). There was no significant difference between OGTT (+) and (-) groups in terms of gestation period and maternal complications. In the OGTT (-) group first and five minute APGAR scores were lower ( $p=0,008$  and  $p=0,007$  respectively); fetal and neonatal complications were found to be increased ( $p<0,001$ ,  $p=0,002$  respectively). Relative risk (RR) for fetal complications was 2,10 (CI:1,50-2,96), while for neonatal complications RR was 1,87 (CI:1,26- 2,77). Stillbirth rate of OGTT(-) group 2,0 % ( $n=5$ ) was significantly higher than OGTT (+) group 0,3 % ( $n=2$ ). 62.8% ( $n=159$ ) of the OGTT (-) patients stated that they did not want to undergo the test due to information received from media about harms of 75 g test glucose solution on their pregnancy.

We **conclude** that the rate of fetal and neonatal complications were found to be increased in OGTT (-) group. It's obvious that some mediatic health professionals could cause harm to their followers by anti-OGTT statement.

Conflict of interest

no

## Contribution ID: 536

### Presentation form

One slide - 5 minutes presentation

### Clinical approach to an incidental chest wall mass

#### Authors

José Vicente Cayuela Espí, Maria del Pilar Martínez Díaz, Jennifer Ramos González, Borja Jiménez Ormabeña, Carlota Ana Pérez Peñarrubia, Elena Sequeda Vázquez, Ana Celia Melgar García, Nuria Isabel Aragón de la Fuente, Carmen Imbernon García, Miguel José Martínez Martínez

*Health care center La Unión, Murcian health care system, La Unión, Spain*

**Introduction:** Primary care professionals deal with a diversity of clinical challenges, including the management of incidental medical findings such as chest wall masses. The following case report describes this clinical picture and how it was handled.

**Materials and Methods:** Female patient, 62 years old, with an unspecific pain in the lower left side of the chest. Physical examination, blood test and electrocardiogram were normal, but the chest radiography revealed a homogeneous mass in the right pulmonary vertex forming an obtuse angle. She was referred to the Hospital where a CT scan was performed revealing a homogeneous cystic mass. The following test was a MR of the brachial plexus which showing a cystic mass filled with a proteinaceous substance. Finally a CT-guided biopsy of the mass was required, unfortunately the sample obtained was insufficient for a diagnosis, therefore the patient was referred to thoracic surgery so it could be removed and studied thoroughly.

**Results:** The clinical approach and development was correctly done, following the diagnostic algorithm for chest wall mass, however not always a final diagnosis can be obtained.

**Conclusions:** In case there is an incidental chest wall mass the main objective is to find the origin of the mass and the etiology, performing image tests to identify and study the mass, relying on more invasive tests if the cause cannot be identified. The patient was grateful to the explanation of the diagnostic procedures, allowing her to fully understand the purpose of the different tests.

Conflict of interest

no

## **Contribution ID: 543**

### **Presentation form**

One slide - 5 minutes presentation

### **Muscle pain in a young patient**

#### **Authors**

Jennifer Ramos González, Borja Jiménez Ormabera, José Vicente Cayuela Espí, María del Pilar Martínez Díaz, Elena Sequeda Vázquez, Carlota Ana Pérez Peñarrubia, Nuria Isabel Aragón de la Fuente, Ana Celia Melgar García, Carmen Imbernon García, Luz María Acosta Martínez

*Health care center La Unión, Murcian health care system, La Unión, Spain*

**Aims:** Rhabdomyolysis is a clinical and biochemical syndrome due to muscle damage associated with skeletal muscle necrosis and the release of electrolytes and muscle cells to the bloodstream. This pathology must be beared in mind in our consultations.

**Material and methods:** 15-year-old boy who arrived at the health care center feeling pain in both shoulders and arms after intense exercise the previous day. The patient did not practice sports regularly. No medical history of interest. **Results:** The patient was afebrile with blood pressure 154/65 mmHg. Normal cardiopulmonary auscultation. During the physical examintaion the patient appeared in an antalgic posture with tenderness in both arms being impossible to extend or flex them. Urgent general analysis with creatine phosphokinase enzyme (CPK) was requiered with a result of 66616 U / L and the urine test revealed 15 red blood cells / field. The patient was referred to the emergency department for serum therapy with subsequent analytical control with CPK 53573, being diagnosed with a rhabdomyolysis after physical exertion.

**Conclusions:** Rhabdomyolysis is an underdiagnosed syndrome, especially when induced by physical exercise, caused most of the times by physical exertion, traumatisms and alcohol consumption . It may be symptomless but in very severe cases it may produce an acute renal failure. The diagnosis is defined by the elevation of CPK. The most important treatment is early hydration avoiding complications and improving the prognosis. Therefore, it is of remarkable importance to perform the diagnosis from the Primary Care consultation.

Conflict of interest

no

## **Contribution ID: 551**

### **Presentation form**

One slide - 5 minutes presentation

**Pregnant 27 years old woman with abdominal pain without contractions.**

**Authors**

María del Pilar Martínez Díaz, Jennifer Ramos González, Borja Jiménez Ormabera, José Vicente Cayuela Espí, Elena Sequeda Vázquez, Carlota Ana Pérez Peñarrubia, Ana Celia Melgar García, Carmen Imbernon García, Nuria Isabel Aragón de la Fuente, Sandra Jiménez Rejón

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**Aims:** 27 years old pregnant woman in her 24th week arrived at the health care center due to a registered body temperature of 38°C lasting 5 days in a clinical picture of asymptomatic bacteriuria, pain in the right renal fossa and urogenital irradiation, being treated with 250mg of Cefuroxime every 12 hours for 7 days.

**Materials and Methods:** Physical examination revealed a good general condition with 111/75 mmHg of blood pressure, 37.9°C and 116 beats per minute. Abdomen was soft and depressible without signs of peritoneal irritation but presented pain with percussion on right flank. Venous gasometry: pH: 7.39, pCO<sub>2</sub> 39.6mmHg, HCO<sub>3</sub> 24.1mEq/L. Lactate 0.6mmol/L. Blood test: C reactive protein 3.21mg/dL, 11.140 x 10<sup>3</sup>/uL leucocytes and 8.900 x10<sup>3</sup>/uL neutrophils. Urine test: bacteriuria with leukocyturia and hematuria. The urine culture was positive for Escherichia coli, meanwhile the blood culture was negative. The renal ultrasound result was normal.

**Results:** Pyelonephritis in a pregnant woman of 24 weeks.

**Conclusion:** Urinary tract infection is the most frequent medical complication during pregnancy. Asymptomatic bacteriuria in pregnant women must be treated and controlled with an urine test and culture for a strict follow-up since it increases the risk of developing pyelonephritis, which may associate abdominal pain due to the contractions that may cause as well pain in the renal fossa. This clinical presentation requires a hospital admission for exhaustive control since it increases the risk of premature birth, retard intrauterine growth and increases the risk of membrane rupture causing fetal death.

Conflict of interest

no

**Contribution ID: 553**

**Presentation form**

One slide - 5 minutes presentation

**Deep venous thrombosis in patient with undiagnosed antiphospholipid syndrome**

**Authors**

Borja Jiménez Ormabera, José Vicente Cayuela Espí, María del Pilar Martínez Díaz, Jennifer Ramos González, Carlota Ana Pérez Peñarrubia, Elena Sequeda Vázquez, Carmen Imbernon García, Nuria Isabel Aragón de la Fuente, Ana Celia Melgar García, Sandra Jiménez Rejón

*Health care center La Unión, Murcian health care system, La Unión, Spain*

**Introduction:** Deep vein thrombosis is a serious pathology, since clots can move and cause pulmonary embolism. The most frequent causes are immobilization,

surgery or accidents, but there are others to take into account, as happened in this case.

**Materials and Methods:** 33 year old woman comes to emergencies with pain and swelling in left arm. She received a venous puncture 4 days ago to perform a blood test. Currently she comes with pain and increased volume and temperature in the arm. Upper left limb: swelling in elbow flexure, very painful to palpation. Blood test: Dimer D 5000. Hemoglobin 13.1 Hematocrit 37.9 Leukocytes 8,9. Eco Doppler: complete thrombosis of the left brachial vein from the flexure of the elbow to the middle of the forearm.

**Results:** Diagnostic orientation: Complete thrombosis of the left brachial vein from the flexure of the elbow to the middle of the forearm. It is entered in internal medicine, where antiphospholipid antibodies(anti cardiolipin, anti beta 2 cpi, and lupus anticoagulant) is discovered in the analysis. Diagnosis: Complete thrombosis of the left brachial vein secondary to venous puncture in a patient with antiphospholipid syndrome. Treatment: Sytrom is prescribed. ACOs are removed.

**Conclusion:** The antiphospholipid syndrome that the patient suffers from is an acquired autoimmune thrombophilia that can generate thrombotic phenomena and / or recurrent fetal losses. The clinic is varied and can appear episodically. Its diagnosis is made by detection of antiphospholipid antibodies. Once diagnosed, preventive measures must be taken.

Conflict of interest

no

## Contribution ID: 557

### Presentation form

One slide - 5 minutes presentation

### Ultrasonic diagnosis in oncological patient with dyspnea

#### Authors

Borja Jimenez Ormabera<sup>1</sup>, Carmen Imbernon García<sup>1</sup>, Jesús Hernández González<sup>2</sup>, Rocío Luján Martínez<sup>3</sup>, Jennifer Ramos Gonzalez<sup>1</sup>, José Vicente Cayuela Espí<sup>1</sup>, Nuria Isabel Aragón de la Fuente<sup>1</sup>, Ana Celia Melgar García<sup>1</sup>, Sandra Jiménez Rejón<sup>1</sup>, Miguel José Martínez Martínez<sup>1</sup>

<sup>1</sup>La Union Health Care Center, Murcian Health Care System, La Union, Spain

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<sup>3</sup>Barrio Peral Health Care Center, Murcian Health Care System, Cartagena, Spain

**Introduction:** Case report about how findings in the ultrasound helped the diagnosis in an oncological patient with dyspnea, allowing an early therapy.

**Materials and methods:** 64-year-old patient who went to the emergency department due to progressive severe dyspnea. He had a lung tumor with multiple metastases. Tachypnea. 36.8°C, O<sub>2</sub> 94 Blood pressure 90/50, Arrhythmic cardiac auscultation. ECG: Atrial fibrillation at 120 bpm. Arterial blood gas: pH 7.46. pCO<sub>2</sub> 31.5, pO<sub>2</sub> 68.7, Hb 11.8, Sat O<sub>2</sub> 94.8%, Na 132, Lactate 2.1. Rx: Left pleural effusion. Blood analysis: Cl 93, Troponin T 74, PCR 9.3. Leucitos 20.35. Due to dyspnea and hypotension, an ultrasound technique is performed applying the RUSH protocol. Findings: Severe pericardial effusion, associated with inferior vein cava engorged and absence of inspiratory collapse, with signs of cardiac tamponade.

**Results:** Diagnosis: Severe pericardial effusion with ultrasonographic signs of tamponade. Urgent pericardiocentesis was made. Amiodarone was initiated by the new appearance of AF.

**Conclusion:** The application of the RUSH protocol allowed the diagnosis of a severe pericardial effusion in a patient with hemodynamic compromise. The teaching of ultrasound to family residents will allow them to make quick diagnoses.

Conflict of interest  
no

## **Contribution ID: 564**

### **Presentation form**

One slide - 5 minutes presentation

### **Use of benzodiazepines and other types of sedative-hypnotics in elderly patients**

#### **Authors**

Natalina Rodrigues, Jéssica Peres, Miguel Pereira  
*USF Mondego, Coimbra, Portugal*

**Introduction:** Benzodiazepines and other types of sedative-hypnotics consumption were massively prescribed and harmful effect in elderly is not negligible. Aim: To assess and characterize the prescription of anxiolytics, sedatives, and hypnotics in the elderly.

**Materials an Methods:** Observational and descriptive study conducted in a Primary Care Unit. Population: Users with ages > = 65 years, from primary health care unit. Inclusion Sample: Users with ages > = 65 years with an excessive prescription of anxiolytics, sedatives, and hypnotics using the defined daily dose. Exclusion Criteria: deceased. Variables: age; gender; type and duration of drug prescribed; ICPC-code present in the list of problems; psychiatry or neurology follow-up. Data collection and source: May 2018, digitally available clinical files.

**Results:** The unit had a total of 330 users, 75.5% female, with an excessive prescription of these drugs. The average duration of each benzodiazepine prescription was 6.87 years and 18,1% of the patients had two or more different benzodiazepine prescribed. Alprazolam was the most utilised (43.9%) drug, followed by lorazepam (18.7%). Follow-up in secondary care was presented in 24,8%. Any ICPC-2 code that justifies the prescription was found in 25.9%. It was coded P76- Depressive disorder in 46.4%, P74- Anxiety disorder/anxiety state in 19.9%, and P06- sleep disturbance in 9,6%.

**Conclusion:** The absence of a diagnosis that justifies the prescription was verified in a significant percentage of patients. The association of different types of benzodiazepines was an alarming situation. It is important to implement corrective measures and promoting the importance of a correct prescription.

Conflict of interest  
no

## **Contribution ID: 569**

**Presentation form**

One slide - 5 minutes presentation

**Know the Prevalence of liver steatosis in primary care using controlled attenuation parameter (CAP). A population-based study**

**Authors**

Harriet Phyllis Pinnegar, Rosario Hernández Ibáñez, Teresa Graell Riera, Mileydy Paredes Millán, Elena Palomino Español, Laura Plaza Cerrato, Almudena Perez Orcero, Noemi Bermudez Chillida, Consuelo Simón Mail, Ana M<sup>a</sup> de la Arada  
*CAP La Marina, Barcelona, Spain*

**Introduction/aim:** CAP has been shown to be a non-invasive method to quantify liver fat and stiffness(LSM) for estimation of liver fibrosis. We mean to assess prevalence of liver steatosis(LS) in subjects with risk factors for NAFLD, without known liver disease, in primary care.

**Materials and methods:** 171 subjects with risk factors for NAFLD (diabetes mellitus, obesity, dyslipidemia and metabolic syndrome) were randomly selected in our primary care center with a control group of 76 subjects (1:2) matched by age and sex, without risk factors for NAFLD. CAP and LSM were assessed using Fibroscan® by an experienced nurse.

**Results:** 112 out of the 171 subjects (65.5%) had LS, suggested by CAP > 241, the median value in the control group; 64 (37.4%) subjects had CAP > 290, cut-off value previously shown to indicate severe LS. Variables associated with LS were obesity and serum triglycerides and with severe LS were obesity, serum glucose, serum triglycerides and ALT values. LSM was higher in patients with steatosis than in those without: 4.7 (3.8-6.2) vs 4 (3.5-4.7) kPa, respectively, p=0.003. LSM correlated directly with CAP values (r=0.35, p<0.001). 12 out of 171 subjects (7%), 8 with severe steatosis, had LSM ≥ 7.2 kPa. In 8 patients with increased LSM, LS was confirmed with liver biopsy showing associated fibrosis in 4 cases.

**Conclusion:** Two thirds of subjects with risk factors for NAFLD seen in primary care have increased values of CAP, indicative of LS. CAP is a useful method to screen for LS in subjects with risk factors for NAFLD in primary care.

Conflict of interest

no

**Contribution ID: 579**

**Presentation form**

One slide - 5 minutes presentation

**A cough for attention**

**Authors**

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**Introduction:** The creation of the Portuguese national vaccination schedule has led to a decrease in the incidence of several contagious diseases. However, it's important not to forget them, especially when evaluating unvaccinated or incompletely vaccinated infants.

**Case Description:** Eleven-month female infant, brought to the urgency room because of cough that started 2 weeks prior, described as paroxysmal, sudden, non-productive and sometimes emetic. Previously, the patient presented nasal congestion and low fever for 2 days. The patient was previously healthy, and had the complete vaccination schedule for her age; she doesn't attend preschool and had only contact with two children, both healthy. Physical examination showed no significant anomalies, a peripheral oxygen saturation of 98% and she did not cough during examination. A multiple PCR detection test from respiratory secretions was requested, which came positive for Bordetella pertussis. Patient was discharged from the hospital with azithromycin. Medical team made the mandatory notification to the public health authorities, which will make the epidemiologic investigation.

**Discussion:** Whooping cough has become one of the most prevalent vaccine-preventable diseases in first world countries. This poses a threat to infants, for whom pertussis is a life-threatening disease. This case shows us an infant too young to have a complete vaccination schedule; however, she had had 3 of the total 4 doses, which likely contributed to a less severe presentation. We intend to highlight the importance of adequate vaccination and to alert for the possible occurrence of these diseases in infants, especially in the unvaccinated or incompletely vaccinated.

Conflict of interest

no

## Contribution ID: 581

### Presentation form

One slide - 5 minutes presentation

### Diabetes mellitus – intensifying the therapy or intensifying the disease

#### Authors

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**Introduction:** Clinical Inertia (CI) is defined as failure to escalate treatment in order to achieve treatment goals. It is estimated that, in Diabetes Mellitus (DM), it is around 30-70%. Despite having to consider several aspects when defining a target goal for glycated haemoglobin (HbA1c) values in diabetic patients, it is consensual that these should be lower in younger patients.

**Materials and Methods:** To evaluate and characterize the therapeutic intensification in diabetic patients younger than 65 years old and with an HbA1c value >7% in a primary health facility. We identified the diabetic patients with <65 years old and at least one HbA1c value registered in the first semester of 2018. We selected those whose HbA1c was >7% and examined which therapeutic measure was taken.

**Results:** We identified 62 diabetics with less than 65 years and HbA1c >7% in the first semester of 2018. Half of them suffered no intensification of their pharmacological treatment. In the remaining patients, 38.7% started a new oral antidiabetic other than metformin (22.6% SGLT2-inhibitors, 16.1% DPP4-inhibitors), 25.8% increased the metformin dosage; 9.7% started metformin (previously with no

pharmacologic treatment) and 6.5% started insulin therapy. Almost a fifth of the patients (19,4%) was referred to secondary care.

**Conclusion:** These results show us a high prevalence of CI in DM, even in younger patients, a preference for the new antidiabetic drugs and resistance to the start of insulinization. We intend to highlight the importance of overcoming CI in the treatment of uncontrolled DM.

Conflict of interest  
no

## **Contribution ID: 634**

### **Presentation form**

One slide - 5 minutes presentation

**Physical activity during pregnancy: recommendations for primary health care providers.**

### **Authors**

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**Introduction/Aim:** Physical activity practice during pregnancy, should be stimulated by all health care professionals in every appointment, because of its relevant benefits for mother and fetus, and low risks associated, as reported in literature. The purpose of this article is to verify and present recommendations for physical activity during pregnancy, its benefits and risks associated to sedentary lifestyle.

**Materials and Methods:** Search in MEDLINE (Pubmed), using key words: pregnancy and physical activity, for review articles, in the last 10 years, in english and portuguese language.

**Results:** Research resulted in 214 review articles, 9 were selected because they apply to the purpose of this investigation. **Conclusions:** Pregnant women can perform physical activity. The exercises recommended can be integrated on a plan that consider three main categories: aerobic exercises, resistance and stretching exercises to improve cardiovascular condition, strength and flexibility. Physical activity should be performed daily for at least 30 minutes with moderate intensity or for a total of 150 minutes per week. The recommended activities: walking, swimming, stationary bike, low impact aerobic activities, yoga and pilates. Contact sports or sports involving a high risk of falls should be avoided during this period. Physical activity prescription should be individualized according to previous medical and physical condition, specially if there a problem during pregnancy that contraindicates exercise. Sedentary lifestyle is associated with several risks for the mother and the fetus, such as weight gain, gestacional diabetes or preeclampsia.

Conflict of interest  
no

## **Contribution ID: 651**

### **Presentation form**

One slide - 5 minutes presentation

## Effect of text message reminders to improve medication adherence of hypertensive patients

### Authors

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**Aim:** To evaluate the effects of daily reminder text message on medication adherence of hypertensive patients. **Methods:** The study was conducted on February-May 2018. 71 newly diagnosed hypertensive patients meeting the inclusion criteria included the study. Patients were randomized into intervention group (IG) and control group (CG). Daily reminder text message about medication were sent to patients in IG every morning during a month. Modified Morisky Scale (MMS) was used to evaluate medication adherence at the beginning and end of the study. MMS score and blood pressure in both groups were compared at the end of one month.

**Results:** The mean age of participants was 47.7±10.9 years. There was no statistically significant difference between groups in terms of age, educational status, marital status, monthly income level and body mass index ( $p>0,05$ ). At the beginning of the study, there was no difference between the groups in terms of both mean systolic and diastolic blood pressure, and also medication adherence ( $p>0,05$ ). At the end of the study, while 36.8% ( $n=14$ ) of CG had medication adherence, 93.9% of IG ( $n = 31$ ) had medication adherence. Medication adherence rate of IG was significantly higher than CG ( $p <0.001$ ). Moreover, at the end of study, both mean systolic blood pressure ( $125,6\pm 10,4$ ) and mean diastolic blood pressure ( $79,7\pm 6,9$ ) of the IG were significantly lower than CG ( $p <0.05$ ).

**Conclusion:** Sending daily reminder text message to the newly diagnosed hypertension patients for one month was observed the significantly increased medication adherence.

Conflict of interest

no

### Contribution ID: 704

#### Presentation form

One slide - 5 minutes presentation

#### Learning Good, Basic and Tolerant practices - LGBT care

#### Authors

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**Introduction/Aim:** LGBT is term used to define a group of people described as the sexual minority, which includes lesbians, gay, bisexual and transgender people. Their world prevalence remains unknown, but there is data suggesting that in the USA there are more than 9 million people identifying as homosexual or bisexual. This means that there is a relevant probability for primary care professionals to contact with LGBT patients.

Lack of education in medical school on this specific topic results in health professionals being frequently unable to identify and address the needs of this population.

The aim of this work is to review the current information on LGBT population specific needs and how to address them on primary care, while reflecting on how to increase this patients' adherence to preventive health care.

**Materials and Methods:** Classic review of the theme of primary care for LGBT patients, based on a Pubmed research with the MeSH terms Sexual and gender minorities and Primary health care.

**Results:** The adaptations primary care needs to improve the attendance of this subgroup of patients can be grouped in three categories: creating a welcoming environment, knowing local resources that help and promote socialization, and addressing LGBT patients' needs. These specific needs include assessing for mental, eating behavior and substance use disorders, offering appropriate screening services and screening for intimate partner violence.

**Conclusion:** As the research on this subject grows, a variety of changes seem to be necessary to offer equitable and informed care, as health care should be.

Conflict of interest

no

## Contribution ID: 733

### Presentation form

One slide - 5 minutes presentation

### Intrauterine device expulsion - who are these women?

#### Authors

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**Introduction:** Nowadays women choose to be pregnant later and the long-acting reversible contraception, such as the Intrauterine Devices (IUDs), became first-line choices. Yet, there is a few women that might experience expulsion. The aim of this study is to find the risk factors studied.

**Methods:** We searched Cochrane Library, Dynamed, MedLine/PubMed, DARE, UpToDate from 2000 to 2018, for articles in portuguese or english with full access and the search words: "Intrauterine Device Expulsion" AND "risk factors". The inclusion criteria were Population - Women of reproductive age, Exposure - Intrauterine device, and Outcome - Risk factors for expulsion. The results were filtered by the relevancy of the title towards our goal, then selected by reading throughout the abstract and lastly, we assessed the full studies to evaluate quality using the Strength of Recommendation Taxonomy and selected fair-quality studies and above.

**Results:** From 141 articles, 44 met our inclusion criteria, 16 clinical trials and 28 observational descriptive studies. Risk factors found: Insertion in immediate postpartum/abortion/cesarean, especially with levonorgestrel; Myomes; Retroflexed uterus; Abnormally low insertion; Dysmenorrhea; Lack anesthesia; Black race;

Higher menstruation intensity; Multiparity; The length of endometrial cavity or the endometrial thickness and the physician experience, all last four without consistency.

**Conclusion:** Clinicians need to be aware of the risk factors for spontaneous IUDs expulsion because this could lead to a discontinuation which might be avertible. There is a need for more studies with bigger population, longer follow-ups, aiming to study risk factors for expulsion as an outcome, to better explain them.

Conflict of interest  
no

## Contribution ID: 752

### Presentation form

One slide - 5 minutes presentation

### Switching from Premixed Insulin to combined Basal Insulin Degludec with GLP1 Receptor Agonist Liraglutide in patients with poorly controlled type 2 diabetes

#### Authors

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**Introduction/ Aim:** Premixed insulin analogues are a well established treatment for T2D . New diabetes treatment includes the GLP1 Receptor Agonists which may be combined with basal insulin in order to improve glycemic control without increasing the risk of hypoglycemia and weight gain. The aim of this study is to examine the efficacy and safety of conversion to once-daily injected Liraglutide and long acting insulin Degludec in patients with poorly controlled T2D who were previously treated with Premixed Insulin.

**Materials and methods:** Sixty eight patients with T2D treated with premixed insulin were recruited. None of them suffered from Chronic Kidney Disease stage>2, established cardiovascular disease, malignancy or chronic (or history of acute) pancreatitis. They were allocated in two groups based on the acceptance or rejection of changing from iPremix to the combination of Insulin Degludec with Liraglutide (iDegLira). This led to the formation of two groups; group A consisted of 33 patients who continued intensified iPremix therapy. Group B consisted of 35 patients who switched to iDegLira. All patients were closely followed up for 13 weeks. Statistical analysis was performed using SPSS 23.0 (SPSS Inc, Chicago, IL, USA).

**Results:** A statistically significant reduction in HbA1c and statistical significant weight gain was noted at Group A . HbA1c , triglycerides , total Cholesterol , body weight , waist circumference were significantly ameliorated at Group B .

**Conclusion:** patients treated with iDegLira experienced less hypoglycemic episodes. Additionally, total Cholesterol, triglycerides, weight and waist circumference seemed to improve significantly in the group treated with iDegLira. No serious adverse events were reported .

Conflict of interest

no

## Contribution ID: 807

### Presentation form

One slide - 5 minutes presentation

### Gabapentin for the prevention of postherpetic neuralgia

#### Authors

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**Background:** Severe pain during the acute herpes zoster (HZ) is considered a risk factor for the development of postherpetic neuralgia (PHN). Gabapentin is used for the treatment of established PHN, but its effect on PHN' prevention is still unknown.

**Objective:** To evaluate the efficacy of an optimal dose of gabapentin added to the usual treatment of HZ on the prevention of PHN at 12 weeks since the rash onset.

**Methods:** Multicenter double blind randomized controlled trial conducted in 17 primary care health centers in Mallorca, Spain. Participants: patients older than 50 years, presenting within 72 h since the rash onset, with moderate-severe pain and signed the informed consent. Subjects were randomized to receive gabapentin or placebo, added the usual HZ treatment (valaciclovir and analgesia if need it). Gabapentin was initiated at 300 mg/day, increased to maximum 1800mg/day or the optimal dose or side effects. The treatment period was 5 weeks, with 7 weeks of follow-up.

**Results:** 98 patients were randomized; 75 completed the study - 33 in the gabapentin group (IG) and 42 in the control group (CG). Mean age 65 years; 45.9% had severe pain at presentation. At 12 weeks, 18.2% of patients in IG and 9.5% in CG (p = 0.144) reported pain. The incidence of PHN measured by DN4: IG 12.5%, CG 10.8%. Poorer quality of life and sleep quality scores were reported by patients in IG.

**Conclusion:** Our results showed that adding gabapentin to the usual treatment of HZ does not prevent PHN.

Conflict of interest

no

## Contribution ID: 874

### Presentation form

One slide - 5 minutes presentation

### Early intervention in autism spectrum disorder

#### Authors

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**Introduction/Aim:** Autism Spectrum Disorder (ASD) is a disorder of multifactorial etiology and heterogeneous clinical presentation, which prevalence has been increasing. It is characterized by a difficult in social communication and / or the presence of restrictive and repetitive behaviours. We aim to identify the early alarm signals to which family doctors should be aware during routine visits, to assess which screening tests and techniques are easily applied in primary care settings and to determine the best methods of intervention in ASD.

**Materials and Methods:** To assess the principal development behavioural changes in ASD, using the guidelines of the European and American Societies for Child and Adolescent Psychiatry. Determine the different intervention methodologies used in primary care settings, which shown to be efficient and effective. To identify possible risk factors and predictors of ASD.

**Results:** The Applied Behavior Analysis (ABA) and the Treatment and Education of Autistic and related Communication Handicapped Children (TEACCH) methodologies are the ones with best scientific evidence showing long term benefit to the child with ASD.

**Conclusion:** Intellectual disability and family support are the principal predictors of a good intervention response. The early detection is crucial. Intensive approaches should be preferred.

Conflict of interest

no

## Contribution ID: 893

### Presentation form

One slide - 5 minutes presentation

### Translation-back- traslation of the Berlin questionnaire

#### Authors

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**Introduction / Aim:** To describe the transcultural adaptation phase of the Berlin questionnaire, as a first step of the validation process is this questionnaire for the diagnosis of sleep apnea hypopnea syndrome(SAHS) for the Spanish population.

**Materials and Methods:** The translation-back-translation methodology for transcultural adaptation of questionnaires for use in health research proposed by WHO has been used. A direct and inverse translation has been made, followed by a synthesis and cultural adaptation through qualitative methodology. A Spanish translator with command of the original language of the instrument (English) will perform the direct translation of the questionnaire from English into Spanish. Next, a second translator, blind to the original questionnaire, native English and fluent in Spanish, will perform the reverse translation or backtranslation. Each translator will assess for each question of the questionnaire the difficulty he had in finding a conceptually equivalent expression between both languages. A panel of experts will be constituted by the members of the research team, who will classify the items according to the difficulty that the first two translators had in finding a conceptually equivalent expression. The correlation between their scores will be analyzed using Pearson's linear correlation coefficient. It will be considered necessary to carry out a new translation and back translation of the items of high difficult.

**Results:** Of the 10 items, 7 were equivalent and only 3 had minor modifications, which did not affect the meaning of the question.

**Conclusion:** The cultural adaptation to the Spanish context was successful since the translation-back-translation process produced a version similar to the original one

Conflict of interest  
no

## **Contribution ID: 894**

### **Presentation form**

One slide - 5 minutes presentation

### **Recurrent urinary infection in young women**

#### **Authors**

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**Introduction:** From international literature, we do challenge an alternative to a classical prophylaxis using antibiotics by suggesting a treatment composed of cranberry juice combined with local application of probiotics in order to set up an optimal prevention for recurrent urinary tract infection in young women.

**Objective:** The infection finds its roots at the level of urethra thanks to an uropathogen which generates an infection using an ascending path by ending at urinary bladder.

Current trend in state-of-the-art medicine adopted by health professionals consists in reducing exposure toward antimicrobial prescriptions.

Our goal concerning the prevention of recurring urinary tract infection, will be to assess how reliable is the non-antimicrobial treatment that combines the use of cranberry juice and topical probiotics.

**Results:** Thanks to studies found in literature, on one hand, use of probiotics has displayed significant bacterial adhesion reduction to the vaginal mucosa and on the other hand, cranberry juice inhibits the adherence of E.coli to uro-epithelial cells.

**Conclusion:** Vaginal probiotics have proved their contribution for restoring the vaginal flora balance and they do contribute in order to avoid recurrent urinary infections. Meanwhile, cranberry juice is significantly efficient against E. coli as in avoiding its adherence on the urinary bladder.

**Keywords:** Recurrent urinary infection, cranberry juice, probiotics.

Conflict of interest

no

## Contribution ID: 895

### Presentation form

One slide - 5 minutes presentation

### On the lookout for *Helicobacter pylori* infected patients

#### Authors

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**Introduction/Aim:** *Helicobacter pylori* is one of the most prevalent chronic bacterial infections worldwide and is associated with severe gastrointestinal disorders that have an important individual, social and economic impact. Awareness of the clinical conditions related to *H. pylori* infection can help clinicians to choose the most suitable diagnostic method and which patients would benefit the most from the eradication treatment. We aim to assess which clinical conditions should trigger the screening test for *H. pylori* infection. To determine the appropriate method to screen for *H. pylori*.

**Materials and Methods:** To analyze the most recent, high-quality and independent evidence available, including meta-analysis, national and international guidelines, on indications and methods for testing *H. pylori* infection.

**Results:** A test-and-treat strategy is appropriate for uninvestigated dyspepsia in patients who are under 60 years without alarm features, unexplained iron anaemia (IDA), idiopathic thrombocytopenic purpura (ITP), vitamin B12 deficiency and patients initiating aspirin and non-steroid anti-inflammatory drugs (NSAID). An endoscopy-based strategy should be considered in patients with active peptic ulcer disease (PUD), history of untreated PUD, low grade gastric mucosa associated lymphoma (MALT) or history of endoscopic resection of early gastric cancer.

**Conclusion:** The approach to diagnose *H.pylori* infection depends on a variety of

criteria, such as H.pylori prevalence, recent use of bacterial load suppressors, test availability and costs.

Conflict of interest

no

## **Contribution ID: 907**

### **Presentation form**

One slide - 5 minutes presentation

### **Clinical case report: what's behind anemia and multiple herpes zoster infections**

#### **Authors**

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**Introduction/Aim:** Anemia is a frequent finding in primary health care and consists on a reduced red blood cell (RBC) mass from any cause. Underlying causes can be decreased erythropoiesis, shortened RBC life span or blood loss. According to daily primary health care the most common etiology is iron deficiency. The severity of illness of a patient with anemia is determined either by the degree of anemia, the complications or the seriousness of the underlying disorder.

**Materials and Methods:** A 57 old female suffering from high blood pressure, depression and three herpes zoster infections on the last two years, visits her family doctor. The major complaint was tiredness. A complete bloodcount was asked revealing anemia and low platelet level. Without gynecologic symptoms and with normal transvaginal echography; without symptoms or abnormal autoimmune laboratory tests; infectious diseases lab tests were asked.

**Results:** HIV was diagnosed consistent with woman's confirmation of having unprotected sex in the past.

**Conclusions:** In Europe 15-80 % of all individuals infected with HIV are either unaware of the diagnosis or have a late diagnosis. Family medicine physician play an important role on early diagnosis for quick referral and improved prognosis. Therefore if the patient presents other sexually transmitted diseases, oral thrush, herpes zoster or lymphoma an HIV test is strongly recommended. Also, on series of HIV patients, anemia was present about 70%, lymphopenia in 70%, neutropenia in 50% and thrombocytopenia in 40%. Varicella vaccine and zoster vaccine are recommended for non-immune HIV-infected individuals with favourable CD4 cell count.

Conflict of interest

no

## **Contribution ID: 916**

### **Presentation form**

One slide - 5 minutes presentation

### **The effectiveness of primary GP-examination of women with cervical pathology in Uzbekistan.**

#### **Authors**

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**Introduction/Aim:** General practitioner (GP) prevention dedicated study on gynecological cancer diseases in outpatient polyclinics system has not studied in Uzbekistan. Patients with diseases of the cervix, do not have any complaints. We aimed to study the effectiveness of clinical and visual method of initial evaluation of patients with cervical pathology in primary GP system in Uzbekistan.

**Methods:** Examination of women has to be stage-by-stage. The first phase of the survey women next - inspection of the cervix using a vaginal mirrors, inspection will provide an opportunity to determine the size, shape and condition of the cervix. We have studied the effectiveness of clinical-visual method on the example family polyclinics №4 in Andizhan. There were examined 200 women aged 17 to 63 years of clinical and visual method.

**Results:** Clinical-visual method: test with acetic acid, followed by Schiller revealed positive results in 16.5% (33) of the women surveyed. Next, the women were examined by colposcopy. In result is 43% (13) women diagnosed were with endocervicitis, 24%(8) of cervical erosion, 13%(4) adnexitis, 9% colpitis, 9% with uterus fibriod, 3% (1) with uterine cervical fibriod and only one woman did not have cervical pathology. Clinic-visual method revealed of 16, 5% cases of cervical pathology, which was confirmed after the colposcopy.

**Conclusions:** The clinic-visual method could be use as screening for secondary prevention of CC in the primary care polyclinics, because it is more accessible, easy, doesn't need complicated equipment, less of expenditure both time and financial meaning.

Conflict of interest

no

## **Contribution ID: 930**

### **Presentation form**

One slide - 5 minutes presentation

### **Insufficient lipid control (c-LDL) and obesity in Diabetes Mellitus type 2 increase cardiovascular risk factors in primary and secondary prevention.**

### **Authors**

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Different strategies against cardiovascular risk factors control to diminish diseases are insufficient because almost 47% deaths in Europe still be the main consequence of Coronary Disease or Stroke. Diabetes Mellitus itself is considered a high cardiovascular risk disease (HCVRD); worse with obesity is related with high dyslipidemia. C-LDL of 70mg/dl, In Very High Risk (VHCVRD) and 100 mg/dl in (HCVRD) "lowest LDL is better" in all patients as a goal control.

Descriptive, retrospective, observational 12 months study of 360 patients random selection in a family medicine clinic in Benidorm-Spain, in a periodic health follow-up to find lipoprotein C-LDL control in Diabetes Mellitus Type 2 (DM2) patients. High Blood Pressure and Dyslipidemia had high prevalence associated to DM2. BWI >30

kg/m<sup>2</sup> was present in 49,44%, Cardiovascular disease (CVD) was of 27,4% in 60 years older patients. Coronary Disease, Periphery Artery Disease and Stroke was 18,05%, 8,89% and 7,77% respectively. C-LDL control in VHCVRD was 42,42% and 51,79% in HCVRD in DM2 patients. Atherogenic Dyslipidemia (AD) was 6,57% in women and 5,14% in men diabetics. All type statins were main treatment used in DM2 to control c-LDL. 39% high potency, 47% moderate potency and 3% low potency. Linear regression in multivariate analysis was significant for CVD and Stroke (p:0,0010) and Obesity (p:0,032), Logistic multinomial correlation for AD in Obese men and CVD, or Stroke was (p:0,004). Intensive statin treatment is recommended to reduce morbid-mortality in all patients; Even though multifactorial intervention is necessary including in lower body weight in DM2 patients.

Conflict of interest

no

## **Contribution ID: 961**

### **Presentation form**

One slide - 5 minutes presentation

### **Evaluation of low density lipoprotein cholesterol control according to cardiovascular risk in a diabetic population**

#### **Authors**

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**Introduction/Aim:** Patients with Diabetes Mellitus have increased cardiovascular risk (CVR). Reduction in low density lipoprotein cholesterol (LDL-c) associates with CVR decrease. We aimed to evaluate LDL-c control in a diabetic population and its relation with statin therapy.

**Materials and Methods:** We retrospectively reviewed a group of diabetic patients between May and July 2017, recording demographics, major CVR factors, lipid panel and HbA1c. Statin type and dosage were grouped in accordance with therapeutic potency. Patients were classified into two categories according to ESC/EAS guidelines: high CV risk (hCVR) and very high CV risk (vhCVR). LDL-c control was categorized following ESC/EAS targets. Mann-Whitney, Kruskal-Wallis and Chi-squared tests were used for between-group comparison and multivariate linear regression to predict LDL-c ( $\alpha=0,05$ ).

**Results:** The sample included 233 subjects (mean age  $66,1\pm 10,04$  years; 52,8% females) - 209 (89,7%) had vhCVR and 24 (10,3%) hCVR. Most patients (185) did not reach ESC/EAS LDL-c target, of which 109 (58,9%) were under treatment - 29 with low, 51 intermediate and 29 higher potency statins. From 48 patients within goals, 33 were medicated. LDL-c was higher in non-medicated patients (mdn 107,2 vs 95 mg/dL;  $p=0,002$ ), being statin treatment the only independent predictor of LDL-c value ( $\beta=-8,447$ ;  $p<0,047$ ) when adjusted for sex, age, BMI, hypertension, smoking and HbA1c.

**Conclusions:** The majority of patients were classified as vhCVR and did not reach ESC/EAS LDL-c therapeutic goals, highlighting the importance of close monitoring and active dose-escalation in the control of CVR in diabetic patients.

Conflict of interest

no

## **Contribution ID: 996**

### **Presentation form**

One slide - 5 minutes presentation

### **Improvement of COPD diagnosis**

#### **Authors**

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*ICS, Canet de Mar, Spain*

**Introduction/Aim:** Chronic obstructive pulmonary disease (COPD) is underdiagnosed. We must suspect it and make spirometry in smokers older than 40 years or symptoms like dyspnoea, cough, sputum. We decided to study the prevalence, diagnosis and follow-up of COPD by spirometry. ç

**Materials and Method:** In May 2018 we analysed the registers of COPD and the spirometry done in our centre. We also made a survey to our colleagues asking about diagnosis criteria, interpretation spirometry, management of the working program and other causes of underdiagnosis. We detected an underdiagnosis of COPD, incorrect diagnostics (COPD diagnosis with non-obstructive pattern) and some problems with the spirometry (absence of patients, waiting list, incorrect preparation and low register). We created an improvement plan. We did sessions to our colleagues (about COPD, spirometry, interpretation of it) we gave a pocket diptych, we checked wrong diagnosis, and we made organizational changes (increasing the number of spirometry per week, making phone reminders). We made a new analysis to know the improvements 6 month later.

**Results:** After the improvement plan, we suspected more COPD (37% vs 6%), we made 14 new diagnosis; the attendance of the patients to the visits improved (88% vs 66%). Despite this, there are still wrong diagnosis (34% vs 35%) and underdiagnosis (3,12% vs 3,1%).

**Conclusion:** To make an improvement plan has let us to make a better follow-up of COPD patients. We believe that is necessary to keep reinforcing the clinical knowledge in COPD and the register, to improve the accuracy in diagnosis.

Conflict of interest

no

## **Contribution ID: 997**

### **Presentation form**

One slide - 5 minutes presentation

### **Case Report: The benefit of exercise as an adjuvant treatment for depression**

#### **Authors**

Ana Gomes, Lélío Amado, Marcos Agostinho  
*USF Santa Cruz, ARSLVT - ACES Oeste Sul, Silveira/Torres Vedras, Portugal*

**Introduction:** Physical activity has positive outcomes on health-related quality of life. It may be an adjuvant intervention in the treatment of depression.

**Case Report:** A 59-years-old female patient, presented multiple times to primary care clinic during 2016 complaining of bloating, nausea and weight loss that she related with family problems. Treatment was started and continuously adjusted resulting in organic and psychological symptomatic improvement. In April of 2018 she came back to the office complaining of anxiety and antidepressant medication was started again. 2 months latter she kept the symptoms so she was advised to attend a weekly group walk. The patient started the weekly walks organized by our health unit on the first-level difficulty group. She was very reserved, expressing a sad face and afraid of not enduring the walk. Over the time she started talking more and two months later she recognized on herself sufficient physical ability to walk with a more difficult level group. After 6 months she was happier, more talkative and more confident on her capacities. She has not needed any new appointment with her physician or any change in medication. Currently, the patient refers an improvement of her physical symptoms and on her body self-image. She recognizes a lower level of anxiety and an improvement of her quality of life.

**Conclusion:** This case report shows the importance of including physical activity in the approach of patients with mild to moderate depression in the context of primary health care.

Conflict of interest  
no

## **Contribution ID: 1043**

### **Presentation form**

One slide - 5 minutes presentation

### **The Genant classification of vertebral fractures: use in Primary Health and correlation with refracture**

#### **Authors**

Ines Alejandra Betancourt Torres<sup>1</sup>, Casilda Antonia Machaca Rojas<sup>1</sup>, Nuria Montellà Jordana<sup>2</sup>, Maria Cristina Lopez Mompó<sup>3</sup>, Amparo Sancho Perpiñan<sup>3</sup>, Ignacio Lopez Pavon<sup>3</sup>

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**Aims:** To estimate misdiagnosis of vertebral fractures using the Genant Classification of Vertebral Fractures (GCVF). To determine correlation between GCVF's degrees of and osteoporotic refracture.

**Material and methods:** Longitudinal descriptive study. Setting: urban Primary Health Center (PHC). Study population: subjects aged 50 or over with osteoporotic vertebral fracture visited at the PHC who underwent an X-ray (lateral chest, lumbar or thoracic spine) during 2012. Exclusions: traumatism, multiple myeloma, previous

osteoporotic fracture. Variables: GCVF degree, fractures misdiagnosis, refracture's incidence in next 5 years and risk factors. Data collection: review of electronic medical records and direct evaluation of X-rays using GCVF. Ethical aspects: anonymous data. Statistical analysis: prevalence of misdiagnosis, cumulative incidence and logistic regression.

**Results:** From 615 patients with proper X-ray, 204 had vertebral fractures according GCVF and 149 met the inclusion criteria. Average age=70.2±10years, 63% women. 87.9% (95%CI:82.7-93.1) of vertebral fractures had not been initially identified by the professionals. 25% of patients suffered osteoporotic refracture (95%CI:17.9-31.7) during next five years (vertebral: 67.6%; Colles':10.8%; femoral: 10.8%; more than one type=10.8%). GCVF third degree is associated by refracture (P=0,02). Other risk factors: female gender, visual impairment, osteoporosis and polypharmacy (this one was the only one significant, OR=2.9, 95%CI=1.07-7.9).

**Conclusions:** According to our study, GCVF improves the diagnosis of vertebral fractures and it is associated with 25% of refractures in the following five years of the initial fracture so it can be a useful method to carry out in primary care.

Conflict of interest

no

## **Contribution ID: 1065**

### **Presentation form**

One slide - 5 minutes presentation

### **Approach to bite lesions: a protocol suggestion**

#### **Authors**

José Costa, Alexandra Carvalho  
*ARS Norte, Porto, Portugal*

**Introduction/Aim:** Bite lesions are very frequent. The most common lesions, in frequency order, arise from dog, cats, rodents and humans. Infections arise more commonly from cat and human bites. The pathogenic agents involve are normally a mixture of pathogens of the bitter oral cavity and from the skin of the bitten. In countries where rabies is still endemic there is a need for prophylactic vaccination when a bite lesion occurs.

This short presentation has the objective of conveying a systematic approach to bite lesions that present themselves in a primary care setting.

**Materials and Methods:** Classical review of literature

**Results:** By following the algorithm physicians will be able to decide which lesions should be treated in hospital setting; which lesions need suture care vs those who only need cleaning and disinfection; which lesions have higher infectious risk and therefore indications for antibiotic therapy; which antibiotic to use; which follow-up is warranted for each lesion. A brief algorithm regarding the approach to rabies prophylaxis will also be presented.

**Conclusions:** A systematic approach to bite lesions warrants a better outcome in treatment. Following this algorithm may help achieving this successful approach.

Conflict of interest

no

**Contribution ID: 1094**

**Presentation form**

One slide - 5 minutes presentation

**I know that i don't want to suffer. our mission: to accompany**

**Authors**

Sandra Soler Allué, Clara Cañardo Alastuey, Alicia Climente  
González, Rebeca Tejedor Méndez, Carlos Soler Allué, Ana Rosa Millán  
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*EMERGENCIAS, HOSPITAL SAN JORGE, HUESCA, Spain*

**Introduction:** A 65year-old male patient diagnosed with lung adenocarcinoma stage IV refers pain in his left deltoid región with edema and functional deficit of the left arm. The ultrasonography revealed important tissue destruction related to metastasis, and no evidence of deep vein thrombosis.

**Results:** The pain was severe, unbearable in nature of intensity 9/10, not relieved with opioids. As a model doctor, the GP's objective was pain management. We treated the pain with drugs but also interacted with the patient in detail. We realized that he was concerned about many other issues in his life, so we scheduled an appointment every 48 hours. He improved and pain was partially controlled.

However, the pain became difficult to control. He required increased morphine dosage for uncontrolled base line and frequent break through pain and the addition of corticoid and anti-inflammatorys to streng then the analgesic effect. His psychosocial and spiritual worries and thoughts (increased dependence on his family, financial burden, loss of social status) were also addressed. Thanks to that work, he felt calm and relieved through then do his life.

**Conclusion:** Family medicine specialists are prepared to lead a holistic management of the patient. We listen to all our patients' concerns, allay the anxiety by counseling them and their families, aim to provide them a clear view of disease. All in all, each palliative patient is a challenge and good communication by doctors with patients and care taker helps them to accept their life situation in a better manner and reduces the psychological burden of pain.

Conflict of interest

no

**Contribution ID: 1097**

**Presentation form**

One slide - 5 minutes presentation

**Adequacy of the contraceptive method in smoking women: Investigation Study**

**Authors**

Joana Gonçalves  
*UCSP Celas, Coimbra, Portugal*

**Introduction/Aim:** Oral contraceptive combined is one of the contraceptive methods most used.

The aim of this study is evaluating the adequacy of contraceptive method in women over 35 years.

**Materials and Methods:** Retrospective and descriptive study. Study unit: All smokers women with more than 35 years and less than 51 years in three Health Centers.

It is considered "appropriate" do not use oral contraceptive combined if women are more than 35 years and smoke more than 15 cigarettes. In women who smokes less than 15 cigarettes per day or have stopped smoking for more than 1 year is considered a "relative contraindication".

In women who smoke 15 or more cigarettes per day, it is considered an "absolute contraindication".

**Results:** A total of 435 patients were included in the study.

259 (59.5%) women use a suitable contraceptive method. In 109 (25.1%) patients the use is considered a "relative contraindication" and in 31 (7.1%) cases is considered an "absolute contraindication".

**Conclusion:** We found 7.1% of cases that have a contraindicated prescription.

This study could be used as a basis for a continuous quality improvement project to improve the adequacy of the contraceptive method of smoking women.

Conflict of interest

no

## **Contribution ID: 1116**

### **Presentation form**

One slide - 5 minutes presentation

### **Iodine supplements during pregnancy – Quality Improvement**

#### **Authors**

Joana Gonçalves

*UCSP Celas, Coimbra, Portugal*

**Introduction/Aim:** Inadequate iodine intake and consequent insufficient production of thyroid hormones may cause problems in cognitive and / or behavioral child development.

The aim of study is evaluating the prescription of iodine during pregnancy in three Health Centers.

**Materials and Methods:** Internal, retrospective evaluation. Study unit: users of 3 health centers, with pregnancy (W78) codification (ICPC2) between 1/1/2014 - 31/3/2017 (1st evaluation), 1/4/2017-30/6/2017 (2nd evaluation) and 1/7/2017-30/6/2018 (3rd evaluation). Variables: iodine prescription, period of pregnancy in which it was prescribed, justification for non-prescription. Educational and structural intervention.

**Results:** In the 1st / 2nd / 3rd evaluation, 540/60/161 pregnant women were included. In the 1st evaluation, 19.2% pregnant women were not medicated; 24.6% at 2nd evaluation and 16.8% at 3rd evaluation. In this cases the reason for no prescription was not explained in 85.4% (1st); 85.7% (2nd) and 54.2% (3rd). Of the pregnant women medicated, 9.9% / 18.6% / 13.5% started iodine in the pre-conception period; 80.6% / 72.1% / 81.5% in the first quarter; and 9.5% / 9.4% / 5% in the 2nd-3rd quarter.

**Conclusion:** After the first evaluation, an educational intervention was performed at a medical meeting, followed by an intermediate evaluation after 3 months, presenting the results, and we made the 3rd evaluation 1 year later.

There was an increase in the percentage of pregnant women medicated by about 10% and the justification for non-prescription in 36%.

The results about iodine prescription for pregnant women in the Health Centers are very positive.

Conflict of interest

no

## **Contribution ID: 1118**

### **Presentation form**

One slide - 5 minutes presentation

### **A case of Prostatitis and its consequences**

#### **Authors**

Dorothea Krusch

*USF Eborae, Évora, Portugal*

**Introduction:** According to the National Institutes of Health, Prostatic Syndrome is classified into three major groups: infectious prostatitis, chronic pelvic pain syndrome and asymptomatic prostatitis. This classification has brought great advances in the understanding of the pathology, and diagnostic and therapeutic attitude to follow.

**Materials and Methods:** A 50-year-old male patient with cardiovascular risks factors and Benign Prostatic Hypertrophy, complains about intense pain in the lower jaw, also pain in the glans that radiated to the anus. The physical examination revealed a dental abscess in the lower incisors. A rectal examination was not performed. He was medicated with Amoxicillin+Clavulanic Acid and Ibuprofen. Prostate ultrasound (2014) had sequelae of prostatitis and increased prostate volume of 50.8cc. Two months later, he was asymptomatic.

**Results:** For a correct diagnosis of Acute bacterial prostatitis the clinical history is essential and rectal examination is not recommended. The presence of risky sexual behavior and benign prostatic hypertrophy are risk factors, mainly for the chronic one. In this clinical case, the patient had several risk factors and the diagnosis was insightful. The treatment should be empirical with beta-lactam derivatives of broad spectrum action with an inhibitor of beta-lactamases, for 4 weeks.

**Conclusions:** The patient has two infectious outbreaks, where a correct antibiotic coverage is necessary, and a follow-up approach with closer reevaluations, crucial for a good prognosis. The bio-psycho-social approach of the patient in his daily context with a change to a healthy lifestyle is essential for a good therapeutic result without further outbreaks.

Conflict of interest

no

## **Contribution ID: 1126**

### **Presentation form**

One slide - 5 minutes presentation

## Chronic Complex Patient – A Suggestion for Therapeutic Management

### Authors

Helena Costa Pinto, Nuno Gaião Silva, Célia Santos, Deolinda Diniz  
*USF São João do Pragal, ACES Almada-Seixal, Lisboa, Portugal*

**Introduction:** The chronic complex patients are the elderly patients, with multiple chronic diseases, polymedicated, and therefore in a situation of fragility - exposed to drug interactions and frequent complications. These patients are common in our daily clinical practice and require our time. The fact that each family physician is in charge of lists of 1900 patients leads to a heavy burden of care and lack of time for each patient with an increased risk of perpetuating errors and futile medication. We present our protocol of improvement of care to these patients.

**Objectives:** To review the chronic medication of complex chronic patients selected and referred by their family physicians, in a specific consultation, exclusively dedicated to therapeutic optimization - to simplify prescription and minimize the probability of iatrogenesis, adjusting prescription according to evidence.

**Methods:** 2 trainees of the last year of the specialty of Family Medicine have developed a specific consultation in their Health Unit exclusively for therapeutic review and management; with the duration of 1h per patient. The family doctor should purpose their patients who present the following criteria: <sup>3</sup>65 years old and medicated with <sup>3</sup>6 drugs; and at least 1 of the following: <sup>3</sup>2 comorbidities (COPD, Heart Failure, Chronic Kidney Disease, Cancer, Diabetes, Chronic Liver Disease, Ischemic Heart Disease) or frequent decompensations of chronic disease.

**Discussion:** With the presentation of our protocol we intend to raise discussion for possible solutions in the care of the chronic complex patients in Primary Health Care Units.

Conflict of interest

no

### Contribution ID: 1140

#### Presentation form

One slide - 5 minutes presentation

#### Addressing pediatric societies' recommendations about screen time

### Authors

Rita Cibrão<sup>1)</sup>, Marta Costa e Silva<sup>2)</sup>, João Alhais<sup>1)</sup>

<sup>1)</sup>*USF Serra da Lousã, Coimbra, Portugal*

<sup>2)</sup>*USF Trilhos Dueça, Miranda do Corvo, Portugal*

**Introduction/Aim:** Today's children, born into the digital era, are considered "digital natives", which may affect children development positively and/or negatively. Some studies report that increased screen time can be adversely associated with body composition, cardiovascular disease risk factors, mental health, sleep quality, social skills and academic performance.

This review aims to examine the existing recommendations about screen time in pediatric age.

**Materials and Methods:** Latest published guidelines/recommendations, reviews and position statements, about “screen time”, from 7 of the world’s main pediatric societies.

**Results:** Six pediatric societies advocate: -Screen time for children younger than 18-24months is not recommended; for children aged 2-5years old must be less than 1h/day of educational, age-appropriate and interactive content; for older children limits should be defined on time (no more than 1,5-2h/day) and types of media, warning about online citizenship, safety and cyberbullying; -Parents should co-view and co-engage, specially with younger children; -Family Media Use Plan and “Screen-free” time must be designated; -Healthy lifestyle should be encouraged (physical activities, adequate diet) to oppose sedentary behavior and unhealthy advertisements’ exposure; -Children must avoid screens at least 1h before bedtime; -Parents should be “positive digital role models” and prioritize social interactions.

UK guidelines consider there’s lack of evidence to define screen time limits and the risks from screen exposure shouldn’t be overstated.

**Conclusions:** Uncertainties regarding how to include/adapt technologies to children’s lives are common in primary care. Although there’s limited evidence, family doctors should raise parental awareness and provide anticipatory guidance about this ever-changing digital environment.

Conflict of interest

no

## Contribution ID: 1192

### Presentation form

One slide - 5 minutes presentation

### Educational sessions in portuguese summer camps to improve knowledge on sun protection behaviors in school aged children

#### Authors

Maria Inês Pereira da Silva<sup>1)</sup>, Maria Alexandra Rodrigues<sup>2)</sup>, Mónica Caetano<sup>2)</sup>, Manuela Selores<sup>2)</sup>

<sup>1)</sup>Family Physician, USF São João do Porto, Porto, Portugal

<sup>2)</sup>Dermatology, Centro Hospitalar Universitário do Porto, Porto, Portugal

**Introduction/Aim:** Childhood is a crucial period for sun protection and is important to improve children knowledge and understanding about this topic. The aim of this study was to access the baseline degree of knowledge on sun protection in children as well as variation of such knowledge after an educational session.

**Material and Methods:** This study was conducted in summer camps in the Oporto district. We performed a 30 minute educational session on sun protection behaviors. A questionnaire composed by five dichotomous questions was completed before and immediately after the session to a total of 53 children of school age. Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS for Windows, version 25, Chicago, IL, USA).

**Results:** 53 children participated in the sessions and 51 completed both questionnaires correctly. The analyzed sample consisted of 25 females and 26 males, with age ranged from 6 to 16 years, with a mean age of 10.4 years ± 2.43 years.

The percentage of correct answers was 78.8% before the presentation, increasing to 94.9% after the presentation. Two of the 5 questions (1 and 4) had a statistically significant increase in percentage of correct answers. Question 1 from 29.4% correct answers before the session to 90.2% after the session and question 4 from 84.3% to 98% ( $p$  value  $<0,02$ ).

**Conclusions:** The present study contributed with some insights about the degree of knowledge of Portuguese children on sun protection behaviors, demonstrating better awareness on sunscreen protection over other physical protective measures available.

Conflict of interest

no

## Contribution ID: 1193

### Presentation form

One slide - 5 minutes presentation

### Spirometry for diagnosis of COPD in primary health care

#### Authors

Tatiana Pereira<sup>1)</sup>, Inês Martins<sup>2)</sup>

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**Introduction:** 384 million people worldwide have COPD-800,000 in Portugal. underestimation rate in Portugal is about 86.6%.COPD is currently the 4th leading cause of death in the World.WHO considers that in 2030 it will be the third.Correct diagnosis implies performing spirometry.

**Objectives:** evaluate the rate of spirometry for the diagnosis of COPD in a primary care unit.

**Methodology:** observational,descriptive,transversal,retrospective study using data collected from the SCLINICO@computer program and MIM@UF, data registered until31.12.2018. Population: Total users belonging to UCSP; Inclusion criteria:Users with COPD belonging to UCSP; Sample: users who meet the inclusion criteria.Variables:Gender,Spirometry,Hospital referral.data processing:Microsoft Excel2010.**Results:**From a total of 9335 users,54(0.58%) were coded with COPD(67% sex ♂;33% sex ♀)mean age of 68 years.Of these, 7 (13%) had spirometry recording performed or requested, 47 had no spirometry (87%) registration or ordering. Of these, 30 were referred to the Hospital consultation of Pulmonology (63.8%). Of these, 24 were diagnosed with COPD (80%),while 5(17%)had no COPD (presence of SARS and Asthma). 1 awaits hospital consultation (3%)

**Discussion:** prevalence of diagnosis of COPD was higher in men,as in most of the world.Diagnostic rate(0.58%)was lower than the diagnostic rate in Portugal (1.1% in 2015) and much lower than the rest of the World (11.7%-GOLD 2017 study). Confirmation of the diagnosis with spirometry was low(13%); the request for consultation in Hospital Care was frequent (63.8%). It is necessary to increase the number of spirometry-based diagnoses in CSP.

Conflict of interest

no

**Contribution ID: 1202**

**Presentation form**

One slide - 5 minutes presentation

**Preventive medicine in the Belgian vs. the Bavarian (Germany) healthcare system: first impressions as a stunned VdGM-EUROPREV liaison.**

**Authors**

Emmily Schaubroeck

*-, Nürnberg, Germany*

**Introduction/Aim:** After moving from Belgium to Bavaria (Germany), the differences in preventive medicine approach were stunning me. But what are the differences exactly, based on the guidelines, and where did they sprout?

**Materials and Methods:** The most remarkable differences in preventive measures were listed. First impressions of how these are brought into practice in Bavaria were matched against my former experiences as a Belgian GP. Finally, the existing guidelines were compared with a critical eye.

**Results:** A full 'health examination' by a check-up blood sample from 35 years on and a dermatological examination of naevi on the back was the most surprising difference in Bavarian prevention. This examination is reimbursed by the social health insurance every two years.

**Conclusion:** In neighbouring countries, preventive medicine for the individual patient, is applied in very different ways. It's important to stay critical about these differences as prevention is 'treating healthy people' in a certain way and we need to avoid collateral harm.

Conflict of interest

no

**Contribution ID: 1218**

**Presentation form**

One slide - 5 minutes presentation

**Drug-induced hepatotoxicity – a clinical case**

**Authors**

Joana Amorim, José Mário Costa, José Leandro Fernandes

*Family Medicine, ARS Norte, Porto, Portugal*

**Introduction/Aim:** Helicobacter Pylori is a prevalent infection, frequently treated in a primary care setting. The treatment requires an association of antibiotics. This therapy is commonly associated with adverse effects, some of which may be very serious. Drug-induced hepatotoxicity is an example of a severe adverse effect. The aim of this presentation is to report a drug-induced hepatotoxicity case in a patient treated for Helicobacter Pylori infection and raise awareness to this subject.

**Materials and Methods:** Case report.

**Results:** A 35 years old patient with history of Pancreatic Neuroendocrine Tumor is diagnosed with Helicobacter Pylori infection. Antibiotic treatment with amoxiciline, clarithromycin, metronidazole and pantoprazole is prescribed. Four days after the

beginning of treatment the patient presents himself in the emergency room with abdominal pain. After a first investigation without abnormal findings the patient is discharged with analgesic treatment. The next day, due to a worsening of the symptoms he returns to the emergency room. The analytic investigation showed an increased level of liver and pancreatic enzymes. The first diagnostic hypothesis was drug-induced hepatotoxicity, and as such, the antibiotic therapy was discontinued. A reevaluation of the patient displayed an improvement of the analytic values and eventual normalization.

**Conclusion:** Every pharmacological treatment has adverse effects which both doctor and patient should be aware of. In this particular case, even though the patient has a history of pancreatic neuroendocrine tumor, the abdominal pain shouldn't be depreciated. When a drug is recently introduced the hypothesis of an adverse effect should always be excluded.

Conflict of interest

no

## **Contribution ID: 118**

### **Presentation form**

Oral Communication

### **Ankle-brachial Index Measurement – Integral part of the curriculum of a resident general practitioner's study**

#### **Authors**

Katarina Dostalova<sup>1)</sup>, Peter Makara<sup>2)</sup>, Lucia Kukuckova<sup>2)</sup>, Stefania Moricova<sup>1)</sup>, Katarina Gazdikova<sup>1)</sup>

<sup>1)</sup>*Slovak Medical University, Bratislava, Slovakia*

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

The peripheral arterial disease(PAD) appears to be one of the forms of systemic atherosclerosis. The diagnosis is determined by measurement of ankle-brachial index(ABI) - simple, highly sensitive, specific, fulfilling the WHO criteria for screening method.

Slovak Angiological Society and Slovak Society of General Practice have long been working together (pilot epidemiological study, educational activities) to incorporate ABI measurement into the general practitioner's examination possibilities. Since year 2016 GP's perform within the preventive examination in patients with risk factors over 50 years and in all over 60 years with automatic oscillometric devices.

Since the year 2014, the Slovak Medical University (SMU) in Bratislava has become an executive institution in the implementation of a Residential Study of the Ministry of Health of the Slovak Republic aimed at supplementing and stabilizing qualified health professionals in the general medicine specialization. Currently, 120 doctors are enrolled in a specialization study in general medicine in a Residential study and 45 successfully completed studies. Part of the curriculum is a theoretical seminar on PAD including its complications, followed by a workshop in which physicians acquire practical skills in the measurement of ABI by oscillometric method.

ABI measurement is helpful to the general practitioner in diagnosing PAD as well as clarifying cardiovascular risk. Following these assumptions, SMU is aware of the need to develop the knowledge and skills of not only resident students but also all physicians enrolled in specialization trainee of the general medicine in this methodology to be effectively used in primary care.

Conflict of interest

no

## **Contribution ID: 764**

### **Presentation form**

Oral Communication

### **Establishment of the Faculty of Medicine of the Comenius University in Bratislava 100 years ago – thanks to Czech professors**

#### **Authors**

Maria Grofova<sup>1)</sup>, Katarina Dostalova<sup>2)</sup>, Viera Stvrtinova<sup>3)</sup>

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<sup>2)</sup>*Slovak Medical University, Bratislava, Slovakia*

<sup>3)</sup>*Faculty of Medicine, Comenius University, Bratislava, Slovakia*

On 27 June 1919, National Assembly of the Czechoslovakia established the Czechoslovak State University in Bratislava (named after pedagogue of the world name Comenius).

An unprecedented achievement that deserves our unwavering admiration was the arrival of a group of leading Czech professors from Charles University Prague, who founded the first faculty of Comenius University (CU) - Faculty of Medicine.

The first rector of the CU was Professor of Internal Medicine Kristián Hynek and first Dean of the Faculty was professor of Gynaecology Gustáv Müller.

The first three years were taught only clinical subjects which were enrolled by students after graduating theoretical classes in Prague, Budapest or Cluj. Unfortunately, at the end of the 1930s, as a result of the change in political conditions in Europe, Czech teachers were forced to leave. After the Second World War, cooperation is promptly renewed and continues to date through joint professional events.

The Faculty has 18 theoretical institutes with 241 pedagogical and scientific staff, 56 clinical departments with 423 pedagogical and scientific staff. The Faculty has so far awarded 29,190 academic titles. One third of the 3,000 students currently studying at the Faculty are foreign students.

The Faculty at every moment of its history is committed to provide high quality knowledge on today's levels of medical science and same way to educate future physicians who perceived their profession as a mission. The Faculty of Medicine CU in Bratislava, founded in 1919, plays a distinguished role in the history of university education in Slovakia.

Conflict of interest

no

## **Contribution ID: 170**

## Presentation form

Poster

### Main causes of deaths in Brazil, from 2007 to 2016

#### Authors

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<sup>3</sup>) *School of Medicine, UNIARA - University of Araraquara, Araraquara, Brazil*

**Inroduction:** Chronic non-communicable diseases (NCDs) are the leading causes of death in most parts of the world, representing more than 70% of the total. The objective of this research was to present a historical series (2007-2016) of the mortality from such causes in São Paulo State, the most thriving state in Brazil.

**Materials and methods:** Demographic and mortality information were obtained from public database, such as, IBGE and SEADE, in order to calculate the coefficients.

**Results:** The mortality coefficients (x 100,000 inhabitants) in relation to the leading causes of death were: 189.8 (circulatory system diseases), 115.2 (neoplasms), 80.1 (respiratory diseases), 38.3 (digestive causes), and 29.2 (endocrine, nutritional and metabolic diseases). Males and persons at 60 years old and above were the predominant victims in the first 4 causes of death. This pattern is similar to the Brazilian behavior, where NCDs account for  $\frac{3}{4}$  of the deaths, taking part of the process of the epidemiological transition.

**Conclusion:** The mortality coefficients in São Paulo State showed that the leading causes of deaths were: circulatory system diseases, neoplasms, respiratory diseases, digestive causes, and endocrine, nutritional and metabolic diseases. There are multifactorial explanations, depending also on the demographic pattern and lifestyle. Public and private actions are necessary to decrease the risk factors related to NCDs: sedentarism (the practice of physical activities has to be increased), dietary changes (reduction of obesity and salt consumption), smoking combat, and alcohol beverages need to be controlled.

Conflict of interest

no

## Contribution ID: 282

### Presentation form

Poster

### Climatic variations associated with dengue occurrence

#### Authors

Leonor de Castro Monteiro Loffredo<sup>1</sup>), Walter Figueiredo<sup>2</sup>), Rodolpho Telarolli Júnior<sup>3</sup>), Bruno Segantini<sup>2</sup>), Christian Maurencio<sup>2</sup>), Fabiano Galego<sup>2</sup>), João Ramalho Borges<sup>2</sup>), Tarsis Benevides<sup>2</sup>)

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**Introduction/Aim.** Dengue is a public health problem worldwide, typical of tropical regions, becoming an urban disease. The transmission occurs by the bite of the infected mosquito *Aedes aegypti*. The risk factors point to the existence of social, environmental, and climatic problems. To correlate the number of dengue cases in a Brazilian city (Araraquara-SP), by month, with rainfall and temperature index, respectively to the 5-year-period from 2012 to 2016.

**Materials and Methods:** Exploratory descriptive epidemiological study with a cross-sectional design. The monthly number of cases from 2012 to 2016 was collected in the data file of the Special Health Service of Araraquara-SESA of USP. Rainfall and temperature index were obtained from the websites of the Department of Water and Electric Power, and Agridempo/Climate. An Excel spreadsheet was created and exported to be analyzed by STATA software. Statistical planning included the presentation of the findings of the incidence of dengue cases, rainfall, and temperature in tables and graphs, with analysis of the correlation between the number of dengue cases and each one of the climatic variable.

**Results:** The dengue incidences were 52.68, 376.52, 737.39, 3,660 and 809.48 per 100,000 inhabitants. Significant correlations were observed between the number of dengue cases and climatic variables after 2-4 months for temperature and after 1-4 months for rainfall. **Conclusions.** The city faced an epidemic of dengue in 2015. The association between the number of dengue cases identified the time lag in which temperature and rain favored the occurrence of new cases.

Conflict of interest

no

## Contribution ID: 725

### Presentation form

Poster

### Assessment of the validity and reliability of Edinburgh Postpartum Depression Scale in Turkish men

#### Authors

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**Introduction/Aim:** The aim of this study was to analyse the validity and reliability of Edinburgh Postpartum Depression Scale (EPDS) in Turkish men.

**Materials and Methods:** A methodological study was conducted on 295 fathers who had 2-week- to 12-month-old babies. EPDS and Beck Depression Inventory (BDI) were administered as the data tools, followed by a semi-structured Mini International Neuropsychiatric Interview (MINI). Statistical analysis was performed

by determining the internal consistency, reliability, construct validity by factor analysis and criterion validity. The cut-off score was calculated by receiver operating characteristic (ROC) analysis.

**Results:** The EPDS showed a two-dimensional structure that accounts for 55.28% of the total variance. A strong uphill (positive) linear relationship was detected between the EPDS and BDI ( $r = 0.89$ ,  $p < 0.001$ ) and between the MINI and EPDS ( $r = 0.71$ ,  $p < 0.001$ ). The Cronbach's  $\alpha$  internal consistency co-efficient was 0.83, and the cut-off score taken as 9/10 by the ROC analysis (95% CI: 0.92–0.97) was found to be statistically significant ( $p < 0.001$ ).

**Conclusion:** EPDS is a valid and reliable scale that can be used to detect postpartum depression in men.

Conflict of interest

no

## Contribution ID: 901

### Presentation form

Poster

### Health-related quality of life assessed by EQ5D in Spanish patients with systemic lupus erythematosus

#### Authors

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**Introduction:** Systemic lupus erythematosus (SLE) is an autoimmune disease that can cause organic and functional disability. Given the manifestations of SLE, the patients themselves can experience a impaired Health Related Quality of Life (HRQoL). Due to the clinical relevance of HRQoL in SLE, our primary aim was to describe HRQoL in a sample of patients with SLE and to determine if there are any associations between these HRQoL and other demographic and clinical measures.

**Materials and Methods:** A cross-sectional study was developed in South Spain ( $n=450$ ). HRQoL was evaluated using the EQ5D. Independent variables measured were: age, gender, fatigue level, disease duration, symptoms and pain intensity in last 4 weeks. Also number and specific SLE comorbidities were measured. Binary logistic regression was performed adjusted by age and gender to determine Odds Ratio (OR) between clinical, socio-demographic variables and poorer HRQoL (Percentil<66).

**Results:** A total of 239 subjects answered the questionnaire (response rate=53,1%). 88,1% were women, age 48,  $\pm 3,92$  years, disease duration  $16.17 \pm 2.63$  were included. Poorer HRQoL (Percentil<66) associated with gender female ( $-OR=0,95$ ;  $p<0,01$ ), number of comorbidities ( $p<0.01$ ), some comorbidities (depression  $-OR: 4,54$ ;  $p<0,001$  and anemia  $-OR=2,94$ ;  $p<0,008$ -). There is an increased tendency associated to a poorer HRQoL with increased self-perceived fatigue, symptoms and pain severity ( $p<0,001$ ).

**Conclusion:** HRQoL in our sample of patients is very affected specially for those with more comorbidities, fatigue level, symptoms and pain intensity. Also for those who suffer depression and anemia.

Conflict of interest

no

## **Contribution ID: 949**

### **Presentation form**

Poster

### **Promotion and health assistance for the population of Valença / RJ on the prevention of diseases**

#### **Authors**

Priscila Ruffato, Emanuela Queiroz Bellan, Débora Trindade Martins, Déborah Ribas Russo, José Raphael Bigonha Ruffato, Leandro Raider Santos

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**Introduction / Objectives:** To orient the population of Valença / RJ on the importance of acquiring new information aiming at preventing diseases, raising awareness of the role of citizens in daily health promotion and evaluating parameters such as living conditions, access to health and environmental control.

**Materials and Methods:** The project carried out by the members of the International Federation of Medical Students' Association of the Faculty of Medicine of Valença brought a easily understood explanation to the population about STIs, Chronic Diseases and Skin Cancer, Breast and prostate. We believe that the quick approach with informative posters is a more interactive and attractive to the whole population. At the end, a questionnaire was applied to evaluate the knowledge acquired by the people.

**Results:** Of all the results, it was shown that even though there were campaigns in health posts and the media, a lack of information about STIs and their transmission was seen. In addition, there is a need to improve women's awareness of colposcycological examination. Even if chronic diseases are treatable and controllable, more than half of the people have sought first aid for complications. Although well-targeted at sun-risk for the skin, most of the population does not properly use sunscreens justified by the habit of using them only in the summer.

**Conclusion:** It was verified that health promotion and prevention campaigns are fundamental for population participation, and this is a continuous process. Therefore, this project was another step towards improving the quality of life of the population of Valença

Conflict of interest

no

## **Contribution ID: 2**

### **Presentation form**

Poster

### **Buddhism and Modernity Strategies for a Healthy Mind**

#### **Authors**

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Buddhism encountered modernity when it first time came to the West in the 20<sup>th</sup> Century, and modernity first encountered Buddhism when Western models of development and technology came to the East. Modernity has brought profound changes in the way the world lives, and though some of these changes are undoubtedly good, they are also the cause of one of the worst crises the world has ever had to face. From a Buddhist perspective it is clear that one of the problems of modernity is the gap that exists between material progress and ethics. This explains why, even though there have been positive advances in many areas of science and technology, many of these advances are not within the reach of a substantial part of the human race.

In this paper has been divided by me into four parts: 1) Definitions, where I will examine the meanings of Buddhism and Modernity; 2) Problems, where I will briefly point out some of the most serious problems humankind is facing in the 21<sup>st</sup> century; 3) Strategies, where I will explore several strategies based on the Buddha's teachings for coping with the problems of modernity and for keeping a healthy mind; and 4) Final considerations, where I will sum up the paper's main points and include some reflections which are based on the principle of comparing oneself with others.

Conflict of interest

no

## **Contribution ID: 12**

### **Presentation form**

Poster

### **Incidence of overweight and obesity among preschool children attending a child wellness clinic in two primary health care centers**

#### **Authors**

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**Objectives:** The primary aim was to measure the incidence of overweight and obesity among preschool children. The secondary aim was to determine the associated factors of overweight and obesity, such as gender, nationality, history of breast feeding versus formula, order of child, gestational weeks at delivery, birth weight, maternal level of education, and socioeconomic status.

**Methodology:** A total of 1412 child wellness records between 2008 and 2010 in two primary health care centers in Dubai health authority were randomly selected.

**Result:** The incidence of overweight and obesity among preschool children was 12.2%. The incidence of overweight and obesity in term children as 11.9%; while in preterm children, the rate was 15.3%, p value = 0.032. The children who were receiving breast milk exclusively, 6.9% were overweight and 3.2% were obese. Overweight and obesity was 11.4% and 6.5% among children only on formula milk. The children who received mixed feeding, 6.9% were overweight and 4.9% were obese, p-value = 0.019. Overall, the data collected from Nad-Alhamar health center

showed that the incidence of overweight and obesity (6.9% and 4.3% ) respectively, while the data collected from Al-Safa Health center showed that the incidence of overweight and obesity was 10.4% and 5.1% respectively, with a p-value-0.019.

**Conclusion:** The incidence of overweight and obesity among preschool children in UAE was 7.7% and 4.5% respectively. Introducing formula at 6 months is a significant risk factor for overweight and obesity among preschool children. A significant association exists between preterm children and childhood obesity and overweight.

Conflict of interest

no

## Contribution ID: 16

### Presentation form

Poster

### Mantle cell lymphoma

#### Authors

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Woman, 76 years old, debuted with superficial polyadenopathies at the level of the spleen 2011, asymptomatic. Treatment performed with symptoms: bendamustine, rituximab, trimetropin, nivestim partial clinical response after the 1st treatment. They occur in the form of "cycles". Non-hodgkin lymphoma is a cancer of the lymphatic system. Mantle cell lymphoma (mcl) is an entity known for 10 years, It represents 7% of diagnosed-biopsy in males, 60 years old, and debuts as disseminated disease. The absence of symptoms-most frequent.

**Materials and Methods:** biopsy of the lymph nodes. International prognostic index for mantle cell lymphoma (mipi) collects the clinical factors that most influence the prognosis of lymphoma. The mipi takes into account four factors at the time of diagnosis. Patients with low-grade, treatment is considered when symptoms or signs of progression. The treatment includes: chemotherapy with a monoclonal antibody. Stem cell transplants. Immunotherapy.

**Results et Conclusions:** In recent years, these studies have led to the approval of medications, such as bendamustine and pralatrexate. Chemotherapy in combination with rituximab present better and more complete responses than with chemotherapy alone. Standard therapy based on r-chop. Recently, the united states drug administration approved the use of bortezomib. The nordic group for the study of lymphoma has been a pioneer in the development of a protocol, which uses maxi-r-chop followed by high doses of cytarabine, followed in turn high-dose chemotherapy and autologous at the end of the program. Advances in understanding the dna changes in lymphoma cells have resulted in better tests. Some of these tests are in development.

Conflict of interest

no

## Contribution ID: 35

### Presentation form

Poster

### Dementia in the Daily Practice of a Family Doctor - Case Study

#### Authors

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**Introduction/ Objective:** Dementia – simplified word and severe symptom followed by cognitive deficit, moody behavior and daily activities, loss of intellectual capabilities with irreversible changes of psychological behavior of the person.

#### Methodology

- Analysis of results and further scientific examination and research of the identified patient.
- Analysis of tests on the physical and psychological state of the patient.
- Developing detailed medical evaluation.

**Initial Case Study:** The observed patient is 66 years old. In verbal conversation she indicates that lately she is under depression, forgetfulness, loss of orientation, and increased heartbeat. The initial tests indicate no abnormalities and the subject is in perfect physical health. The secondary examination with MMSE test achieved 18 points. GDS scale of depression indicated 7 achieved points. All conducted examinations pose the doubt of dementia.

#### Results

Psychological testing and examination showed:

**General memory** – 68 points

**Postponed memory** - 56 points

**Attention and concentration** – 40 points

The initial results indicate light dementia. Initial limitation of the capacity of the verbal study and memory. Light infringement of the video space and executive capabilities. Light disturbance and light depression. The case is slowly moving to critical status, more observations are needed.

Prescribed therapy is: Donepezil 10mg 1x1 and Sertraline 20mg 1x1. Scheduled visit and control after 3 months.

#### Conclusions

- Early indication of the symptoms of Dementia by the family doctor .
- Additional observation in each case are necessary to gather and compare data.
- Open consultation with psychiatrist and neurologist are required.
- Application on tests – increases the chances for early prevention.

Conflict of interest

no

## Contribution ID: 43

### Presentation form

Poster

### Computerization in the mapping and territorialization of the health units of the Vila Velha municipality, Brazil

## Authors

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*Public Health, Vila Velha University, Vitória, Brazil*

**Introduction/Aim:** The spatial location of health events and Geographic Information Systems (GIS) are becoming more frequent in the public health literature. Among the approaches, the tabulation mode and the analysis of data patterns with point representation is considered the simplest way of portraying geospatial data. The aim of this study was to evaluate the main diseases spatial distribution and use of the Kernel estimation ("hot areas") in the most prevalent diseases in the Family Health Strategy covered areas in Vila Velha, Brazil.

**Materials and Methods:** Firstly, a coverage map of a health unity in "shapefile" format was created in ArcGIS software. After that, the location of cases of hypertension and diabetes was discussed with the Community Health Agents, using the Vila Velha Urban Zoning Map as a reference. Spatial analysis patterns were divided by Health Units area and microarea. Case density analysis (Kernel) was performed, taking into account the distribution of points.

**Results:** A total of 295 hypertensive and 63 diabetic patients were included in the areas covered, a number that is very dynamic, due to the high prevalence of these diseases, the risk of complications and the great relationship with lifestyle. These prevalence were georeferenced and shown in the heat map.

**Conclusion:** The points make it possible to analyze the pattern of distribution of cases, which is essential for diseases that are related to social and environmental aspects, and also for diseases with random risk factors in space, due to the need to find vulnerable populations.

Conflict of interest

no

## Contribution ID: 46

### Presentation form

Poster

### Primary prevention and health care of elderly people in the Vila Velha municipality, Brazil

#### Authors

Ana Rosa Murad Szpilman, Arthur Barbosa Cardoso, Camila Borges Ferreira, Gabriela Renault Costa Silva, Isabela Vieira Coelho, Tobias Patrício de Lacerda Neto, Jennifer Souza

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**Introduction/Aim:** The Brazilian population has maintained the trend of aging and has gained 4.8 million elderly people since 2012. The aim of this study was to promote educational actions with the elderly in the Family Health Units (USF) in Vila Velha, Brazil, assessing adherence to the proposed activities.

**Materials and Methods:** First, a diagnosis of the health education scenario was carried out through semi-structured script interviews with the USF nurses and the

preceptors. After the diagnosis, educational actions were initiated. At the end of each action, the satisfaction form was applied to analyze adherence and to make suggestions.

**Results:** Of the 14 preceptors interviewed, 2 orient the themes by the elderly demand and 3 renew revenue and schedule consultations; 9 perform physical exams and all carry out educational actions. The most used methodologies were: Talks, games and activities of group interaction as conversation wheel and other dynamics. The subjects were: diet, physical activity, Hypertension, Diabetes and falls. Adherence was good (9), but with difficulties. Regarding the satisfaction forms, of the 146 seniors, 100% liked the themes and considered important, 64% evaluated the actions in the maximum score. The suggestions actions were: gymnastics, dancing, stretching and walking; themes: pain, Alzheimer's and memory, Diabetes and Hypertension, sleep, depression and family relationship. Regarding the frequency of actions, the most suggested was monthly (67).

**Conclusion:** There is recognition of health education actions importance by the elderly. However, the need for innovative proposals was evidenced with the aim of improving adherence.

Conflict of interest

no

## **Contribution ID: 48**

### **Presentation form**

Poster

### **Offer and quality evaluation of the service provided by a public health unity to mental diseases carriers**

#### **Authors**

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**Introduction/Aim:** The Psychiatric Reform in Brazil proclaimed in favor of changing the models of attention and management in health practices, that requires interaction between the Family Health Units (USF), Psychosocial Care Centers (CAPs) and emergency services. The presente study aim was to evaluate the offer and quality of the service provided by a USF in face of the prevalent demand for mental illness in its territory.

**Materials and Methods:** A qualitative observational cross-sectional study was carried out with the professionals from USF Ibes, Vila Velha, Brazil, from February to May 2018. A semistructured form was applied to the unit staff in order to assess the supply and quality of the mental health service. The collected data were analyzed and interpreted from the Lefevre & Lefevre Discourse Analysis. The project was submitted and approved by the Ethics Committee for Human Research.

**Results:** Regarding care for patients with mental disorders, 57% evaluated as good, 92% would indicate to another family member and 55% would like it to be performed differently. Regarding the bonding and hosting, 52% and 59% evaluated as good, respectively. In relation to the environment, 70% believed that it is

welcoming. 65% stated that home visits occur, with monthly frequency (86%), 61% said that referrals to CAPS occur and 74% reported that the USF Ibes offers therapeutic workshops for mental health patients.

**Conclusion:** the USF performs satisfactorily with its patients who present mental disorders. However, there is a repressed demand and a need for professionals qualification to improve assistance.

Conflict of interest

no

## Contribution ID: 49

### Presentation form

Poster

### Study of adherence to the treatment of hypertensive patients in a family health unit in Vila Velha, Brazil

#### Authors

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**Introduction/Aim:** In Brazil, Systemic Arterial Hypertension (SAH) affects 32.5% of adults and more than 60% of the elderly, contributing directly or indirectly to 50% of deaths due to cardiovascular disease. This study aim was to analyze the adherence to the pharmacological and non-pharmacological treatment of hypertensive patients in IBES Family Health Unit (USF) in Vila Velha, Brazil.

**Materials and Methods:** Retrospective descriptive epidemiological study, from February to May 2018, with 99 patients, by convenience sampling, at home visits and scheduled community activities. For data collection, an adapted form of validated questionnaire (LIKERT) was applied.

**Results:** Of the 99 hypertensive patients, the mean age was 69 years, 69.7% were women, 76% were with complete primary education, with an average time of SAH diagnosed at 15 years, and 13 years of follow-up by USF considered good (68.08%) and consultations every six months (87.2%). 75% reported receiving home visits and 46.39% participated in actions promoted by the USF. Only 18.55% reported physical exercise, 33.7% were alcoholics, 85.7% were non-smokers, 83.8% were instructed by their physicians to change their diet and 95.18% were reduced to salt intake. Regarding the tests performed, 44.2% were overweight and the mean abdominal circumference was 101.4 cm. Of the sample, 83.7% were considered adherent.

**Conclusion:** It was found that the easiest measure to follow was the medication, but the change in diet was also very achieved. Frequent home visits and appropriate medical consultations are very important for patient adherence to treatment.

Conflict of interest

no

## Contribution ID: 50

## Presentation form

Poster

### **Sociodemographic profile of the pregnant women attended by the basic health unit of Vale Encantado, Brazil**

#### **Authors**

Ana Rosa Murad Szpilman, Erivelto Pires Martins, Nicola Lage Lopes Santos Gonçalves, Julia Cazelli Passos Ricardo, Ana Luiza Martins Pinto, André Dominato Castro, Bárbara Vieira Moraes, Guilherme Heringuer César, Luis Henrique Jufo, Maria Eduarda Oliveira Martins, Vitor Adler Nunes

*Public Health, Vila Velha University, Vitória, Brazil*

**Introduction/Aim:** The provision of services in a health unit should be guided by the needs of the assisted community. Knowing the profile of the users is essential for the success and quality of a resolution assistance. The aim of this study was to analyze the socio-demographic profile of pregnant women who underwent prenatal care at the Primary Health Unit (UBS) of Vale Encantado, in Vila Velha.

**Materials and Methods:** An analytical, cross-sectional and retrospective study, with analysis of medical records and data recorded in the Pre-natal System (SISPRENATAL) of pregnant women attended by doctors and nurses from UBS Vale Encantado during the months of July and August of 2018. The research was approved by the Human Research Ethics Committee.

**Results:** Of the 142 women attended in the period, the medical records of 58 women aged between 15 and 47 years were analyzed. There was a predominance of married women (65.2%), browns (85.8%), who did not finish high school (53.3%). The presence of risk factors for gestation, such as obesity, advanced age, syphilis, gestational diabetes, HPV, deep vein thrombosis and pre-eclampsia were also observed. In addition, 11 women (19.6%) had a history of abortion, 3 of whom had an abortion twice. Regarding the type of gestation and planning, only three of the pregnancies were twin and 69% of the total was not planned.

**Conclusion:** Taking into account the high number of unplanned pregnancies, UBS is expected to invest in campaigns on contraceptive methods focusing on family planning.

Conflict of interest

no

## **Contribution ID: 51**

### **Presentation form**

Poster

### **Ibes Public Health Unity users knowledge analysis about Unified Health System and the types of services provided in health care**

#### **Authors**

Ana Rosa Murad Szpilman, Erivelto Pires Martins, Ana Paula Breciani Zottich, Bruna de Carvalho do Vale, Flávia Adriane Mapa, Isabela Luisa Salvador, Júlia Magalhães Brum, Mariana Durão Damasceno, Renato de Mattos Cardoso

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**Introduction/Aim:** The Unified Health System (SUS) was implemented by the Federal Constitution of 1988 and according to the Hierarchization and Regionalization guideline, it is a complex system organized in three levels of health care: primary, secondary and tertiary. This study aim was to analyze the knowledge of IBES public health unity users about the SUS and the types of services provided at the health care points.

**Materials and Methods:** A cross-sectional study, carried out from August 21 to September 18, 2018, with users who attend the unit, characterizing a convenience sample. An interview form was used to analyze the level of knowledge. The study was approved by the Human Research Ethics Committee.

**Results:** Out of the 104 interviewees, 60% knew the meaning of the acronym SUS, but 94% did not know the levels of care, 95% did not know to answer which health facilities fall into each level and 100% could not tell what services are available in each level of health care. In the analysis of health situations, 91% answered that they would seek out some health facility, but only 43% agreed on the appropriate establishment. 71% did not consider that the SUS provides all the necessary services to guarantee the health of the population.

**Conclusion:** Although many users know the meaning of the acronym SUS, the vast majority do not know the levels of health care or services rendered, making educational actions that inform users about SUS and its services essential.

Conflict of interest

no

## Contribution ID: 52

### Presentation form

Poster

### The reference and counter-referral system in a public health unit, in Vila Velha, Brazil

#### Authors

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*Public Health, Vila Velha University, Vitória, Brazil*

**Introduction/Aim:** In order to guarantee the Unified Health System principle of integrality, it is necessary that the network operates with excellence, especially the reference and counter-referral system, which integrates care. This study aimed to analyze the system of reference and counter-referral in a Health Unit in Vila Velha, Brazil.

**Materials and Methods:** In order to understand the system, interviews were carried out with the administrative staff and the physicians. For the quantitative analysis of referrals by specialty, the time elapsed between the referral and the appointment and the absenteeism rate in the referenced consultations, the unit worksheet was analyzed. The project was approved by the Human Research Ethics Committee.

**Results:** A total of 9503 referrals were analyzed from 08/13/2000 to 05/17/2017. The specialties with the greatest number of referrals were orthopedics (1277), cardiology (1075) and ophthalmology (1071). The specialties that presented the

longest time (in days) between the health professional referral and the consultation were otorhinology (6043), orthopedics (4256), gastroenterology (2971). The total number of absences in specialists consultations was 970; among these, the main reasons were: already performed the treatment (119); change of address (93); does not answer the telephone (84); no longer needed (48); death (35); other (591). The specialty that presented the greatest number of absences was dermatology (100), followed by endocrinology (74) and cardiology (20).

**Conclusion:** the reference and counter-referral process presents great difficulty due to the long waiting period for the referral and the lack of counter-referral, interrupting the follow-up of the patient's evolution.

Conflict of interest

no

## Contribution ID: 53

### Presentation form

Poster

### Yellow September workshop: potentializing Ibes health unit community health agents in mental health care

#### Authors

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<sup>1)</sup>Universidade Vila Velha, Vila Velha, Brazil

<sup>2)</sup>Public Health, Vila Velha University, Vila Velha, Brazil

**Introduction/Aim:** Suicide rates are now increasing because of the worsening of the quality of mental health in the population, which makes it necessary for health services to provide adequate assistance. The aim of this study was to enable Community Health Agents (ACS) of IBES Family Health Unit to identify changes in mental health, address the patient in a suicide risk group, and guide and provide relevant help.

**Materials and Methods:** Medicine graduates from Vila Velha University held two workshops with Ibes ACS, in partnership with the unit's mental health team. During the workshops, the ACS formed doubles and completed the proposed instrument for the activity. Firstly, each ACS selected a case that pointed out need for mental health attention. In the first part of the instrument, the ACS reported on the history of the case selected from a series of objective questions. The ACS then exchanged the completed instrument with their partners, performing a second task, where the case was read and interventions were proposed. Subsequently, the ACS presented their cases for discussion, and the mental health team psychologist performed the closing with the technical opinion.

**Results:** 28 ACS actively participated with great interest in the subject and were able to discuss their cases. In some cases, the mental health team defined some course of actions.

**Conclusion:** the workshop instrumented the ACS to offer adequate emotional support and pertinent information to the patient's follow-up by the unit's team, promoting a new look in the assisted community mental health.

Conflict of interest

no

## Contribution ID: 54

### Presentation form

Poster

### Pregnant women course: promoting health to mother-child binomial

#### Authors

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<sup>1)</sup>Universidade Vila Velha, Vila Velha, Brazil

<sup>2)</sup>Public Health, Vila Velha University, Vila Velha, Brazil

**Introduction/Aim:** In pregnancy, a woman may present many doubts, fears, and various emotions, which may adversely affect the health of the mother-child binomial. This study aimed to undertake a course for pregnant women in the Alvorada Social Care Referral Center (CRAS), in Vila Velha, Brazil.

**Materials and Methods:** the pregnant women course was held at Alvorada CRAS, in three meetings, on October 9, 16 and 23, 2018. In the first two meetings, the changes in pregnant women body and the common symptoms during pregnancy were discussed. In the second meeting, blood pressure (BP) and capillary glycaemia (HGT) were also checked. In the third meeting a workshop was held where the pregnant women were guided in regard to the newborn care and the importance of breastfeeding. At the end of the meetings, some gifts were given and health snacks were offered.

**Results:** the meetings were attended by 19 pregnant women, who actively participated and declared that they had been informed of new subjects. The topics discussed were: heartburn, edema, nausea, arterial hypertension and diabetes, signs of childbirth, urinary infection and bleeding. In the workshop, the pregnant women declared how important it was the information given on breastfeeding. All pregnant women presented unchanged BP and HGT.

**Conclusion:** Such activities favor the pregnancy and newborn care follow-up, bringing essential information to women who often do not have access to them. Also, through educational actions, prenatal care is encouraged, promoting quality of life, impacting indicators of maternal and infant mortality.

Conflict of interest

no

## Contribution ID: 55

### Presentation form

Poster

### Nutritional evaluation of elderly carriers of diabetes mellitus type 2 from Vila Velha family health units, Brazil

#### Authors

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**Introduction/Aim:** Extensive research, coupled with generalized and direct evidence, has shown that nutritional factors are fundamental in the prevention, treatment and management of diabetes mellitus (DM). The aim of this study was to evaluate the nutritional status of elderly diabetics using the mini nutritional assessment (MAN) and Body Mass Index (BMI).

**Materials and Methods:** evaluation of the nutritional status of diabetics assisted by Vila Velha Family Health Units (FHU) and at the Center for Medical Specialties and Health Care (CEMAS) in September 2018. The following assessment instruments were applied: IMC used the following classification for the elderly of the Food and Nutrition Surveillance System: <22 indicates low weight; > 22 and <27 adequate or eutrophic weight and > 27 overweight and MAN with cut-off point score  $\geq 24$  for eutrophic nutritional status; score 17 to 23.5 nutritional risk and malnutrition when <17.

**Results:** Twenty-one elderly diabetics were evaluated, of which 66.67% were women and 33.33% were men aged between 60 and 76 years, with a mean age of  $66.23 \pm 4.79$  years. According to MAN all presented good nutritional status, in contrast, BMI had a mean of  $31 \pm 4.75$  kg/m<sup>2</sup>, indicating that 70% of FHU patients and 72.72% of CEMAS patients were overweight.

**Conclusion:** the type of diet of patients with type 2 diabetes mellitus deserves special attention, since the majority of patients, although well nourished, presented an increase in BMI, which is considered a risk factor for numerous diseases such as cardiovascular problems.

Conflict of interest

no

## Contribution ID: 56

### Presentation form

Poster

### Evaluation of foot motor sensitive neuropathy of diabetes mellitus type 2 patients in Vila Velha health care, Brazil

#### Authors

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**Introduction/Aim:** Diabetic foot is considered in the glossary of the International Consensus as infection, ulceration and/or destruction of soft tissues associated with neurological changes and various degrees of peripheral arterial disease (PAD) in the

lower limbs. This study aimed to evaluate the foot sensory motor neuropathy of diabetes mellitus type 2 patients in Vila Velha Health Units, Brazil.

**Materials and Methods:** A questionnaire was used to evaluate risk factors for foot ulceration: peripheral polyneuropathy (PND), deformities (motor PND, biodynamic, limitation of joint mobility), trauma, peripheral arterial disease (PAD), history of ulcer and / or history of amputation, nephropathy, retinopathy, living alone, inaccessibility to the health system. In addition, a physical examination was performed to evaluate the plantar protective sensitivity using 10 g nylon monofilament, 128 Hz tuning for vibration stimulation in bony salivation, toothpick for evaluation of pain at any plantar point and hammer for assessment of tendon reflexes (Aquileu).

**Results:** A total of 31 patients were evaluated, of which 65% were women and 35% were men aged 45 to 76 years, with a mean age of  $62.25 \pm 7.45$  years. All had access to the Unified Health System (SUS), 42% had neuropathy installed, and among the remaining 58%, who did not have neuropathy, only 16.6% were classified as having loss of plantar protective sensitivity.

**Conclusion:** the importance of primary care in the diabetes patients follow-up is evident, taking into account the high percentage of diabetics with neuropathy already installed, and the need to reduce the progression of complications.

Conflict of interest

no

## Contribution ID: 63

### Presentation form

Poster

### Active citizenship seniors group: promoting life quality for the elderly assisted by a public health unity in Brazil

#### Authors

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**Introduction/Aim:** the increase in life expectancy has brought an inversion of the population pyramid, marked by aging. This study aimed to address relevant issues to the elderly health and promote socialization to avoid depression and feeling of natural loneliness of the age.

**Materials and Methods:** Monthly meetings were carried out by Health professionals in partnership with Vila Velha University Medical School. In the first, 08/22/18, there was a reception, with the proposal presentation to the group, invitation to participate and suggestions of future themes. The second meeting, 09/26/18, the topic Memory Loss and Alzheimer's were addressed. The blood pressure (BP) and capillary glycaemia were measured. In the third meeting, 10/24/18, it was performed a lecture and a dynamic of myths and truths with a demonstration of breast self-examination.

**Results:** The meetings counted with 19, 31 and 18 elderly citizens. They actively participate in all meetings and had an opportunity to socialize and exchange experiences with the other participants. There was 5 participants with BP above

140/90mmHg and 5 had postprandial glycaemia above 140 mg/dl. As a suggestion from the elderly, a shared snack was held to celebrate the birthdays of the month.

**Conclusion:** Knowing that what affects older people are chronic-degenerative diseases and the limitations of the aging process, it is fundamental to foster co-responsibility for care. Therefore, it is essential that the health system provides information to this population regarding the care needed to increase longevity and improve the quality of life.

Conflict of interest

no

## **Contribution ID: 64**

### **Presentation form**

Poster

### **Oral health evaluation of mellitus type 2 diabetes patients at public health units in Vila Velha, Brazil**

#### **Authors**

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**Introduction/Aim:** Diabetes mellitus type 2 (DM2) is a metabolic disease related to nutritional status that presents complications such as impairment of oral health. The aim of this study was to evaluate the oral health of diabetics, to raise awareness about the importance of oral care and to refer them to the unit's dentist.

**Materials and Methods:** Descriptive, prospective and longitudinal study of patients diagnosed with DM2 attended at Family Health Units (USF) in Vila Velha, in September 2018. To evaluate oral health, a questionnaire on hygiene habits was used and a physical examination of the oral cavity was performed, analyzing aspects such as the number of teeth, use of prostheses, mobility, gingiva, tongue and oral mucosa. The study was approved by the Human Research Ethics Committee.

**Results:** Of the 31 diabetics, 65% were women and 35% were men aged between 45 and 76 years, with a mean age of  $62.25 \pm 7.45$  years. Approximately 50% of patients use a hard brush. In addition, 25% do not have any natural teeth and use a total prosthesis, 20.8% have 1 to 10 natural teeth, 25% from 10 to 20 natural teeth and 29.20% from 20 to 30 natural teeth.

**Conclusion:** In view of the observed results, the need for oral health care in type 2 diabetic patients is necessary, since the relationship between the disease and alterations in the physical examination of the dental and oral cavity is evidenced.

Conflict of interest

no

## **Contribution ID: 66**

### **Presentation form**

Poster

## **Brazilian Health School Program: how to take care of your personal and oral hygiene?**

### **Authors**

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**Introduction/Aim:** In populations with a less favorable socioeconomic condition, there is a shortage of health information. One of the Brazilian Health School Program's goal is to carry out educational actions in public schools on various subjects. This study aimed to inform Vale Encantado neighborhood students about oral and personal hygiene.

**Materials and Methods:** the action took place in a middle public school. First, the proposal was presented and approved by the school board. Due to the number of classes, the action was divided in 4 days. In the presentations, oral hygiene issues were addressed, using a children's story in a serial album format. In addition, a dental arch macromodel was used to demonstrate the appropriate age group brushing technique, and the caries evolution model, emphasizing the progression of the disease. Through an illustrative poster, typical scenes of daily personal hygiene, such as bathing, hair care, nail care, food and hand hygiene, were presented and interactively discussed each situation.

**Results:** the activity involved 458 students. Presentations were dynamic with active participation of the children, with doubts and curiosities, and the reception of all the students, staff and management team of the school was excellent, reflecting in the programming of future visits and signing a partnership in favor of health care of the population.

**Conclusion:** schools are a potential environment for educational activities involving all the staff providing acknowledgment of important subjects for children's health. Discussing health issues with children, improve their self-awareness, influencing their quality of life.

Conflict of interest  
no

### **Contribution ID: 71**

#### **Presentation form**

Poster

#### **Health Station Educational activity: Hypertension and Diabetes Mellitus prevention**

#### **Authors**

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**Introduction/Aim:** The association between Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM) was first described in the 1970s, observed in both sexes and in any age group. The prevalence of SAH is two to three times higher in diabetics than in the general population, and about 70% of diabetics are hypertensive. The aim of the study was to promote knowledge about quality of life associating SAH and DM with the school community.

**Materials and Methods:** Activity carried out by the medical school students and Urgency and Emergency League members on November 08, 2018, in a private school in Vila Velha, Brazil. The activities developed at the Health Station were blood pressure, capillary glycaemia, weight and height measurement, body mass index and nutritional assessment for teachers, employees, students and family members; as part of the Scientific Exhibition "Pathways of the Heart: A Pulsating Journey". An individual record was used to register each participant's physical examination result and adequate health orientation was given in each case.

**Results:** From a finite universe, only 70 people underwent physical examination. According to their results, the participants did not present important changes in blood pressure and capillary glycaemia. However, in the nutritional evaluation, with the calculation of body mass index, only 01 presented obesity, 12 overweight and 01 low weight. The others were classified as eutrophic.

**Conclusion:** The use of school space for health promotion provides access to information and health education, which results in initiatives to change life habits influencing quality of life.

Conflict of interest

no

## Contribution ID: 169

### Presentation form

Poster

### Demographic characterization of the users of the private health care services in Araraquara, SP, Brazil

#### Authors

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**Introduction/Aim:** The SUS - Sistema Único de Saúde (Brazilian Unified Health System) was created in 1988, having the ambitious goal of offering comprehensive health care to all Brazilian citizens, which actually does not occur. In order to meet their needs, in 2017, 24.5% of Brazilians had received health care from the private health services. This study aims to demographically characterize these users in a high HDI municipality in the state of SP, Brazil.

**Materials and Methods:** Demographic information was retrieved from public, national (IBGE) and state (SEADE) databases. Information on the private health

system was obtained from the Agência Nacional de Saúde Suplementar - ANS (National Supplementary Health Agency).

**Results:** Araraquara found twice as much as the Brazilian average number of users in the private health system (49.0% in 2017). This rate is higher among 0 to 4 years old children (54.0%), 35 to 39 (57.3%) and the highest among the 75 and above citizens (62.4%). The lowest rate applies to 15 to 19 year-olds (39.7%).

**Conclusion:** The greater coverage of private health care services among young adults is explained by the fact that 80% of health insurance contracts are subsidized by employers. The high coverage among the elderly and young children is due to the fact that these are the most vulnerable age groups. This is an "epidemiological" option of families, who prioritize health care to those individuals who demand it most, freeing them from the long queues of SUS.

Conflict of interest

no

## Contribution ID: 185

### Presentation form

Poster

### "Health for All" project: report on the practice of an intervention in the community

#### Authors

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**Introduction/Aim:** Health literacy is critical since therapeutic success depends on understanding the patient's illness and commitment. To this end, it is necessary for health professionals to invest in training through primary prevention. The project "Health for All" is promoted by the internal physicians of the Family Health Unit Viseu Cidade in partnership with the Senior University of Nelas and aims to empower the elderly in health issues.

**Materials and Methods:** Seven training courses (average duration of 120 minutes) were given on topics such as Sexuality and Sexually Transmitted Diseases, Osteoporosis and Physical Activity, Low Back Pain and Prevention, Respiratory Pathology and Immunization, Dementia / Memory Loss, Healthy Mind in Healthy Body. Previously the group of elderly people was consulted to survey the topics they wanted to see covered and others were suggested by the trainers. At the end of each session there was always a small exposition / interview on the Radio of the Senior University.

**Results:** At each session, there were about 25 elderly people between the ages of 65 and 90. Most female elements. Very interactive sessions.

**Conclusion:** In the evaluation of the training all considered it very positive, emphasizing the importance of the medical team come to the community and discuss these problems. On the other hand, it reinforces the importance of Senior University to keep the elderly active. It is our goal to maintain this activity and to promote others of this type in the community.

Conflict of interest

no

## Contribution ID: 200

### Presentation form

Poster

### Health education. What do we offer the patient, and what does he really care about?

#### Authors

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**Introduction/Aim:**The importance of the Promotion of Health and the EPS (Education for Health) is included in the General Health Act 14/86, so that its influence on improving the health level of the population is legally recognized. Based on this, we tried to investigate the health interests of our patients, and guide our educational program to their demands and to what seemed to us "our shortcomings".

Main objective: To know and quantify the needs and interests in health of our patients. Secondary: Describe and quantify where they acquire knowledge and how much time they have to train.

**Material and method:** Descriptive and transversal study. Questionnaire with 10 items, previously validated. Sampling by exhaustion until 140 questionnaires were obtained, answered by the patients who wanted to collaborate voluntarily

**Results:**They answer more women (66.43%), little interest for menopause (22.14%), urinary incontinence (18.57%), osteoporosis (22.86%), osteoarthritis (32.14%), sexual health (34.29%). Also for tobacco (22.14%) and drugs (20.71%), and driving (27.14%), medication side effects (32.86%), first aid (41.43%) hardly need updating Highlights: diet (77.14%), physical exercise (63.57%) diabetes (57.86%), cholesterol (63.57%). Hypertension (42.14%) maybe in relation to prevalence. Little treated and with interest is the Living Will and the donation of organs. Acquire their knowledge on the Internet (64.29%), although 45% already listen to the specialist

**Conclusions:**It is necessary from Primary to insist on these topics and others such as vaccines, adolescence, energy drinks, road education, advertising interpretation, responsible consumption ... Adapting to the patient's preferences: brief talk or advice.

Conflict of interest

no

## Contribution ID: 203

### Presentation form

Poster

**Adolescence and new technologies. The threat of indiscriminate use.**

**Authors**

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**Introduction/Aim:** Main: Quantify minutes / day video games, social networks, sports and sleep. Secondary: 1.-Relate glasses with abuse of screens. 2.-Establish a relationship between use and knowledge of social networks.

**Material/methods:** Transversal descriptive study. Questionnaire 73 items, previously validated. Completed voluntarily by the total number of 3rd year ESO students (44.8% females and 55.2% males. Statistical analysis G-STAT 2.0. Chi square, considering significant  $p < 0.005$ .

**Results:** The boys play more ( $p < 0.001$ ). More than 78% will keep studying 61.46% have more than 7 of average mark. They do sports 82.3% (4 hours / week). They sleep 8 hours / day, video daily almost 45 minutes, and two hours on weekends, plus 106 minutes for social networks. No relationship between quitting studying and playing video games more or not doing sports. Neither relationship, between carrier glasses (41.67%) and play longer or use screens.

No statistical relationship between more social networks and greater knowledge about new technologies. 97% are aware that they can know their location, 93% that they can influence their curriculum and that 98% can access our data. 100% imitate youtubers, 29.17% want to be like their parents. We share TV with our children (68.75%). Conduct: 38.54% answer poorly, 45.83% are disordered, 48% do not help home.

**Conclusions:** They produce loss of concentration, sleep/mood disturbance. Although they know the problems of the Internet well, they keep using them, we must avoid that it reaches "addiction as a mental illness". Not forgetting other risks such as sexting, grooming, cyberbullying, phishing

Conflict of interest

no

**Contribution ID: 262**

**Presentation form**

Poster

**Influence of cigarette smoking on LDL cholesterol level**

**Authors**

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**Introduction/Aim:** High LDL cholesterol (LDL-C) and smoking have been strongly associated with increased cardiovascular risk.

**Materials and Methods:** This cross-sectional study was designed to determine differences in LDL-C levels between smokers and non-smokers (ex-smokers and never smokers). The sample size included 105 randomly selected adults attending family medicine practice (45 men and 60 women).

**Results:** Smoking prevalence was 49,52% (52/105). Mean age of participants was 52,05±11,61 years. Significantly more women smoked than men (29,52% vs. 20%; p=0,02). Mean age of smokers was 51,10±11,19 years. Mean duration of smoking was 19,78±4,11 years, without significant difference between men and women (19,75±3,77 vs. 19,68±4,31; p>0,05). Mean number of cigarettes smoked daily was 18,92±3,08. Smokers had significantly higher mean LDL-C level than non-smokers (4,43±1,36 vs. 3,93±1,27; p=0,03). There was no significant difference in LDL-C levels between smokers who smoked >20 cigarettes and <20 cigarettes daily (4,54±1,48 vs. 4,26±1,17; p>0,05). We didn't find significant difference in LDL-C levels between smokers and ex-smokers (4,43±1,36 vs. 3,89±1,31; p>0,05). Smokers had significantly higher LDL-C level than never smokers (4,43±1,36 vs. 3,97±1,24; p=0,05).

**Conclusion:** Cigarette smoking adversely affected LDL-C by increasing its level. Number of cigarettes smoked daily didn't have significant influence on LDL-C level. Although quitting smoking didn't lead to a significant lowering of LDL-C, it does significantly reduce the risk of cardiovascular disease by other mechanisms.

Conflict of interest

no

## **Contribution ID: 286**

### **Presentation form**

Poster

### **Study on training in gender violence in the degree in Medicine**

#### **Authors**

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DV is not often recognized by doctors. Without a good training, future doctors will not be prepared to deal with pathologies where this is the underlying cause.

**Objectives:** To know the state of the training of the students and just graduated in Medicine at the University of Valladolid.

**Methodology:** transversal descriptive study. **Population:** Students and just graduated in Medicine at the University of Valladolid who verbally allowed to be included in a survey. Volunteer anonymous survey in which the state of training and the perception of DV in the population was assessed.

**Results:** 212 surveys. 62.8% women. 1/3 they have not received any training. The main subject in which training was given was Family and Community Medicine (81.7%). Most of the students think that training in DV should be included in secondary studies and continuous training. The assessment of the difficulty of the approach is high. Identification of risk situations to identify VG, abuse of alcohol and drugs (92.5%), and precedents of DV (83%). One half does not identify pregnancy as a risk factor (47.6%). There are statistically significant differences between students who identify situations of risk of DV and the fact of receiving training in DV at the university.

**Conclusions:** Surveys showed a big sensibilization about the DV problem and a clear will to join the fight against it in their professional future, although the degree of worrying and commitment was significantly bigger in women. Besides, the impact of education in DV received during the degree is evident, being transcendental the role of the subject Family and Community medicine.

Conflict of interest

no

## **Contribution ID: 320**

### **Presentation form**

Poster

### **Eating and exercising habits – the Portuguese reality and why we should be worried**

#### **Authors**

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**Introduction:** According to the Global Burden of Disease study, inadequate eating habits were the second major risk factor associated to early mortality, mainly due to cardiovascular and neoplastic diseases. In Portugal, 14% of the deaths that occur annually are related to physical inactivity and more than 237 000 years of life could be spared if the Portuguese improved their eating habits.

**Methods:** This work summarizes the available data about the current physical activity and nutritional habits of the Portuguese population. The data was obtained from our latest national reports.

**Results:** Portugal is one of the European countries with the highest number of obese people. More than half of the Portuguese population is overweight. The Portuguese population presents a high consumption of salt (an average of 10,7 grams daily). Only 16 to 23% of the Portuguese adults achieve the international recommendations of physical activity and 75-80% is not sufficiently active to obtain benefits for their health. The main "barriers" to practice physical activity in the European population are lack of free time (33%), lack of motivation (26%) or because it's expensive (19%).

**Conclusions:** There is strong evidence that adequate nutritional habits and exercising regularly contribute to lower the risk of several diseases and increase well-being and longevity. Therefore, given the evident need for improvement, several intervention programs were developed in Portugal in the last years. Primary Care is in a privileged position to change this reality, towards a more active and healthier population, regardless of age, health conditions or socioeconomical context.

Conflict of interest

no

## Contribution ID: 357

### Presentation form

Poster

### Why our women do not to participate in the breast cancer screening programme?

#### Authors

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**Introduction/Aim:** To find out the scope, results and reasons for the non-participation in the breast cancer screening programme in a basic area of rural healthcare in 2017.

**Materials and methods:** A retrospective study in a cohort of patients was conducted. The qualitative variables and bivariant analysis of relationship between variables were studied using the chi-square test ( $p < 0,05$ ).

**Results:** 40.93% of invited women did not participate. Totaling 477 participants, 442 obtained a negative result, 3 CS BIRADS 3A, control in 6 months; 2 CA BIRADS 3A, control in a year; 437 NR BIRADS 1 or 2, control every two years; 35 positives. From 106 non-participant women, 80 (75,47%) did not answer our call; 69 (86,25%) received a letter; and 64 (92,75%) read the letter. Using a survey and software, it

was checked 36 women (33,96%) changed their address and 8 (22,22%) notified it. Study population by age (45-49, 50-59, 60-69). It was obtained the 50-59 range received the letter ( $p=0,01$ ), read the letter ( $p<0,05$ ) and participated. The 45-49 range is the one changing address more ( $p<0,05$ ) and mostly did not notify it. The 50-59 range obtained  $p<0,05$ , by analysing personal motives: living outside Castilla-León (reason for exclusion) and undertaking the screening in a private insurance.

**Conclusion:** Low involvement. An adequate motivation, healthcare implication and equity could increase participation, and achieve community, national and European objectives.

**Keywords:** Breast cancer screening test, mammogram, non-participant population, non-participation motives.

Conflict of interest

no

## **Contribution ID: 373**

### **Presentation form**

Poster

### **Full coverage of Family Health Strategy in a city in the countryside of São Paulo state - Brazil**

#### **Authors**

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**Introduction/Aim:** The Family Health Strategy (FHS) aims is to reorganize the Primary Health Care in Brazil, according to the Brazilian Unified Health System's (SUS) principles. The FHS is the main strategy to organize the health care system, to meet all the health needs of the population, as it takes into consideration the family and social settings, prioritizing actions of health protection and prevention. The purpose of this project is to present the FHS development chronology of a countryside city in São Paulo state, Brazil, until it reached 100% of the population, which is a remarkable milestone for the appreciation of Primary Health Care in the region.

**Materials and Methods:** The data was collected from the city's Department of Health and from the FHS coordination team.

**Results:** The first Family Health Centre (USF) in the city opened in 1997. Later, other 8 USF were opened: one in 1999, two in 2000, one in 2001, three in 2002 and one in 2012, achieving the coverage of 100% of the territory, estimated at around 32.076 inhabitants.

**Conclusion:** The results reveal the need of evaluation of the FHS impact on the health indicators of this population, once the coverage and effectiveness of Primary Health Care are not the only factors to provide good health, as the population life conditions also play an important role.

Conflict of interest

no

**Contribution ID: 383**

**Presentation form**

Poster

**Burnout syndrome amongst medical undergraduates**

**Authors**

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**Introduction:** Burnout Syndrome is a multi-dimensional syndrome characterised by emotional exhaustion, chronic fatigue, dehumanisation and frustration in the work place. Herbert Freudenberger was the first researcher to use the term "burnout" after working with volunteers and noticing their gradual demotivation and mood swings, along with physical and mental symptoms when they faced their work duties. Burnout Syndrome's most common symptoms are difficulties in maintaining a good relationship with colleagues, clients and superiors, lack of autonomy and of balance between personal and professional life. Aside from the hitherto mentioned symptoms, the illness can develop into scenarios of alcoholism, drug abuse and even suicide.

**Objectives:** To characterize Burnout Syndrome, review its prevalence amongst medical undergraduates, the risk factors linked to this population, and conceivable means of prevention.

**Methods:** Literature review in the data base Pubmed, Scielo, LILACS and Bireme, making use of the keywords Burnout Syndrome, Professional Exhaustion, Occupational Burnout and Medical Students.

**Results:** The highest rates of anxious symptomatology are shown in the beginning of the course, due to adaptation; in the fourth year, due to mandatory internships; and in the sixth year, due to the medical specialty aptitude tests. Burnout syndrome appears to be more common in the third and fourth years of graduation, linked to the high amount of classes' contents and the pressure on students to retain as much knowledge as possible. **Conclusion:** Burnout Syndrome's risk factors' identification and suitable attention to providing support mechanisms to this population are extremely important to avoid its occurrence.

Conflict of interest

no

**Contribution ID: 464**

**Presentation form**

Poster

**"Rural pipeline" in Europe – a systematic review of interventions against the lack of medical care in rural regions**

**Authors**

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**Background:** Not only due to the demographic change, but also due to the lack of young medical graduates, willing to practice in rural areas the medical care situation in many European countries is alarming. International experience shows: The pathway to Rural Generalist Medicine is a 'pipeline' that begins prior to medical school and extends through postgraduate training to lifelong learning. Rural-pipeline-to-practice programs have been carried out in countries like Australia and Canada. Although there are rural training concepts in several European countries the rural-pipeline-to-practice concept is not well established yet.

**Aim:** A systematic overview about existing European medical workforce retention measures with the focus on the concept of "rural pipeline" will be presented.

**Methods:** In November 2018 we conducted a systematic literature search in two databases (PUBMED and RURAL AND REMOTE HEALTH-website) by using keywords (e.g. "rural pipeline", "rural origin", "rural health education", "rural medical education").

We identified European rural-pipeline-to-practice programs of the last 10 years.

**Results:** Of the 473 references screened, 24 publications fulfilled the inclusion criteria. Most of them focus on Norway (n=11) and other northern European regions (e.g. Sweden, UK). With regard to the concept of "rural pipeline", none focuses on "school-career-counseling-programs" (pre-university), n=13 on university-programs and n=11 on "post-university medical specialist training programs".

**Conclusions:** International experience of rural-pipeline-to-practice programs is already available. The review shows actual European database and gives European medical schools new ideas to implement or improve programs against the lack of medical care in rural areas.

Conflict of interest

no

## Contribution ID: 476

### Presentation form

Poster

### Prepare ourselves to the next step

#### Authors

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**Introduction/Aim:** Natural and manmade disasters often result in the disruption of health systems putting in risk the community developing. Since the increased scale and frequency of the natural and manmade disasters is essential the guarantee the best possible emergency medical assistance.

**Materials and Methods:** Based in studies published from 2017 to 2018, through systematic research of databases: PubMed and UptoDate in Portuguese and English. 6 articles were collected, 4 were selected, based in referral criteria: latest guidelines and type of study. The selection resulted in review articles and research papers.

**Results:** There are many conclusions from the implementation of the emergency education. The primary care health can provide a holistic approach. According to the International Federation of Red Cross and Non-Governmental Organizations there

are many partnerships developed across the world to respond in case of emergency. The most important lesson is the need to integrate the primary healthcare services to cater the affected population.

**Conclusion:** Primary healthcare is fundamental for effective emergency management during response, recovery and risk reduction. The evidence from implementation of disaster management strategies in primary healthcare shows that the provision of medical support during disasters from has drastically reduced the associated mortalities and morbidities. Primary healthcare exists across all countries, reason why can play a crucial role in the local capacity responding immediately making the communities more resilient to disasters. There is need to increase the quality education, in medical schools, in courses and training.

Conflict of interest

no

## **Contribution ID: 491**

### **Presentation form**

Poster

### **Doubts regarding breast cancer screening**

#### **Authors**

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#### **Effects of screening on mortality**

The Cochrane Review established that in previous randomized clinical trials there was a significant bias related to erroneous assessment of the patients' cause of death. Gotzsche published a statistical meta-analysis of these previous randomized trials where he showed that a significant bias actually existed in the studies.

#### **Influence of the development of treatment**

Since the 1990s, statistics show a decrease in mortality rates for mammary cancer of 8%. There are reasons to believe that the influence of screening on this statistic is marginal, Autier P et al support this affirmation stating that mortalities due to mammary cancer diminish at the same rate in neighboring countries with equal access to treatment and presenting disparities regarding the dates for the development of screening programs.

**Incidence of mammary cancer:** There is an increase in incidence of breast cancer in recent times. Most widely accepted publications determine that over-diagnosis occurs between 1% and 10% of cases. However, there's research available rejecting this affirmation. The results from the Norwegian screening program show an over-diagnosis rate between 15% and 25%. Gotzsche et al in their review of randomized trials establish an over-diagnosis rate of 30% and the UK Independent Panel with one of 11%. Bleyer and Welch guess in the best conjecture the over-diagnosis is

31%. An effective screening program should reduce the incidence of advanced cancer, but the incidence of advanced cancer hasn't diminished.

Conflict of interest

no

## Contribution ID: 541

### Presentation form

Poster

### Association between knowledge about oral health and behaviors and blood glucose control in patients with type 2 diabetes in Spain

#### Authors

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<sup>3</sup>Health Service of Castilla La Mancha (SESCAM)(Spain), Albacete, Spain

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**Objectives:** An analysis is made of blood glucose control, sociodemographic factors, oral hygiene habits and professional dental care and their association to knowledge about oral health among Spanish adults with type 2 diabetes mellitus.

**Methods:** Convenience random sampling was used to include a total of 247 patients with type 2 diabetes mellitus diagnosed in the Health Service of Castilla La Mancha (Spain). The patients completed a questionnaire on the relationship between oral health and diabetes, and were divided into two knowledge groups according to the number of correct answers obtained. Data referred to social antecedents, oral self-care, use of dental services, and the most recent glycosylated hemoglobin (HbA1c) recordings were also collected.

**Results:** The patients with little or no education showed a significantly greater incidence of limited knowledge than the patients with secondary and university education ( $p < 0.05$ ). The percentage of patients with greater awareness of the link between diabetes and oral health was higher in urban zones ( $p < 0.05$ ). The distribution of daily brushing frequency and the use of fluoridated toothpaste showed statistically significant differences between the two groups ( $p < 0.05$ ). The variable HbA1c was not significantly correlated to the level of knowledge.

**Conclusions:** An association is observed between knowledge about oral health among patients with type 2 diabetes and brushing frequency, the use of complements in oral hygiene, place of residency and educational level.

Conflict of interest

no

## Contribution ID: 630

### Presentation form

Poster

## **BEST POSTER: Health issues affecting refugees with a specific focus on Greece**

### **Authors**

Amreet Battu

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**Introduction/Aim:** In 2016 I was a volunteer family doctor in three refugee camps in Greece. My experience left me with many questions about the background of the refugee crisis, the impact of the crisis on European host countries, and the specific health issues affecting refugees. In this poster I attempt to answer some of these questions.

**Materials and Methods:** A literature review of journal articles between 2015-2019. Key word searches were healthcare, refugees, Europe, and Greece.

**Results:** Refugees experience many health issues including PTSD, worsening of chronic conditions due to treatment disruption, and new physical and mental illness arising from their journeys and subsequent living conditions. Barriers to refugees accessing health care include financial and language barriers and lack of awareness of local resources. Barriers on the provider side include variation in refugee healthcare entitlements across different countries in Europe, and lack of resources, particularly in Greece which has faced unprecedented numbers of long term refugees despite going through a period of austerity.

**Conclusion:** The experience of the last few years has increased our understanding of ways to address the health issues facing refugees, from initial assessment and emergency treatment to longer term management of chronic conditions in camp settings. Suggested ways to improve health outcomes in refugees include development of evidence-based guidelines for health assessment and management of newly arriving migrants, portable medical records, efficient translation services, increased cooperation between different health actors, health system strengthening and integration of health services for refugees with host countries' health systems.

Conflict of interest

no

## **Contribution ID: 638**

### **Presentation form**

Poster

## **Effectiveness of a smoking cessation programme**

### **Authors**

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**Introduction/aim:** Tobacco consumption is the leading cause of disease, disability and avoidable mortality in Spain and other developed countries, being responsible for more deaths in the world than obesity. The aim of this study was to evaluate the sort and long-term effectiveness of a cessation programme applied in Primary Care.

**Materials and methods:** quasi-experimental, uncontrolled, intervention-type study, with effective analysis before and after. The target population consisted of smokers who attended a detoxification programme and met the selection criteria. The sampling was not probabilistic, of consecutive situations of smokers selected in the Primary Care consultation in the period between June 2008 and May 2010. The sample size was 109 smokers (67 women and 42 men). The programme had a face-to-face phase in the health care centre in which, on a weekly basis for 2 months (short term), an individual intervention was carried out, followed by periodic telephone interviews for 2 years (long term). All the patients received behavioural treatment. 62.4% of them received combination therapy (behavioural and pharmacological).

**Results:** 56% of the patients managed to quit smoking during the first 2 months, a figure that dropped to 32.1% after 2 years. **Conclusion:** Although most of the smokers had severe physical and psychological dependence, we believe that the results obtained in the long term have been encouraging thanks to the high degree of motivation and the treatment given.

**Keywords:** Primary Care, tobacco, smoking cessation, motivation, dependence

Conflict of interest

no

## **Contribution ID: 662**

### **Presentation form**

Poster

### **Incidence of disability for mental illness and behavior disorders**

#### **Authors**

Libuše Čeledová, Rostislav Čevela

*Department of Social and Assessment Medicine, Faculty of medicine in Pilsen, Charles University, Plzeň, Czech Republic*

**Introduction:** Analysis of the incidence of disability for mental illness and behavior disorders.

**Methods:** Disability for mental diseases assessed due to separate chapter in the Annex to Decree No. 359/2009 Coll.

**Results:** During the period 2012 to 2017 the assessment for overall disability decreased of 21%. The number of disability assessment for mental illness decreased by almost 7% from 2012 to 2017 (less by 6 617 cases).

**Conclusions:** The prevalence and the incidence of mental disorders in the Czech population has been rising over the past ten years. The number of new disability continues to decrease. This can be caused by better therapeutic results or applying assessment criteria.

Conflict of interest

no

**Contribution ID: 721**

**Presentation form**

Poster

**Obesity as a risk factor for hypertension**

**Authors**

Dušica Milić

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**Introduction:** Obesity is a metabolic disorder characterised with the increase of body mass which is a result of accumulation of fat in the organism. The presence of body fat is higher than 30 % in women and 25 % in men. The most common issue of obesity is high blood pressure.

**Aim:** To determine the presence of obesity in patients with high blood pressure.

**Materials and Methods:** The data from medical records of 120 patients , aged 40 – 75 years ,both male and female, of HC "Delijski Vis" are used. All the patients suffer from hypertension.

**Results:** 45 % of the patients , 54 in total,are obese - 38 (70,37 %) women and 16 (29,62 %) men. Based on BMI , 19.16 % of the patients have normal body mass (18.5 – 24.9 ) while 35.08 % of patients have increased body mass (25 – 29.9). Class 1 obesity (30 – 34.9) is seen in 24.16 % of women and 11.66 % of men. Class 2 obesity (35 – 39.9) is seen in 6.66 % of women and 1.66 % of men. Class 3 obesity (BMI over 40) is seen in one patient (a woman).

**Conclusions:** The results of this research show great frequency of obesity in patients with high blood pressure (more frequent in women than in men). That increases the risk of other cardiovascular diseases and cerebrovascular insult. The therapy consists of appropriate diet and educating the patients ,physical activity and regular therapy.

**Key words:** obesity, risk, hypertension.

Conflict of interest

no

**Contribution ID: 770**

**Presentation form**

Poster

**Risk factors of children obesity and overweight**

**Authors**

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**Introduction/Aim:** Children obesity is a growing concern worldwide. According to WHO, 170 million children (aged < 18 years) are estimated as being overweight. Obesity is a multifactorial disease with serious health consequences. Understanding the risk factors of obesity may decrease the prevalence of obesity and its

complications. The aim of the study is to investigate the risk factors of children obesity and overweight.

**Materials and Methods:** A cross-sectional, prospective study of 100 children of the age from 2 till 7 years old. Children weight and height are measured to calculate a body mass index (BMI). Besides this, parents are asked to fill the questionnaire in order to identify risk factors.

**Results:** Overall 100 children participated in the research, 57 boys and 43 girls. The mean age  $4,7 \pm 1,7$  years. 11% of children had underweight, 60% normal weight, 21% overweight and 8% obesity. Girls are overweight in three time often than boys ( $p=0,001$ ). Seven years old children are more often overweight than other groups of age ( $p=0,04$ ). The risk factors which statistically significantly correlate with children overweight and obesity are: the use of sweetened drinks ( $p=0,01$ ), the duration of TV viewing ( $p=0,04$ ), physical activity ( $p=0,02$ ).

**Conclusion:** Obesity is multifactorial disease caused by modifiable and unmodifiable risk factors. Food intake and physical activity behaviours play a significant role in overweight occurs.

Conflict of interest

no

## Contribution ID: 809

### Presentation form

Poster

### Traditional Chinese Medicine (TCM) as part of the medical studies – an evaluation study of the elective subject of 2011 and 2018

#### Authors

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**Background:** The elective subject “Traditional Chinese medicine (TCM)” should contribute to the deepening of complementary medical teaching and adjuvant treatment. In addition to the theoretical foundations of Chinese medicine, practical skills are imparted. Since 2008, the optional subject TCM has been offered in every summer semester for students. In 2011 and 2018 students evaluated the optional subject TCM.

**Methods:** The questionnaires included questions about e.g. “implementation and applicability of the teaching offer”, “personal assessment because of the doctors role” and “why students are required to attend this seminar”. In 2018 there was also a group discussion to get very detailed opinions of students after the seminar was successfully completed.

**Results:** After taking the optional subject TCM in 2018, 61.5% and 30.8% of the students describe a positive or very positive change in attitudes towards complementary medicine. This compares with the results from 2011 with 85.7% positive and 14.3% very positive change, after participation in the elective course.

**Conclusions:** The offer of an elective course on TCM at the Institute of General Practice is accepted by the students and records positive evaluation results of

individual years, but also in comparison of the years with each other. The students report, after successful participation in this course, predominantly of increased interest, to deal with the sub-areas of complementary medicine like TCM, acupuncture, Chinese herbal medicine and Chinese dietetics, in particular, because practical exercises and demonstrations on patients are indispensable for learning success.

**Keywords:** elective subject, evaluation, medical education, optional subject, TCM, undergraduate Curriculum

Conflict of interest

no

## **Contribution ID: 834**

### **Presentation form**

Poster

### **Case of aseptic meningitis by leptospira in pediatric age**

#### **Authors**

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**Introduction:** Worldwide incidence of leptospirosis is estimated at 500.000 cases per year, with 800 cases having been reported in Europe in 2016 (rates 0,20 per 100.000 inhabitants).

**Objective:** Emphasize the importance of a complete clinical history, to the diagnosis of this rare and potentially lethal bacterial disease.

**Clinical case:** Female caucasian age 7, previously healthy, resorts to family doctor at the 1st day of fever (peak of 39°C, with 5h apirexia intervals) associated with myalgia,odynophagia and two vomiting episodes. Medicated with ibuprofen and paracetamol for presumed influenza-like illness. Admitted in the ER at the 5th day with frontal headache irradiating to the cervical region. Living in the countryside in a farmhouse. Physical examination: pale with sunken eyes, tympanic temperature 37,7°C and stiff neck. Analytically: hemoglobin 10,1 g/dL, neutrophilic and CRP 18 mg/dL. Lumbar puncture: hematic fluid, pleocytosis of 1400 cel/mm<sup>3</sup> with polymorphonuclear predominance, glucose 61 mg/dL and proteinorrachia 1.05 g/L. Hospitalized for meningitis of presumed bacterial etiology and treated with ceftriaxone for 7 days. Positive leptospire urine PCR. Medical discharge as asymptomatic, at the 6th day of admission.

**Conclusion:** Those who work outdoors or with animals are more prone to this infection. This child who lives in a farm probably became infected through contact with urine from infected animals or contaminated water, soil or food. Without treatment, leptospirosis can lead to kidney damage, meningitis, liver failure, respiratory distress and death. A thorough clinical history is essential to allow early suspicion of this disease, preventing more serious complications.

Conflict of interest

no

## Contribution ID: 848

### Presentation form

Poster

### Perceptions of patients and healthcare professionals regarding the access to health care services for racial and ethnic minorities in Greece

#### Authors

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<sup>4)</sup>Department of Public Health, School of Medicine, University of Patras, Patras, Greece

**Introduction/Aim:** Disparities of health indicators between the general population, racial and cultural minority groups have been well documented. Racial-ethnic minorities (REM) may have limited access to health care services(HCS) and receive poorer standards of care. The aim of this study was to explore the beliefs or perceptions held by REM in comparison to health professionals (HPs) regarding the access to HCS for these groups.

**Materials and Methods:** A cross-sectional survey of 50 Greek HPs and 50 patients/companions of various race/ethnicity was conducted in the outpatient clinics of a public hospital in Crete, Greece. A self-administered questionnaire comprising basic socio-demographic parameters and various aspects on access-to-health-care was filled out between November and December 2018.

**Results:** Ethnic minority groups (from Balkan, Russia, Europe, Africa, Asia) reported higher scores of limitation in access-to-health-care compared to HPs (3.20 vs 2.32). The main obstacle factors were language barriers, lack of translational services and low socio-economic level. The lack of a system to record such inequalities and of bodies to manage and tackle them, as well as, the absence of a national explicit legal framework aggravate the equal access to HCS. Both patients and HPs believe that training of HPs and patient education is needed, in order to reduce inequities in access-to-health-care by non-native patients.

**Conclusions:** This study provided an insight into perceptions of racial/cultural minority groups and HPs regarding the inequalities in access-to-health-care, which is of major concern. Implications for culturally competent health care access and provision are discussed within.

Conflict of interest

no

## Contribution ID: 868

### Presentation form

Poster

### Prevention of lower limb injuries in Footballers

#### Authors

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**Introduction:** Soccer is the sport with higher global expression, that being in constant development, has increased the number of players as youth level and, consequently, the incidence of injuries, with emphasis on lower limbs and predominance in males. In this context, there is special prevalence of injuries in the thigh, knee and ankle, accounting for the majority of knee sprains, ankle injuries and fatigue.

**Materials and Methods:** Clinical orientation norms, systematic reviews, meta-analyzes and original articles in PubMed databases, Uptodate, The Cochrane Library, Canadian Medical Association, Portuguese Sports Medicine website published between 2008-2015, in the Portuguese and English languages, using the terms Mesh "prevention", "youth"; "injuries"; "Football"; "lower limb"

**Results:** Entities that regulate practice for Football, FIFA and UEFA have made training plans based in warming-up, flexibility, muscle strengthening, balance, proprioception and endurance, with the identification of risk factors early in order to prevent risk of contracting injuries. The implementation at the clubs will depends of the interrelationship between technical and medical departments

**Conclusion:** further studies are needed on the effectiveness of new training methods to be implemented and cooperation between medical staff and coaching staff. It is also necessary to consider more fully the beneficial use of orthosis in the prevention of risk factors, and develop comparative studies among the youth level and senior team.

Conflict of interest

no

## **Contribution ID: 947**

### **Presentation form**

Poster

### **Prevalence of symptomatic obstructive sleep apnea in obese patients with type II diabetes**

#### **Authors**

*Gabriela Constantinescu, Alexandru George Constantinescu*

*Family Medicine, Floreasca Emergency Hospital Bucharest, Bucharest, Romania*

**Introduction/Aim:** The aim of this study was to determine the prevalence of obstructive sleep apnea (OSA) in obese patients with type 2 diabetes using the screening methodology proposed by International Diabetes Federation: (first filling a questionnaire regarding daytime sleepiness and then perform a sleep study in symptomatic patients).

**Materials and Methods:** The cross-sectional study included 242 patients diagnosed with type II diabetes and a BMI  $\geq 30$ kg/m<sup>2</sup>. Epworth Sleepiness Scale was used for the screening of OSA. Patients with a score over 10 points performed a polysomnography, considered the gold standard for the diagnosis of sleep apnea.

**Results:** Based on symptoms and sleep study, 22.3% of the patients fulfilled the diagnosis criteria for obstructive sleep apnea. Regarding the severity, 29.6% of the

patients with SAS had a mild form, 37% "moderate" and 33.3% "severe" (AHI >30 events/hour of sleep). Also, OSA was more common in male patients compared with females (28.2% vs. 16.8%,  $p=0.04$ ). When prevalence was analyzed according to age groups, 58.7% of cases were present in younger patients (below 50 years of age).

**Conclusions:** The main finding of this study is the high prevalence of undiagnosed symptomatic sleep apnea in obese patients with type 2 diabetes: 22.3%, higher in males than in females. The patients with moderate or severe form of OSA required treatment initiation in order to increase quality of life and prevent OSA complications. Factors identified as predictor of OSA were: age, male sex, higher BMI, larger waist circumference and uncontrolled diabetes.

Conflict of interest

no

## Contribution ID: 962

### Presentation form

Poster

### Bulgarian general practitioners' knowledge and practice on preconceptual folic acid prevention

#### Authors

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<sup>2)</sup>*Group practice for primary medical care „Evromed 6 190“, Plovdiv, Bulgaria*

**Introduction/Aim:** Preconception intake of folic acid has been found to significantly reduce the risk for neural tube defects (NTDs). NTDs represent a group of severe birth defects that are associated with high mortality, poor prognosis and long-term disability. This study aimed to analyze and evaluate Bulgarian GPs' knowledge and practice on preconceptual folic acid intake.

**Materials and Methods:** This cross-sectional study was conducted in the region of Plovdiv, Bulgaria in 2015-2018. Primary information was collected through a direct individual questionnaire among GPs. The survey consisted of 16 questions.

**Results:** A total of 116 GPs were surveyed. Almost all respondents indicated that they recommend reproductive age women to take folic acid before pregnancy. Folic acid supplementation is mostly recommended 2 months before conception, which is in line with most European and global guidelines. Female GPs tended to promote an earlier intake of folic acid ( $P<0.01$ ). On the other hand, male GPs followed more precisely the official Bulgarian recommendations (1 months before conception).

**Conclusion:** Improving folate status in reproductive age women before conception has an important preventive effect. GPs in Bulgaria are aware of folic acid prophylaxis, but they need further training in order to improve their practice.

Conflict of interest

no

## Contribution ID: 1019

### Presentation form

Poster

## **Fracture risk assessment and glycemic control of type 2 diabetes patients receiving prompt antiresorptive therapy.**

### **Authors**

Anna Holub p, Javier Marante Fuertes

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**Introduction/Aim:** The fractures are a growing public health problem with important socio-economic effects in many countries. Fractures may result in significant pain and can lead to loss of independence, depression, and chronic pain. Denosumab, a specific inhibitor of RANK ligand, is a novel antiresorptive therapy used to prevent fractures and effectively reduces the risk, and the protection persists as long as treatment is given. The patient as well presents another crucial risk factor for fractures that is type 2 diabetes.

**Materials and Methods:** We present a case of a 65 year-old patient with type 2 diabetes mellitus with poor glycemic control (HbA1c >7%), hypertension, and osteoporosis, following a spinal trauma secondary to a casual fall from a standing height being diagnosed with L3 vertebral body fracture.

**Results:** Referred to Traumatology a conservative treatment is decided, including thoracolumbosacral orthosis, pain medications (paracetamol, NSAIDs and opioids) and starts treatment with denosumab with a great response and favorable evolution. During 2 years of follow up the patient reestablished painless and full lumbar motion, did not presented new compression fractures and the laboratory test shown HbA1c 5.8%.

**Conclusion:** : Its necessary to keep that all the risk factors for the fractures under control in order to prevent new events. Diabetes mellitus is being considered among the most important factors responsible for the increase of the risk of fracture. New treatments like denosumab not only acts protecting bone from degradation but also seems to improve glycemic control in diabetic patients.

Conflict of interest

no

### **Contribution ID: 1236**

#### **Presentation form**

Poster

#### **Introduction to taichi and qigong**

#### **Authors**

Philipp Moon

*Husebyskogen Med. Senter, Oslo, Norway*

I am a GP in Oslo, Norway and doing Taichi and Qigong for some years and I am certified taichi teacher.

I would like to do a workshop to introduce Taichi and Qigong.

It is now well known positiv for health.

One of the latest research was done by Sherrington et.al, exercise for preventing falls in older people living in the community.

I would like to offer a workshop Qigong/Taichi the 27th or/and 28th of June if possible.

Taichi

Often called "meditation in motion". An art embracing the mind, body and spirit, is one of the most effective exercises for health of mind and body.

The essential principles include mind integrated with the body; control of movements and breathing, generating internal energy, mindfulness, song (relaxation) and jing (serenity). Taichi improves strength, flexibility, fitness, immunity, quality of life and relieve pain. Tai chi moves can be easily learned and executed by people of all ages and states of health.

Qigong

A mind-body-spirit practice that improves one's mental and physical health by integrating posture, breathing technique, self-massage, sound and focused intent.

Conflict of interest

no

## **Contribution ID: 1238**

### **Presentation form**

Poster

### **Effects of mobile app interventions on sedentary time, physical activity and fitness in older adults: systematic review and meta-analysis**

#### **Authors**

Dharani Yerrakalva<sup>1</sup>, Dhruvadh Yerrakalva<sup>1</sup>, Samantha Hajna<sup>2</sup>, Simon Griffin<sup>1</sup>

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<sup>2</sup>MRC Epidemiology Unit, University of Cambridge, Cambridge, United Kingdom

**Background/Objectives:** High sedentary time, low physical activity (PA), and low physical fitness place older adults at increased risk for chronic diseases, functional decline and premature mortality. Mobile apps may help promote active living. We aimed to quantify the effect of mobile app interventions on sedentary time, PA and fitness in older adults. (Prospero protocol CRD42018106195).

**Design/Setting:** We systematically searched five electronic databases for trials investigating effects of mobile-app interventions on sedentary time, PA and fitness among community-dwelling older adults aged  $\geq 55$  years. We calculated pooled standardised mean differences (SMD) in these outcomes between intervention and control groups after the intervention period. We performed a risk of bias assessment and certainty assessment.

**Results:** Six trials (486 participants, 67% women;  $68 \pm 6$  years) were included (five trials in meta-analysis). Mobile app interventions may be associated with decreases in sedentary time (SMD =  $-0.49$ , 95% confidence interval [CI]  $-1.02$ ,  $0.03$ ), increases in PA (505 steps/day (95% CI  $-80.5$ ,  $1092$ ) and increases in fitness (SMD =  $0.31$ , 95% CI  $-0.09$ ,  $0.70$ ) in trials  $\leq 3$  months and with increases in PA (752 steps/day, 95% CI  $-146$ ,  $1652$ ) in trials  $\geq 6$  months. Risk of bias was low for all but one study.

**Conclusions:** Mobile app interventions have potential to promote changes in sedentary time and PA over short-term but results did not achieve statistical significance, possibly because studies were underpowered by small participant numbers. We highlight a need for larger trials with longer follow-up to clarify if apps deliver sustained clinically important effects.

Conflict of interest

no

## **Contribution ID: 248**

### **Presentation form**

Poster

### **Project for workshops to promote sexual and reproductive health in Brazilian schools**

#### **Authors**

Fabio Franchi Quagliato, Vitor Borges Guimarães, Leonardo Pedrão da Silva, Marcelo Pimentel Jabali

*Barão de Mauá University Centre, Ribeirão Preto, Brazil*

**Introduction/Aim:** Adolescence is an important stage in a person's development and may affect their entire adult life, seeing that the development of physical traits precedes that of psychological ones. Additionally, it is the stage of life in which sexuality manifests itself with the most strength. In Brazil, it can be difficult for adolescents to make safe choices regarding their sexuality, given that only 25% of them have access to good quality information, even though 47% start their sex life before the age of 15, making them vulnerable to sexually transmitted infections and early pregnancy, for instance. Therefore, the need to provide qualified information to adolescents is evident, in order to promote adequate knowledge regarding these matters. The aim of this project is to identify whether sexuality prevention workshops in schools improve adolescents' knowledge about sexuality.

**Materials and Methods:** A questionnaire (pretest) will be applied to 14 to 16-year-old public school students, in order to determine their base knowledge and the workshops will take place in two subsequent meetings. Two weeks after the last workshop, the same questionnaire (posttest) will be applied in order to evaluate if there were changes in the adolescents' knowledge.

**Results:** The workshops will happen in the first semester of 2019 and the project has already been approved by the Ethics Committee.

**Conclusion:** We expect to find a higher number of correct answers in the posttest, showing an improvement on the knowledge of students who participate in the prevention workshops.

Conflict of interest

no

## **Contribution ID: 709**

### **Presentation form**

Poster

## Cervical cancer screening and HPV vaccination knowledge, attitude and practice among Saudi females at KAMC

### Authors

MUNEERA BARAJA

*FAMILY MEDICINE, KING ABDULAZIZ MEDICAL CITY, RIYADH, Saudi Arabia*

**Objective:** to assess the knowledge, attitude and practice about cervical cancer screening and HPV vaccine among females attending PHCC at King Abdul-Aziz medical city (KAMC) in Riyadh, Saudi Arabia.

**Method:** A Cross-sectioned study was conducted at PHCC at KAMC in Riyadh between June and September 2016. A total of 334 Saudi females were included using a convenience sampling method. Data was collected using a self-administered questionnaire consisting of questions about demographics, knowledge, attitude and practice of women regarding cervical cancer prevention and screening.

**Results:** Of the 334 participants, 243 have heard about cervical cancer (72.8%), but the majority did not know that it is caused by HPV virus (72.4%). Subsequently, they did not know that there is a vaccine against this virus (79.3%). While (77.9%) think that the vaccine is safe, (67.1%) of women think that they needed the vaccine and only 5 women (1.5%) received the HPV vaccine.

Around 167 (50.2%) of women knew about Pap smear, that Pap smear is important (82%), and that doing the test every 3 years is not difficult (72.5%). Furthermore, they did not think that the test is painful or harmful (60.8%, 76.7% respectively), but only (14.4%) have done it.

**Conclusion:** There were inadequate levels of knowledge regarding the HPV vaccine and screening interval of cervical cancer. Women had a good attitude towards the vaccine and Pap smear but uptake of the vaccine and screening for cervical cancer are minimal.

Conflict of interest

no

### Contribution ID: 1011

### Presentation form

Poster

### Emerging diseases: a clinical case - syphilis

### Authors

Ana Torres\

*USF Mactamá - ACES Sintra, Massamá, Portugal*

**Introduction:** The relevance of this case report is due to the fact that primary care, with the new emergence of sexually transmitted diseases, is responsible for the evaluation and treatment of these diseases. This poster aims to review the main signs, symptoms, epidemiology, diagnosis and treatment of this challenging pathology, described as the "great imitator" – syphilis.

**Description:** The case report reports to a 26-year-old male, irrelevant family and personal history, with complaints of painful swelling in the inguinal region and a generalized micropapular rash. It refers to constitutional symptoms as generalized

fatigue. It admits the presence of an "aphthous" lesion in the genital area a few weeks ago.

At the objective examination, swollen and painful inguinal adenopathies with a 3 cm greater diameter and generalized desquamative, non-pruritic micropapular rash were detected.

Laboratory showed positive antibodies to *Treponema Pallidum*, VDRL positive test (1480), and hepatic alterations compatible with hepatic inflammation (increase of AST, ALT and GGT) - probable syphilis.

The treatment was done with Penicillin G - 2.4 million IU in a single, intramuscular dose.

Syphilis is an infection caused by *Treponema Pallidum* and is described as the great imitator. It's once again emerging in both developed and undeveloped countries so it's of great importance the work of the primary care specialist both in the diagnosis and in the prevention

Conflict of interest

no

## Contribution ID: 1096

### Presentation form

Poster

### BEST POSTER: Lymphogranuloma venereum - a case report

#### Authors

Filipe Bacalhau, Andreia Alves de Castro, Cristiana Antunes, Francisco Ferreira e Silva, João Batalheiro

*USF Amora Saudável - ACES Almada-Seixal, Amora, Portugal*

**Background:** Lymphogranuloma Venereum (LGV) is an uncommon sexually transmitted infection caused by *Chlamydia trachomatis* serovars L1, L2 and L3, responsible for infecting monocytes and macrophages, invading regional lymph nodes and cause systemic disease. In Western countries, the incidence of LGV has been increasing since 2003, mostly among men who have sex with men. LGV symptoms are divided into 3 stages: a genital papule or ulcer at the site of exposure; a painful femoral and/or inguinal lymphadenopathy 2 to 6 weeks after; and a granulomatous inflammation with irreversible tissue destruction.

**Case report:** We present a 38-years-old caucasian male, carpenter, heterosexual with no high risk sexual behavior, with pulmonary emphysema, presenting 1-week history of a painful, swollen bump in the left inguinal region associated with fever, anorexia and weight loss. He denied genital complaints. Examination revealed a 3cm inguinal bubo and normal genitourinary examination. We referred the patient to emergency department of the nearest hospital where he made a CT scan that evidenced a voluminous inguinal adenopathy and blood tests with leukocytosis, monocytosis and negative serology for syphilis and HIV. The lymph node biopsy revealed suppurative granulomas. Based on a presumptive clinical diagnosis of LGV, he was medicated with 100mg of oral doxycycline daily for 21 days. Follow-up showed complete resolution of symptoms.

**Discussion:** Given the increasing of the incidence of LGV in Western countries, its symptoms and clinical course, it is important for primary care physicians to consider this disease in the differential diagnosis of inguinal lymphadenopathy.

Conflict of interest

no

## **Contribution ID: 126**

### **Presentation form**

Poster

### **BEST POSTER: Chronic renal failure following the methadone maintenance program**

### **Authors**

*Snezana Knezevic, Ljiljana Djurovic, Sladjana Virijevic, Biljana Sreckovic  
Primary health care, Health centre Kraljevo, Kraljevo, Serbia*

**Introduction:** Opiate addiction is a chronic condition associated with different morbidity and mortality. The methadone maintenance program in combination with social and psychological services is the gold standard for treatment. All opioids exhibit a number of adverse reactions, 20% cases of renal failure are caused by drug abuse. Kidney damage is due to sepsis, rhabdomyolysis, reduced glomerular filtration, hypotension, edema of the lungs, renal amyloidosis, under the influence of opiates. Hyperkalemia is potentially fatal when it is higher than 5.5 mmol/L.

**Case report:** A 48-year-old patient came in March 2017 with a high temperature, weakness, sweating, atypical electrocardiographic changes, laboratory analyses: hyperkalemia level 9.87 mmol/L, urea 18.3 mmol/L, creatinine 268  $\mu$ mol/L, urea clearance 0.20 ml/s, creatinine clearance 0.81 ml/s, creatine phosphokinase 1180 IU/L, anemia, Hgb 79 g/L, Er  $2.81 \times 10^{12}$ /L, C-reactive protein 13.2  $\mu$ g/mL, Le  $7.41 \times 10^9$ /L and acidosis pH 7.21. The patient had arterial pressure 130/80 mmHg and a heart rate of 64/min. Treated with infusion of crystalloid solutions, 8.4% sodium bicarbonate, diuretics, calcium gluconate, short-acting insulin, antibiotics. Normalization of kalemia and regression of electrocardiographic changes were registered. 24<sup>th</sup> day of hospital treatment, he was sent to home treatment.

**Conclusion:** The regular laboratory diagnostics, determining of the levels of potassium, urea, creatinine and creatine phosphokinase in the serum of heroin addicts and those on methadone and buprenorphine maintenance programs can contribute to timely detection of hyperkalemia, acute or chronic kidney weakness and undertaking of appropriate therapeutic measures.

Conflict of interest

no

## **Contribution ID: 245**

### **Presentation form**

Poster

### **Alcohol consumption among Biological Sciences students in Ribeirão Preto - Brazil**

### **Authors**

Fabio Franchi Quagliato, Soraya Duarte Varella, Matheus William Moshcegni Baia, Gabrielli Dayana Suemitsu, Rafaela Fernanda Ferreira, Lana Marini Fernandes  
*Barão de Mauá University Centre, Ribeirão Preto, Brazil*

**Introduction/Aim:** Since the Neolithic period, alcohol seems to have been present in all societies. In the 50's, alcohol dependence started being considered as an illness and was later added to the international classification of diseases, due to its major impact on public health. While developed countries exhibit a higher alcohol consumption rate, developing countries tend to show a higher number of deaths associated to diseases caused by alcohol. The World Health Organization (WHO) points to alcohol as the main cause of death among young Brazilians between the ages of 15 and 19. This study aims to describe epidemiological characteristics of alcohol consumption among students of a Biological Sciences course in a Brazilian University.

**Materials and Methods:** A questionnaire was used to collect data from 83 students.

**Results:** No difference was found between alcoholic consumption in men and women. 15,6% of interviewed students often miss classes after drinking. The average starting age for alcohol consumption was 16 years old, and 45% of students drink at least once a week. Even though 77% of students agree that alcoholic beverages are drugs, 50% of them stated that drinking does not cause any harm to their health. 15,6% said that they experience amnesia at least once a month after drinking alcohol.

**Conclusion:** The consumption of alcohol among Biological Sciences students is high and is related to social interaction, freedom and happiness. Those who drink start at an early age, and there is no difference between drinking habits of men and women.  
Conflict of interest

no

## **Contribution ID: 266**

### **Presentation form**

Poster

### **Gambling Disorder: What we need to know?**

#### **Authors**

Magaly Brodeur

*Department of Family Medicine and Emergency Medicine, University of Sherbrooke, Sherbrooke, Canada*

**Introduction/Aim:** Gambling is a leisure for a large part of the population. But, for many individuals gambling is no longer game. While gambling disorder is taking up more and more space in the public sphere, it remains largely unknown to many primary care physicians. This is surprising since its prevalence is comparable to the use of certain substances/drugs. The objective of this presentation is to provide an overview of the recent scientific literature in order to answer five essential questions for a primary care physician: 1) What is gambling disorder? 2) What is the extent of this problem and its consequences? 3) How can we detect gambling disorder? 4)

What are the available treatments? 5) What are the latest research developments in this field?

**Material and Methods:** A narrative review was conducted in the MEDLINE, CINALH and PsycINFO databases using a search strategy based on keywords related to gambling. A research via handsearching was also conducted to complete the research.

**Results:** The results presents recent literature on gambling disorder, highlights the complexity of the problem and presents concrete approaches to help primary care physicians better identify and treat this problem.

**Conclusion:** Gambling disorder is a problem that needs to be better known among primary care physicians. This narrative review provides a better understanding of this issue and underlines the latest developments in the field.

Conflict of interest

no

## **Contribution ID: 336**

### **Presentation form**

Poster

### **Determination of factors affecting smoking cessation success in patients who applied to smoking cessation clinic**

#### **Authors**

Ayşe Özge Altın

*Family Medicine, Dokuz Eylul University Hospital, Izmir, Turkey*

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

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

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

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

Conflict of interest

no

**Contribution ID: 463**

**Presentation form**

Poster

**Case Report: An unusual hidden addiction**

**Authors**

Anna Franquesa Novellasdemunt, Maria Àngels Ballarín Castany, Esther Campillo Casado

*Equip Atenció Primària - Vic Sud, Vic, Spain*

A 49-year-old man natural from India, slaughterer, who has a clinical history of COPD with bronchiectasis and frequent exacerbations (often requiring antibiotic treatment and hospitalization), previous alcohol abuse (now abstinent), and permanent hypertransaminasemia.

Presented to the Health Care Center with general discomfort, constipation and anxiety. Physical examination noted distal tremor, sweating and pallor. Moreover, family explained us daytime somnolence at home and consumption of several pills per day that they previously did not see. In the end, patient revealed that he had been taking Tramadol, not prescribed by any doctor but bought at the black market. He had been taking at least 24 pills per day of Tramadol 50mg on the last 5 years as painkiller, due to multiple polyarthralgias and chronic muscle pain related to hard conditions at work, as well as withdrawal syndrome when not taking them. Patient underwent treatment with decreasing doses of Buprenorphine and Naloxone, as we thought the consumption was the main cause of his previous and multiple bronchoaspirations. Now, he is maintaining abstinent with Buprenorphine plus Naloxone 8/2 mg per day, resulting in a significant global improvement.

Further the evidence of pain-releasing drugs overprescription and overdose deaths due to synthetic opioid consumption around the world, this case reports that even weak opioids can also suppose a serious addiction. Non-prescribed medications must be taken into account on our daily practice. And last but not least, practitioners must help their patients to be conscious about the risks of self-medication.

Conflict of interest

no

**Contribution ID: 723**

**Presentation form**

Poster

**Assesment of the validity and reliability of Turkish version of Craving Experience Questionnaire**

**Authors**

Sema Kilic, Neslisah Tan, Vildan Mevsim

*Family Medicine, Dokuz Eylul University Medical Faculty, Izmir, Turkey*

**Introduction/Aim:** The Craving Experience Questionnaire, is developed by the Jon May et.al. There is no scale adapted to Turkish, which measures the both strength and frequency of craving. The aim of this study is to perform the adaptation of Craving

Experience Questionnaire (CEQ) to Turkish and assess the validity and reliability of patients with smoking dependence.

**Materials and Methods:** The Turkish version is prepared by translating and re-translating CEQ. The study was conducted at Dokuz Eylül University Primary Health Care Centers. 752 participants who were smokers enrolled in the study. The participant were asked to complete the demographic data form, The Fagerström Test for Nicotine Dependence (FTND), CEQ, The Substance Craving Scale (SCS). Reliability of the scale was assessed by internal consistency and test-retest method; validity is tested with construct validity and concurrent validity.

**Results:** The CEQ consists of two subscales which both contains 11 items. Each item is evaluated between 0-10 points. Factor analysis showed three dimensions for both scales. The concurrent validity is evaluated by the correlations of SCS – CEQ and FTND - CEQ. The correlation was found statistically significant between the scales. Cronbach  $\alpha$  internal consistency coefficient was found to be 0.89 for CEQ-Strength and 0.85 for CEQ-Frequency. The test-retest reliability coefficient was 0.89 for CEQ-Strength and 0.90 for CEQ-Frequency.

**Conclusion:** Turkish version of the CEQ is a valid and reliable measurement tool that can be used to assess craving among smokers.

Conflict of interest

no

## Contribution ID: 903

### Presentation form

Poster

### Clinical case report: myocardial infarction on a 27 years old male

#### Authors

Debora Batista, Elsa Melo, Tiago Castanheiro

*USF Eborae, Evora, Portugal*

**Introduction/Aims:** Although coronary heart disease (CHD) primarily occurs in patients over the age of 40, younger men might be affected. Age cut-off to define "young" patients with CHD or acute myocardial infarction is 40 to 45 years old. Family physicians should be particularly aware of coronary risk factors such as smoking, family history, lipid abnormalities, diabetes or hypertension, obesity, paradoxical embolism and risk factors in childhood.

**Materials and Methods:** A 27 years old overweight male, concomitant tobacco and cannabis smoker in the last 10 years, without other personal healthproblems or family relevant cardiovascular events, visits his family doctor for a routine consultation. Asymptomatic but with a persistent tachycardia on physical examination, a 24-hour holter monitoring was asked. After two weeks, before having the holter done, the cardiologist highly suspected on myocardial infarction on EKG and the young man was complaining about thoracic pressure.

**Results:** On the emergency department he was diagnosed with anterior myocardial infarction with subsequent hospitalization.

**Conclusions:** Marijuana is the most widely used illicit drug. The recreational use of cannabis has increased lately in parallel with its legalization/decriminalization in several countries. Serious cardiovascular adverse events are rising in temporal

relation to recreational cannabis use which include sudden cardiac death, vascular events, arrhythmias and stress cardiomyopathy among others. Most of the patients are relatively young men with few or none cardiovascular risk factors. The role of family physician is not only to prevent drug use but also to promote avoidance of those who already consume.

Conflict of interest

no

## **Contribution ID: 938**

### **Presentation form**

Poster

### **The damages of stress**

#### **Authors**

Adrian Barreiro Gago, Claudia Ramírez Martín, Josefa Cuevas Gálvez  
*Servicio Andaluz de Salud. Distrito Costa de Sol. Unidad Docente de Málaga.,  
Fuengirola, Spain*

**Introduction/Aim:** A clinical case. Different presentations of mental disease.

**Materials and Methods:** History: 42 year old male is brought by ambulance for having a seizure on the street. At arrival he says that he's had fever up to 39°C at home, but he remembers no other symptoms, fiscal and neurological exploration were normal. Medical history of anxiety treated with dipotassium clorazepate and paroxetine. Also the patient admits to have a history of toxic consumption and a family history of schizophrenia.

Physical and neurological exploration normal

CT scan, blood tests and lumbar ruction normal.

**Results:** Diagnose: simulation versus dissociative amnesia.

**Conclusion:** dissociative amnesia is often related to a high stress or traumatic situation, from which the patient "subconsciously chooses" to forget some events, yet the memories remain there. Regarding simulation, unfortunately in todays time a part of our society in Spain seats for a reason to be incapacitated and therefore receive a pension from the state. In the follow up of this case, the patient didn't admit to recover the memory he said to have lost, yet every test proved to be normal, including severa psychiatric evaluations.

Conflict of interest

no

## **Contribution ID: 1041**

### **Presentation form**

Poster

### **Alcohol consumption among hypertensive primary care population – a prevalence study**

#### **Authors**

Jonathan Silva

*USF Balsa, Tavira, Portugal*

**Introduction/Aim:** Hypertension represents a main non-communicable risk factor for global burden of disease. It is a largely preventable condition influenced by a range of lifestyle behaviors, including but not limited to level of physical activity, poor diet, and alcohol consumption. Moderation of alcohol consumption to no more than than 14 units per week for men and 8 units per week for women is one of the six recommended lifestyle changes in the current European Society of Hypertension and European Society of Cardiology guidelines for the management of arterial hypertension, graded with a class I evidence level A. The aim of this work is to know the prevalence of alcohol consumption among hipertensive patients from a file of a Family Health Unit – USF Balsa.

**Materials and Methods:** All hipertensive patients in a file from USF balsa were included in this cross-sectional descriptive study. Data were collected in January of 2019 using the MIM@UF database and individual medical electronic records – Sclínico. Software for statistical analysis : Microsoft Office Excel®.

**Results:** Medical records of 324 hipertensive patients were reviewed. Most were female (55%) with ages from 29 to 96 (mean 70). 47 patients (14,5%) had alcohol consumption beyond recommended levels, 80% of those patients were male.

**Conclusions:** Primary health care has traditionally had a key role in the detection and the management of hypertension. Part of this management involves advice and interventions on lifestyle factors. Thus, recognizing alcohol overconsumption is crucial to improve interventions in primary health care and reach health benefits.

Conflict of interest

no

## **Contribution ID: 1190**

### **Presentation form**

Poster

### **Evaluation of three-year results of a university hospital smoking cessation policlinic**

#### **Authors**

M Gokhan Eminsoy<sup>1)</sup>, Fisun Sözen<sup>2)</sup>, Mustafa Karabekir<sup>2)</sup>, Ergün Öksüz<sup>2)</sup>

<sup>1)</sup>Family Medicine, Baskent University Hospital, Ankara, Turkey

<sup>2)</sup>Department of Family Medicine, University of Baskent, Ankara, Turkey

**Introduction/Aim:** The World Health Organization considers smoking as a disease to be treated. The number of smoking cessation policlinics is increasing day by day due to social awareness, emerging diseases and economic reasons. The aim of the study was to evaluate socio-demographic information, addiction scores and smoking cessation of patients.

**Materials and Methods:** 297 patients who applied to a university hospital smoking cessation policlinic between March 2015 and July 2018 were called and asked for smoking cessation information in this descriptive study.

**Results:** Patients' (60,4% male, 39,6% female) mean age was 42,6 years. Of them 59,2% were university graduates and 64,3% were married. 46,8% of the applicants were using alcohol. 66,9% of the patients had varenicline, 30,6% of them had

bupropion and 2,4% had used the nicotine band. As a result of the telephone calls, 62,6% stated that they quit smoking and 35,4% didn't. The Fagerström Dependency Score was 6,7; while the average value of breath CO measurements was 9,8 ppm. The mean duration of smoking was 23,4 years and the average smoking time was 1,2 packs/year. 119 of the 190 varenicline, 64 of the 87 bupropion and 3 of the 7 nicotine band using patients quitted smoking.

**Conclusion:** Smoking cessation treatment is very important in protecting the society as well as the diseases that are caused by tobacco. The success rates of policlinics depend on the psychological, physical and behavioral aspects of tobacco dependence and also the patients' cooperation.

Conflict of interest

no

## Contribution ID: 70

### Presentation form

Poster

### The association between obesity and education level among the elderly in Taipei

#### Authors

Tsai-Hao Hsieh, Chin-Yu Ho, Jason Jiunshiou Lee, Wen-Ruey Yu

*Department of Family Medicine, Taipei City Hospital, Yangming Branch, Taipei City, Taiwan, Province of China*

**Introduction/Aim:** Although overweight has a protective effect on the risk of death among the elderly, obesity causes a significant increase in comorbidity and mortality. However, less research showed the associated factors of obesity among geriatric populations. In this study, cross-sectional analysis was performed to explore the association between geriatric obesity and education level and other demographic characteristics in Taipei, Taiwan.

**Materials and Methods:** Data was collected from the elderly health examination program in Taipei city in 2012. Taipei citizens older than 65 years were qualified to be enrolled in this program (aborigine > 55 years). The obesity was defined as body mass index > 27 kg/m<sup>2</sup> by the Ministry of Health and Welfare of Taiwan. We used logistic regression to analyze the relationship between education level and obesity after controlling all other confounding factors, such as sex, age, race, income status, and smoking status.

**Results:** We included 40993 participants in this study (male/female: 20099/20894). Compared with those having education years more than 16, the elderly having fewer education years had higher odds of being obese (<6 years: OR: 2.170, 95% CI: 1.956-2.407; 6-9 years: 1.677, 95% CI: 1.549-1.816; 9-12 years: 1.385, 95% CI: 1.275-1.504; 12-16 years: 1.091, 95% CI: 1.008-1.182). As age increased, the possibility of being obese decreased significantly, and there were no differences by sex and income status, while aborigine and non-smoker had higher chances of being obese.

**Conclusion:** Older people in Taipei with higher education level have a lower possibility of being obese.

Conflict of interest

no

## Contribution ID: 108

### Presentation form

Poster

### Children with malnutrition in East-Timor

#### Authors

Ana Sá<sup>1)</sup>, Eduarda Pinheiro<sup>2)</sup>

<sup>1)</sup>Family Medicine, USF Remo, Évora, Portugal

<sup>2)</sup>Family Medicine, USF PLÁTANO, Portalegre, Portugal

**Introduction:** Malnutrition is a serious health problem, responsible for a huge burden of childhood morbidity and mortality. The WHO estimates that malnutrition underlies 50-60% of all deaths in children under 5 years of age worldwide and, in East Timor, both acute and chronic malnutrition are very common in children under 5 years. Objective: Characterizing the population of children diagnosed with malnutrition, observed during one-month training period at the Order of Malta Clinic East Timor.

**Methods:** Retrospective observational study, based on the analysis of clinical processes of the target population (children with malnutrition aged from 6 to 60 months). Results: We observed 55 children with the diagnosis of Malnutrition and there were found 41 cases of Severe Malnutrition-almost 27% were corrected with supplementation. Fifteen cases of Moderate Malnutrition were also diagnosed, 20% were corrected with supplementation and more than half were not. About 63% of these children belong to extended families and the remaining children to nuclear families. All the infants were born with a gestational age  $\geq$  36 weeks and 54.54% were breastfed, on average, until 8 months. The infants that weren't breastfed corresponded to cases of Severe Malnutrition. Regarding symptoms of current illness, 85.45% of the children were diagnosed with an acute pathology (the most frequent pathologies were viral respiratory infections, viral acute gastroenteritis and scabies).

**Conclusions:** Malnutrition is caused by insufficient intake or by the existence of underlying disease, so it is important during the approach to a child with suspected malnutrition, to question these and the other risk factors mentioned above.

Conflict of interest

no

## Contribution ID: 152

### Presentation form

Poster

### BEST POSTER: Acute chest pain in a 24 year old smoker male after heavy energy drink intake

#### Authors

Esperanza Perdomo-Herrera<sup>1)</sup>, Alba Lucía Tocino-Hernández<sup>2)</sup>, Irene Pombar-García<sup>3)</sup>, Tara Rodríguez-Rodríguez<sup>4)</sup>, Paula Fernandez-Trujillo-Comenge<sup>5)</sup>, Agnieszka

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**Introduction/Aim:** The abuse of caffeine/taurine energy drinks has been associated with acute coronary events in young people without previous cardiovascular disease. We hereby present a case of acute coronary syndrome in a young male after heavy energy drink consumption, with the objective of raising awareness about the possible cardiovascular risk associated with this habit.

**Material and Methods:** Review of the Clinical Record of the patient and the relevant literature.

**Results:** A 24-year old male complaining of oppressive chest pain associated to diaphoresis after sleep deprivation and consumption of energy drinks was admitted in our Emergency Room. He smokes 25 cigarettes/day and had a heavy habit of energy drink consumption, with no other cardiovascular risk factors. His EKG showed elevated ST (V2-V4, I, aVL), serial CK were 64-1733-1896 U/L and TT 538-1725-3189 ng/l. Heart catheterization and IVUS showed anteroapical hypokinesis, ejection fraction 50%, severe ostial and proximal thrombotic stenosis of the anterior descending coronary with distal embolic occlusion. Thrombus aspiration and balloon angioplasty were performed, and antithrombotic treatment with abciximab and Na<sup>+</sup> heparin was instaurated. After a week, a new heart catheterization showed no coronary stenosis, and ergometry was negative for ischemia and arrhythmia. The diagnosis was acute coronary syndrome due to anterior descending coronary artery thrombotic occlusion, with preserved LV function and anteroapical hypokinesis.

**Conclusions:** The abuse of energy drinks may be a contributory factor in the ischemic heart disease of this patient. However, a clear-cut cause-effect relationship has not been established.

Conflict of interest

no

**Contribution ID: 430**

**Presentation form**

Poster

## Vegetarian food in children - a healthy eating?

### Authors

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**Introduction/Aim:** The vegetarian dietary pattern has been adopted by a growing number of families. In younger age groups, such as children and adolescents, there has been an increase in the number of individuals adopting this pattern. The vegetarian diet is characterized by having numerous health benefits when properly planned. However, in adopting this type of diet, some nutritional deficiencies may arise. Pediatric age corresponds to a period of great vulnerability, in particular nutritional status, with health repercussions. This age is marked by high growth and development and, consequently, by an increase in nutritional needs. The goal was review existing literature on the risks and benefits of vegetarian food for school-age children and the type of evaluation recommended.

**Materials and Methods:** A bibliographic search was carried out in the Medline / Pubmed database, Cochranelibrary, UpToDate. Articles published since 2010 have been selected using the MeSH Terms: "Vegetariandiets"; "Children"; "Assessment"

**Results:** The vegetarian diet can be a healthy diet, provided that it has adequate planning. Health professionals should continuously monitor the nutritional and health status of children for early identification of possible nutritional deficits. A detailed description of the diet for proper counseling and correct supplementation is essential.

**Conclusion:** Vegetarian food has many health benefits. However, without adequate planning and continuous monitoring at pediatric age, nutritional risk can be high. The family mean assumes the role of evaluation of the child's nutritional status and growth, as well as providing essential nutritional information for healthy eating and empowering families in informed choices.

Conflict of interest

no

## Contribution ID: 386

### Presentation form

Poster

### Male menstruation

### Authors

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**Introduction/Aim:** Schistosomiasis is a disease caused by a parasitic infection that can affect the intestinal level and genitourinary system. Urinary involvement can produce hematuria. When it is chronic it can cause the development of pseudopolyps, renal failure or bladder carcinoma.

**Materials and Methods:** A 30-year-old male from Senegal has been in Spain for 5 months. Go to primary care consultation for low back pain of mechanical characteristics. In the clinical interview does not refer personal or medical history of

interest. An analytical study is carried out that presents eosinophilia together with positive schistosome serology, without parasites being detected in urine.

**Results:** It is derived to the Tropical Medicine service. It is diagnosed with urinary schistosomiasis and treatment with praziquantel in a single dose is prescribed. Abdominal ultrasound is performed, which defines the presence of calcification and polyp, so intraurethral resection is indicated. Transitional cell carcinoma is described in anatomopathological study.

**Conclusion:** The prevalence of schistosomiasis is highest in sub-Saharan Africa, being normal the presence of hematuria in childhood that many patients conceive of as the passage from childhood to adulthood, such as menstrual bleeding in women. Among travelers who return serology is the most useful test. Among people living in endemic areas the parasite burden should be determined by direct microscopy for the detection of eggs, in feces or in urine, and the detection of antigens. It is recommended that patients with schistosomiasis be treated with praziquantel in the presence or absence of clinical manifestations.

Conflict of interest

no

## **Contribution ID: 390**

### **Presentation form**

Poster

### **Dermatological injuries in down syndrome**

#### **Authors**

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**Introduction/Aim:** Syringomas are benign tumors that involve the ductal epithelium of the eccrine sweat gland. The etiology is unknown. The reason for consultation is usually for aesthetic reasons, although the condition can cause cancerphobia or venerophobia.

**Materials and Methods:** An 18-year-old male with Down's syndrome and pulmonary hypertension, in treatment with captopril and furosemide, attended the Primary Care consultation for asymptomatic skin lesions in the neck that began several months ago and began as localized macules that spread. in outbreak after episodes of photoexposure. Denies fever or other acute symptoms by devices and systems. Multiple papules are seen between 1-2mm of pink color in the anterior region of the neck and upper hemithorax, without signs of inflammation or superinfection. Results: A referral to the Dermatology Service is decided. It is diagnosed with multiple or eruptive syringoma, which are frequently associated with Down Syndrome.

**Conclusion:** Syringomas present as pink, skin-colored or slightly bluish papules or nodules, often located on the head and neck. The lesions are usually asymptomatic and slow growing for years. You have to suspect malignancy if they show a rapid growth and may ulcerate. Due to the extensive overlap in the clinical characteristics of the adnexal skin tumors, biopsy is essential for diagnosis. The treatment of choice is simple excision. In patients with genetic syndromes associated with multiple

adnexal tumors, the removal of all may be of little use and therapeutic abstention is recommended.

Conflict of interest

no

## **Contribution ID: 393**

### **Presentation form**

Poster

### **An unusual find**

### **Authors**

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**Introduction/Aim:** The sign of Chilaiditi is an anatomical alteration that consists in the interposition of a part of the colon, usually the right one, between the liver and the diaphragm. The sign is called a syndrome when it is accompanied by symptoms.

**Materials and Methods:** A 69-year-old man with an active smoker, a type 2 diabetic in treatment with metformin and a hypertensive man on treatment with enalapril, visited the clinic. SAOS and chronic constipation. He refers to a clinical picture of respiratory infection that does not progress well after empirical antibiotic treatment for a week. Denies another companion clinic.

**Results:** A chest radiograph is requested, showing a suspicious image of pleural effusion on the right base and air mass between the right hemidiaphragm and the hepatic opacity.

**Conclusion:** The Chilaiditi sign is a rare entity and it is even more so when it presents as a syndrome, with a great clinical variety and as nonspecific as abdominal pain, vomiting, anorexia or constipation and exceptionally complicated by a volvulus or intestinal obstruction. It is important for the family doctor to know this radiological image and keep it in mind in the differential diagnosis (pneumoperitoneum, subphrenic abscess, intestinal pneumatosis, infected hydatid cyst, liver tumors ...) In the case of frequent nonspecific abdominal complaints and compatible radiological imaging, think about the possibility of Chilaiditi syndrome, being in most cases conservative treatment.

Conflict of interest

no

## **Contribution ID: 502**

### **Presentation form**

Poster

### **Older women, more vulnerable and less visible to intimate partner violence (IPV) and domestic abuse**

### **Authors**

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**Introduction:** IPV is a social problem with serious consequences for women's health. Older women are more vulnerable because they are older and women. However, is less identified in this section of the population.

**Main Objective:** Knowing the prevalence of IPV in women aged 65 or older who attend primary care nursing consultations in a sample of women from Valladolid

**Methodology:** Personal interview to a sample of 135 women. It includes sociodemographic and clinic variables, questions about past abuse and complaints filled and full WAST questionnaire.

**Results.** When the study was conducted 13,15% of the interviewees suffered from IPV; 11,11% had experienced past abuse, and 11,11% had history of child abuse. There is a connection between suffering IPV and mental disorders. 5,18% of them showed abuse by their caregivers. 18,9% filled a complaint with the police and 64% told their relatives about the abuse.

**Discussion.** 20% of the interviewees has suffered IPV at some point in their lives, data similar to those obtained in other studies.

As well as other studies show, there are significant differences between mental disorders and suffering IPV nowadays. IPV is usually psychological (80%), and victims frequently lack social support when compared to no victims

**Limitation:** Dependent women were excluded because they could not go to consultation, perhaps the most vulnerable in terms of domestic abuse.

**Conclusions:** The high prevalence of IPV requires interventions of health professionals in primary care for the detection and the approach. Nurses can play an important role in the detection.

Conflict of interest

no

## Contribution ID: 512

### Presentation form

Poster

### Effectiveness of Intimate Partner Violence screening program in Castilla-León's Primary Care, Burgos' area in Spain.

#### Authors

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**Introduction/Aim:** Intimate partner violence (IPV) continues being today a serious Public Health issue. Health System has fundamental approach-role, so we compare effectiveness of IPV screening program in Castilla-León's Primary Care, included in portfolio since 2008, against cases confirmed by personal interview (Gold Standard) and standardized questionnaire.

**Material/Methods:** Cross-sectional survey comprise a random female sample of 422 individuals registered in urban/rural Health Centres in Burgos along 4 years. Personal interview by trained Family Doctors is conducted on pre-screened women assenting to take part through a Health Survey adding WAST-long-questionnaire and direct questions to confirm current/past IPV cases.

**Results:** According to IPV Early Detection Service only 1,4% from screened females were confirmed as true IPV study cases for a coverage of 16.1%. IPV Positive diagnosis revealed by direct questioning was 14.39% (38) and 13,2% (46) reckoned being target of IPV during past relationships. To sum up, 23.5% from total study population had ever suffered IPV. WAST-long questionnaire with a cut-off point  $\geq 11$  confirmed 34 cases (12,7%), showing the best sensitivity and specificity values (S:89%,E:90%,VPP:72%,NPV:97%) for an IC:95%.

**Conclusions:** IPV screening by General Practitioners through standardized protocol exploratory questions in Castilla-León showed a low yield. There may be under-registration problems in Electronic Medical Record, also suggested by other studies, which forces us to investigate professionals and women resistance to appear these data in Clinical History. WAST-long, although modifying its cut point to optimize its validity, is considered an effective tool for IPV early detection in Primary-Care.

Conflict of interest  
no

## Contribution ID: 804

### Presentation form

Poster

### Hotel housekeepers and health

#### Authors

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**Background:** Hotel room attendants (HR) report many health problems related with their working conditions. Their job is seasonal, low-qualified and highly feminized.

**Objectives:** Evaluate HR' health problems, quality of life, occupational risk exposures and their perception on their working conditions. Asses the efficacy of a complex intervention conducted in primary health care (PHC) and focused on health promotion and prevention, to improve HR' quality of life.

**Methods:** Design: the BMC model of complex intervention clinical trials will be followed. **Phase 0:** systematic review. **Phase 1:** mixed methods [qualitative (10 semi-structured interviews with key informants and 6 focal groups with 34 HR); descriptive (individual interviews with 1115 HR and medical records review] study. Main objective: identify HR health problems, life styles, quality of life, exposure to occupational risks factors, sick leaves among others. **Phase 2:** pilot clinical trial including 380, HR will be conducted to establish the feasibility of a complex intervention based on health promotion and prevention and conducted on 3 levels: individual, groups, community. Six PHC centers will be cluster randomized to intervention or usual care. **Phase 3:** cluster randomized clinical trial, including 1800 HR from 30 PHC centers. The main objective is to evaluate the efficacy and cost-effectiveness of the pilot intervention, in order to improve HR' quality of life, their lifestyles, psychological well-being and to reduce pain, analgesic consumptions and sick leaves.

**Ethics:** All the participants will sign the written informed consent before inclusion. All 3 studies will be submitted for the Local Ethics Committee approval.

Conflict of interest

no

## Contribution ID: 917

### Presentation form

Poster

### The importance of the Istanbul convention for better management of domestic violence in Primary health care.

#### Authors

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**Introduction:** Domestic violence (DV) is a widespread public health problem of epidemic proportions and serious consequences. As entry point into the health system, Primary health care providers (PHCP) are the first or only point of contact for victims and they are in a unique position to facilitate disclosure and offer appropriate support, referral or treatment, in a safe and confidential environment. It implies not only the management of victims but also the care of the whole family, including dealing with perpetrators. Multidisciplinary approach and collaboration have been raised as a significant cornerstone of best practice and legal frameworks are key for effective responses in preventing and responding to it. In this context, the Istanbul Convention recognises violence as a human rights violation, placing the responsibility for preventing and stopping it on the state, supporting PHCP practices.

**Materials and Methods:** The aim of the study is to analyse how many countries have signed and ratified the convention, ensuring an effective implementation, using a keyword search to identify relevant information and articles published between 2011 and 2018.

**Results:** Out of the 47 members of the Council of Europe, 45 countries have signed the Convention, 33 ratified it and 2 haven't signed it yet.

**Conclusion:** The Istanbul Convention is a minimum standard and a tool for eradicating gender violence, but to ratify it alone isn't enough. The European Union needs to develop its own legislative framework and put more of a budget and resources into combating violence from a multidisciplinary point of view.

Conflict of interest  
no

## **Contribution ID: 1106**

### **Presentation form**

Poster

### **Epigastric pain, a nonspecific symptom**

#### **Authors**

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**Aim:** Varon of 67 years who comes for pain of 3 weeks of evolution located in the epigastrium that radiates to the back. Presents loss of appetite. It is not accompanied by nausea or vomiting or diarrhea. No fever thermometrated. the previous day he had returned from Ecuador. He had no personal history of disease of interest. The examination revealed marked jaundice of skin and mucous membranes accompanied by pain in the epigastrium and right hypochondrium, with a negative Murphy sign. Fever of 39.4°C.

**Materials and Methods:** Complementary tests are performed to highlight blood analysis with total bilirubin elevation to 20.5, indirect bilirubin 19.4, slight elevation of liver enzymes. PCR 14.8, in abdominal ultrasound showed intra and extrahepatic via biliary dilation, pancreatic head nodule compatible with neoplasia. Liver with multiple LOES of different sizes the rest of the findings suggest metastasis. the analysis of urine was weakly positive to red blood cells and strongly to bilirubin. Positive blood culture 1 vial to Klebsiella oxytoca multisensible.

**Results:** The patient initiates antibiotic treatment with Piperacilina-tazobactam and is admitted to the Digestive Service where stage IV pancreas adenocarcinoma is confirmed, transparietohepatic drainage is placed, in Multidisciplinary Committee they decide palliative chemotherapy treatment.

**Conclusion:** The most common presenting symptoms in patients with exocrine pancreatic cancer are pain, jaundice, and weight loss. The differential diagnosis of pain in epigastrium is very broad but we must be alert to pathologies not so frequent but with very unfavorable prognoses such as pancreas cancer whose survival in Spain is around 4%.

Conflict of interest  
no

## **Contribution ID: 900**

### **Presentation form**

Poster

## Palliative care and primary care: two sides of the same coin?

### Authors

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**Background:** With the increasing ageing of the population, a paradigm shift is occurring in the provision of end of life care (EoLC).

The goal of palliative care (PC) is the achievement of the best possible quality of life for patients and their families through the prevention and relief of suffering.

General practitioners (GPs) play a key role in holistic clinical practice, including EoLC.

**Objective:** Examine the role of primary care physicians (PCP) at the EoLC.

**Method:** Classical review of literature

**Discussion:** Any PCP treating older people is involved in EoLC whether they recognize their involvement or not. In one year, a GP can expect to care for between three and six patients who are terminally ill.

With limited PC specialist resources available in the community, physicians are needed to create a more sustainable model. One important strategy is to partner with PCP to address basic aspects of PC. PCP are often the first medical provider patients seek out and are often the first called on to manage patients' basic symptoms.

Understanding the skills needed for perform PC in primary care, how patients and carers value the GP role and the facilitators and barriers to the GPs capacity to fulfil this perceived role is a key priority in improving generalist PC.

**Conclusion:** Specialized resources in PC are limited. Future practice and policy development support clearer definition of GPs role and performance at the EoL in order to maximize the skills of the entire workforce.

Conflict of interest

no

## Contribution ID: 1049

### Presentation form

Poster

## Facing a rare disease .The necessary help of the family doctor

### Authors

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López<sup>2)</sup>, Pedro María Martínez López<sup>2)</sup>, Julia Cuevas García<sup>1)</sup>, Verónica Gil Caravaca<sup>1)</sup>, Alfredo Molina Rex<sup>1)</sup>

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**Aim:** Nowadays we are diagnosing more rare diseases. As family physicians we have to be prepared for support our patients. We report the case of a 23-year-old woman with no personal or family history of interest and intermittent abdominal pain

**Clinical Case:** The patient presented in the last six months, intermittent abdominal pain, with no other symptoms. Physical examination and laboratory investigations

were normal, Two months later, the pain was associated with nausea, and occasional vomiting. No changes in the abdominal examination. Abdominal ultrasound and digestive endoscopy were normal. One month later, she presented to the emergency department with acute abdominal pain and was admitted for study. During admission, the patient developed sudden hyponatremia (115 mEq / L) and high blood pressure (160/90). Test of Hoesch was performed and the diagnosis of acute intermittent porphyria was done. In spite of treatment, she has several acute episodes, muscular weakness and anxiety.

**Conclusions:** Acute intermittent porphyria (PAI) is an autosomal dominant genetic disease with low penetrance, which affects the synthesis of the heme group. Acute neurovisceral attacks are the main presenting clinical manifestation; often provoked by drugs, alcohol, the menstrual cycle, infection or hypocaloric diet and respond to treatment with human hemin preparations. Cieza, Abaran, and Blanca (grandfather's patient was born here) in Murcia, are an endemic area of this disease. As family physicians, we have the responsibility of accompanying them throughout the diagnostic and monitoring process, solving their doubts and calming the anxiety of ignorance they face.

Conflict of interest

no

## **Contribution ID: 188**

### **Presentation form**

Poster

### **Diagnosis and treatment in acute rhinosinusitis patients: comparative cost analysis of primary care and tertiary hospital**

#### **Authors**

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**Introduction/Aim:** Acute rhinosinusitis (ARS) is a common clinical problem in primary care (PC). We aimed to determine the direct costs (doctor visit, diagnostic tests and prescription) of patients diagnosed with ARS in PC and the tertiary university hospital including emergency and ear nose throat (ENT) outpatient clinic. In this study our hypothesis was that patients with ARS are more cost-effectively managed in the PC than the tertiary hospital (TH).

**Materials and Methods:** This retrospective study is based on electronic patient records between January 1, 2017 and April 30, 2017 in an E-PCC (Educational-Primary Care Center) and outpatient clinics of a TH. Patients who were over 18 years and diagnosed with ARS were enrolled.

**Results:** Among the total 545 participants, 56% were female and mean age was 36.84±13.42 years. The numbers of patients enrolled from E-PCC and TH including emergency and ENT outpatient clinics were 97, 225 and 223 respectively. In the study group, the medians of total absolute cost and total real cost were calculated as 62,55 ₺ and 82,54 ₺ respectively. The median of total absolute cost was found 33.11 ₺ in the PC and was 87,57 ₺ in the TH (p<0,001). The median of total real cost was found 32,68 ₺ in the PC and was 105,95 ₺ in the TH (p<0,001).

**Conclusions:** Patients with ARS are more cost-effectively managed in the PC than in the TH. Despite the presence of well-defined ARS guidelines in the literature, there are inappropriate practices that cause to increase of health costs.

Conflict of interest

no

## Contribution ID: 158

### Presentation form

Poster

### Neuropathic pain in Type 2 Diabetes patients

#### Authors

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**Introduction/Aim:** Neuropathic pain, defined as "pain from injury or disease of the somatosensory system" is a public health problem. Patients with Diabetes Mellitus (DM) are particularly at risk for the development and its prevalence may reach 62%. This study aimed to assess the prevalence in diabetic patients of a Family Medicine Unit(FMU).

**Materials and Methods:** We evaluated a sample of patients with type 2 DM, during a diabetes consultation in the second half of 2018, in which we applied the questionnaire The Douleur neuropathique 4(DN4). A total sum equal to or greater than 4 suggests neuropathic pain. This research was submitted to the Ethics Committee and patients were admitted after written informed consent.

**Results:** The sample was composed of 79 patients, about 10% of the FMU diabetic population, being 53,4% male. The average of age was 68,7 years and the average diabetes evolution years was 9,3. The prevalence of comorbidities was 73,4% for hypertension and 69,6% for dyslipidaemia. About 16,5% had alcoholic habits and 2,5% were smokers/former smokers. The average glycated haemoglobin was 6,6%. Only 2 patients (2,5%) presented neuropathic pain criteria being the symptoms: burning, shocks, hypoesthesia and "brushing".

**Conclusion:** This study revealed a very low prevalence of peripheral neuropathy when compared to literature, which may be associated with the good metabolic control from the beginning of the disease evolution. Being diabetic a risk group, an organized screening for peripheral neuropathy would be very important, as it is already done with retinopathy/nephropathy.

Conflict of interest

no

## Contribution ID: 161

### Presentation form

Poster

### New approach in Obesity: a clinical case with Mysimba®

#### Authors

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**Introduction/Aim:** Obesity is a serious public health problem of the 21st century and one of preventable causes of death, with increasing prevalence among adults and children. Mysimba® works in the brain involved in controlling food intake and contains two substances: naltrexone and bupropion. Is indicated as an adjunct to a low calorie diet and physical activity for the treatment of obesity in adult with body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup> or  $\geq 27$  kg/m<sup>2</sup> in the presence of one or more weight-related comorbidities. Treatment should be discontinued after 16 weeks if patients have not lost 5% of their initial weight. The objective of this clinical case was to demonstrate the efficacy of a new treatment in a patient with morbid obesity that refuses bariatric surgery.

**Materials and Methods:** Clinical case: a 36-years woman, unmarried, Traditional Chinese Medicine practitioner, unitary family. Personal history: Idiopathic thrombocytopenic purpura at 10 years that after treatment with corticosteroids led to obesity; hypertension; depression. Starts the treatment with Mysimba® in October of 2018 with a weight of 137 Kg (BMI-55,6). It complements the treatment with nutritional monitoring and physical exercise.

**Results:** Over the course of treatment she had stable blood pressure. There was an improvement in depression. In relation to the main objective, there was a weight loss of around 6% in 16 weeks (current weight 129 kg), which is why we choose to maintain the treatment.

**Conclusion:** This clinical case demonstrates a new possibility in the fight against obesity.

Conflict of interest

no

## **Contribution ID: 195**

### **Presentation form**

Poster

### **Fournier gangrene: about a case**

#### **Authors**

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<sup>2)</sup>*Centro de Salud San Javier, Servicio Murciano de Salud, San Javier, Spain*

**Introduction / Clinical case:** Described in 1883 by Fournier, as an infection on the skin of the perineum and genitals, of sudden appearance and fast evolution towards gangrene, without known etiology<sup>1</sup>. Our case: male 61, diabetic, dyslipidemic, usual drinker, who four days earlier began with a swelling in inguinal area of rapid growth, fever of 38°C. Cellulitis of the right inguinal area. Being referred to the Emergency Department

**Exploration / Complementary tests:** Edema of the right inguinal duct subcutaneous cellular tissue, without emphysema. Tachycardic. Leukocytosis with neutrophilia (13,600 / 76.2%), PCR and elevated PCT. Renal function preserved. Total Bilirubin \* 3.10 mg / dL Direct Bilirubin \* 1.30 mg / dL ALT (GPT) 40 U / L, Gamma-GT \* 1002 U / L. TAC abdomen with contrast with the diagnosis of cirrhotic liver, portal hypertension and splenomegaly. Right perirenal edema and subcutaneous cellular tissue surrounding the right inguinal canal, without emphysema. High suspicion of Fournier gangrene. We were decided Urgent surgical exploration, broad spectrum antibiotic therapy was maintained. Transferred to High Resolution Hospital for debridement.

**Clinical trial and differential diagnosis:** It's necessary to distinguish Fournier gangrene from hidradenitis suppurativa, balanitis and balanoposthitis, orchitis and epididymitis, scrotal cellulitis, erysipelas, testicular torsion, hydrocele, hematocele, neoplasia, pyoderma gangrenosum, etc<sup>2,10</sup>.

**Conclusions:** Fournier's gangrene is a very low incidence disease 1 / 7,500 6, more frequent in males, exceptional in children and women (2,4,5,6,7 and 8). It is fundamental is the early diagnosis in Primary Care and the urgent referral to the hospital to perform debridement.

Conflict of interest

no

## Contribution ID: 197

### Presentation form

Poster

**Not all cold is flu, not all flu is a flu a, but it could be.**

### Authors

Lázaro De Castro Peral<sup>1)</sup>, Ana Cristina Menendez López<sup>2)</sup>, Aránzazu Sánchez de Toro Gironés<sup>2)</sup>, Carlos Pérez Llanes<sup>2)</sup>, Salomon Rivera peñaranda<sup>2)</sup>, Sara Isabel Roncero Martín<sup>2,1)</sup>, Rita Rico Gómez<sup>2)</sup>, Almudena Carrasco Angulo<sup>2)</sup>, Celia Beatriz De Castro Bermejo<sup>2)</sup>, Francisca María Aceituno Villalba<sup>2)</sup>

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**Background/objectives:** Flu is a contagious viral infection that produces fever, sore throat, muscle aches, headaches, cough, runny nose... And that can be complicated with difficulty on breathing or pneumonia. Vaccination based on the existing epidemiological risk is done to preserve the collective health of the communities and people at higher risk of complications associated with influenza. Contributing to decrease mortality and morbidity. We intend to quantify the vaccination in Health Professionals, as well as to know if they had been in sick leave to influenza, being previously vaccinated.

**Material and methods:** Descriptive, observational and transversal study. 40 Questionnaire, 15 items, previously validated. Voluntarily answered in our Health Center. Exhaustion sapling. Statistical analysis G-STAT 2.0.

**Results:** 42.57 years. 60% women Residents 47.5%, Attachments 52.5%. Vaccine efficiency 87.5%. 52% know efficiency last season. 37.5% still believe that the

vaccine can cause disease. 75% know the duration of the disease. 60% do not know that if vaccinated, they get the flu, it is a work-related illness. This year, 72.5% will be vaccinated, previous years 55% .12.5% will ever have flu, only 2.5% will be vaccinated. 97.55 we must insist on vaccination.

**Conclusions:** The purpose of vaccination campaigns is not to eliminate the circulation of the virus, but to reduce the incidence of complications and, consequently, the number of deaths. The vaccine has an effectiveness between 40-60%, reducing the possibility of contracting the disease and decreasing the risk of hospitalization. No adverse effects, it is our duty from primary to insist on influenza vaccination.

Conflict of interest

no

## Contribution ID: 198

### Presentation form

Poster

**BEST POSTER: Anxiety, depression and burn out, so little but so different. Still illusion is on us**

### Authors

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**Background/objectives:** Burnout is a serious illness, different from anxiety or depression, which can even be deadly in extreme cases and alarm signals are ignored. Our Western economic model and our work ethic push us to try too hard and not to listen to these warning signs. Not forget that sometimes the so-called "diseases of civilization" can be the cause of death. Our main objective is to quantify the percentage of real Burnout among healthcare professionals. As well as the percentage of anxiety and depression, to be able to prevent and establish differences

**Material and methods:** Descriptive, observational and transversal study. 60 Questionnaires, 35 items, using Golberg Scale questions, previously validated. Exhaustion sapling. Statistical analysis G-STAT 2.0.

**Results:** Average age 43.2 years. 68.33% women, 31.67% men. Doctors 51.67%, nurses 30%, administrative 18.33%. They had been vacationing mostly in the previous six months 73.3%. Working time: more than 10 years 61.67%, between 1 and 5 years 31.67%. In relation to the scales, 46.6% presented anxiety, because they answered yes in 4 or more of the questions. Depression 31.16% after having answered yes in three or more of the questions. And the 8.33% Burn-out Syndrome for having 5 or more affirmative answers.

**Conclusions:** We must plan the prevention of this Syndrome, so that it does not evolve to disease. We will try to organize our work and its conditions, to avoid falling

into emotional exhaustion, depersonalization, lack of realization, with the consequent physical and mental fatigue, loss of motivation, decreased self-esteem, stress...

Conflict of interest

no

## **Contribution ID: 201**

### **Presentation form**

Poster

### **BEST POSTER: Characterization of asthmatic patients with poor inhalation technique and association with pulmonary function**

#### **Authors**

Margarida Aroso Silva, Maria Rosário Monteiro, Célia Candeias, Pedro Seabra  
*Family Medicine Unit Pedras Rubras, ACeS Maia/Valongo, Maia, Portugal*

**Introduction:** Inhaler use technique influences asthma control, a poor technique resulting in increased morbidity and mortality and reduced quality of life.

**Aims:** To evaluate inhaler use technique among asthmatic patients, determining the occurrence and characterizing inhalation technique errors, according to demographic and clinical factors. To evaluate if the teaching of inhalation technique errors influences number of inhalation errors or pulmonary function.

**Methods:** Asthma patients from a single Family Medicine Unit were invited to participate and completed a questionnaire regarding age, schooling, inhalers used, number of exacerbations and follow-up visits in the previous year. Pulmonary function was assessed with forced expiratory volume (FEV1) using Nuvoair®. Patients demonstrated inhalation technique and errors were corrected. One month later, inhalation technique was reviewed, and FEV1 measured.

**Results:** Among 41 participants, the most common errors were: not exhaling prior to inhalation, not undergoing apnea after inhalation, not rinsing their mouths after inhalation. A median FEV1 of 88% was obtained. The p value of association between the total number of errors and the age, visits, schooling and exacerbations were respectively 0.20, 0.69, 0.02 and 0.28. The p value of association between errors and FEV1 was 0.38 at the first visit and 0.22 at the second visit.

**Conclusion:** No association was found between age, number of visits, exacerbations and FEV1 or errors made. However, the higher the schooling, the lower the number of errors found. Although, no improvement in FEV1 of participants was found on the second observations, the number of errors of inhalation technique decreased.

Conflict of interest

no

## **Contribution ID: 205**

### **Presentation form**

Poster

### **The hidden face of the clinical interview. Non verbal expressions in the contact stage.**

#### **Authors**

Ana Cristina Menéndez López<sup>1)</sup>, Lázaro De Castro Peral<sup>2)</sup>, Carlos Pérez Llanes<sup>1)</sup>, Aránzazu Sánchez de Toro Gironés<sup>1)</sup>, Juana Jiménez Martínez<sup>1)</sup>, María Jesús Soriano Pérez<sup>1)</sup>, Antonio Haro Carmona<sup>1)</sup>, Guadalupe Fernández Cañavate<sup>1)</sup>, Lidia Antonia Miñarro Millán<sup>1)</sup>, Francisca María Aceituno Villalba<sup>1)</sup>

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**Introduction/Aim:** We based on the variety of nationalities and educational level of our patients, we set out to analyze non-verbal expressions of the patient, in the first stage of the clinical interview: contact stage, in order to improve our quality of care.

**Material and method:** Cross-sectional, observational study to analyze non-verbal expression forms. 15-item questionnaire, previously validated. Were included all patients (713) who attended a primary consultation during the month of July 2017. Statistical analysis T of student and chi square, considered significant  $p < 0.05$ . G-stat 2.0

**Results:** Average age 46.06. Men 30.58%. Women 69.42%. Spanish 65.92%. They greet 49.37%. They thank 48.81%. They arrive later 11.36%. Without appointment, not urgent 9.96%. Open the door without calling 6.17%, answer or play with the phone 3.37%. They enter demanding 4.77%. They don't remove their sunglasses 2.1%. Chew chewing gum 1.82%. Not attending the appointment is significantly associated with younger age ( $p = 0.0009$ ). There is no statistically significant relationship between nationality or sex with being late, not attending or going without an appointment.

**Conclusions:** Despite the direct approach of the professional, looking for the patient in the waiting room, inviting him to take a seat and listening before writing, only half of the patients say hello, if we do not induce him, or show his gratitude. It is also true that only a small percentage (4.77%) come demanding. Our task would be to get enough empathy with the remaining percent for a good clinical interview.

Conflict of interest

no

## Contribution ID: 225

### Presentation form

Poster

### Evaluation of the history and definitions of family medicine / general practice from the beginning to the present day

#### Authors

OLGUN GÖKTAS

*Family Medicine, Uludağ University Family Health Center, Nilüfer/Bursa, Turkey*

**Introduction/Aim:** Family medicine/general practice is at the center of health systems and determines the quality of health at the individual and community level, despite differences in implementation. In this study, it has been reviewed the history

and definitions of family medicine/general practice from the beginning to the present day.

**Materials and methods:** Since the beginning of history, the health of the individual is affected by his/her relationship with his/her environment. At this point, family medicine/general practice in health systems takes an important place. The emergence of family medicine has a long and complex process. In order to protect and improve the health of the individual, there was a need for a physician and a medical branch in health systems. Beginning and development of family medicine dates back to the beginning of the 20th century. Up to now, family medicine/general practice has been developed with different definitions. The historical development of the family medicine/general practice will be reviewed in this study.

**Results:** The development of family medicine/general practice has evolved throughout history. Family medicine practice improves the quality of health through its definitions and practices. Health systems, individual and societies' different lifestyles affect this process quite differently. As a result, there are differences in family medicine practice in different countries.

**Conclusion:** Since today's conditions complicate the process of family medicine/general practice, the definitions of family medicine/general practice should be detailed and increased the standards of it in practice.

Conflict of interest

no

## **Contribution ID: 301**

### **Presentation form**

Poster

### **Profile of primary care professionals who attend training courses**

#### **Authors**

Fátima Silva Gil, Esther Navarrete Martínez

*Servicio Andaluz de Salud, Cordoba, Spain*

**Introduction/Aim:** According the investigation advances, it is necessary for family doctor to be up to date. Now, apps, website, news, review and scientific books, are methods to be update; but still there are a lot of them that prefer face to face courses. Main objective is know how many doctors assist training courses and which diseases, topics or problems are most important for them.

**Materials and Methods:** Cross-sectional, descriptive study was conducted using anonymous questionnaire. Location: The surveys were realized in May 2018 with family doctors from Cordoba-Guadalquivir health area. The inclusion criteria were family doctors with mail address. The study variables were: sex, age, years working in primary care.

**Results:** A total of 161 responses were obtained (51% were women and 41% men). The average age was 41,36 years old(range 25-68 ). 50.9% worked less of 10 years, and 19.3% between 21-30 years working. 84 professionals ( 52.2%) attended training courses in the last two years. 52% ( 39 doctors) not attended training courses, had working less of 10 years. About subject or areas of knowledge: 98.8% diabetes and endocrinology diseases, 97% respiratory problems, internal medicine

92.5 %, neurology problems 77%, arterial hypertension and cardiology diseases 74.5%, preventive medicine 72% and mental Health 29.8%.

**Conclusions:** More than half of doctors attended training courses in the last two years, and the topics were referred to prevalent diseases. Those who didn't attend training courses more than 50%, have been working for less than 10 years, they may be updated during the medical school

Conflict of interest  
no

## **Contribution ID: 371**

### **Presentation form**

Poster

**BEST POSTER: The Greek experience: a Hippokrates exchange chronicle**

### **Authors**

Pedro Rocha Alves

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**Background:** Hippokrates exchange is a program organized by the Vasco da Gama Movement where a junior family doctor or a Family Medicine trainee has the opportunity to experience a different primary care environment by going abroad to a health practice. The visiting physician is received by a host, who is also a family doctor, and is in charge of his or her supervision.

**Objective:** Learn about a different healthcare system. Learn about the organization of primary care in a different setting. Develop communication skills. Encourage personal improvement. Exchange ideas and strategies in practice management.

**Results:** The exchange took place in Rafina Healthcenter, in Greece, for 2 weeks in September 2018. I shadowed a Family Medicine specialist through her activities within the practice which included chronic diseases appointments, emergency department shifts and teaching. I also had the opportunity to observe speciality consultations and small surgery procedures and interact with the other Family Medicine residents.

**Conclusions:** In my opinion the outcomes from this program were very positive as all the personnel from the healthcenter was very welcoming, encouraged me to be curious and introduced me to their reality. I found several differences in Greek Family Medicine when compared to the one I practice in Portugal, especially in emergency medicine training, gatekeeping, family-oriented care and primary healthcare resources and infrastructure. In the end, I strengthened my network of contacts, learnt about a new way of seeing Primary Care and, because of those, I am more prepared to face the challenges in Family Medicine.

Conflict of interest  
no

## **Contribution ID: 419**

### **Presentation form**

Poster

**Alternative diagnosis to recurrences**

## Authors

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**Introduction/Aim:** A 64-year-old man consulted for right submandibular complaints of more than one year of evolution with an increase in symptoms in the last month, despite treatment with correct analgesics. Currently refers pain at the level of the dental arcade junction and hemilengua right without another accompanying clinic.

**Materials and Methods:** Physical examination: - ORL: An increase of right submaxillary gland painful to the touch. On the right lingual base, whitish induration compatible with glandular calculus is palpable. Complementary examination: - Ortopantography: image with increased density in right submandibular region.

**Results:** Calculus salivary submaxillar right.

**Conclusion:** The patient consulted during the last year on multiple occasions in his family doctor cataloging it as recurrent pharyngotonsillitis, without exploring or palpating the oral cavity, even if the complementary tests requested were not reviewed. Currently the patient is in revisions with ENT after extraction of the calculation pending of biopsy results to rule out glandular pathology

**Key words:** Tonsillopharyngitis, pharyngitis, calculus

Conflict of interest

no

## Contribution ID: 437

### Presentation form

Poster

**The multi-family orientation group: a therapeutic device to increase treatment adherence on hypertensive patients. Uruguay – 2017**

### Authors

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**Introduction:** The Arterial Hypertension (HA) is the most important cardiovascular risk factor in our country, and the therapeutic adherence is a determining factor in its bad control. Numerous studies show the importance of family involvement in this aspect. Combining systemic family therapy with the psychoeducational model, integrated in the multifamily group modality, an original therapeutic device is presented, to improve the adhesion.

**AIM:** to evaluate the implementation of the Multi-Family Orientation Group (OMFG) in a sample of adult patients from rural and urban areas of the Corporation Medical of Paysandú.

**Material / Method:** quantitative research in 2 stages: validation of the Martín-Bayarre-Grau (MBG) Questionnaire that measures therapeutic adherence in people with HA; subsequent analytical quasi-experimental, prospective and longitudinal study, aimed to evaluate changes in the device participants, using the validated Instrument.

**Results:** MBG validation was performed in 125 people; 26.4% of the rural and 73.6% of the urban area; 63.2% women, average of 64.82 years, and 56% retired. The qualitative and factorial analysis showed reasonable, defined, justified an feasible to obtain items, with an Alpha Cronbach index of, 717 and a variance of 62,954%, explained by 4 factors. The therapeutic adherence evaluated by T student in the OMFG participants, gave a p-value of 0.01, considering factors confusion and selection bias. **Conclusions:** a systemic and original device was implemented that showed statistically significant changes in the therapeutic adherence of people with HA, measured by the MBG questionnaire validated for our population.

Conflict of interest

no

## Contribution ID: 540

### Presentation form

Poster

### Temporary work disability from primary care

#### Authors

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**Introduction/Aim:** 1)Quantify more frequent causes of temporary work disability (TWD). 2) weigh its duration. 3) Relate sex/nationality with having previous TWD, overcome estimated duration and to be relapse.

**Materials-Methods:** Descriptive transversal study. Questionnaire with 9 items, previously validated and completed from the clinical history of 100 patients in situation of TWD in the last year. Statistical analysis G-STAT 2.0. Chi Squared, considering significant  $p < 0.005$ .

**Results:** Average age 40.1 years, 61% women. 49% Spanish, 24% Africans, 19% South-American, 5% European. 95% of TWD are by common disease. Causes: Osteomuscular 46%, respiratory 13%, digestive 12%, surgical 6%, other 23%. They had previous TWD 41%. Previous TWD number: No 60%, one 28%, two 9%, three or more 3%. Days of last TWD: < 5:31%, 5-30:45%, 31-61:15%, >61:9%. 41% exceeds the estimated duration of TWD and 36% suffer relapses. No statistical

relationship between sex and number of previous TWD, overcoming the estimated duration or having relapses. Nor between nationality and previous variables.

**Conclusion:** The socio-economic impact of the sick leave is very important, we need more control from primary. Being necessary the collaboration of the Labour inspectorate and the mutuals. Special care for relapses because, looking for more control on our part we can let pass a more appropriate treatment of some common pathologies. We must't forget that some high work are due to the type of contract, and that there is a very fine line between professional and common disease for habitual pathologies in our consultations.

Conflict of interest

no

## **Contribution ID: 617**

### **Presentation form**

Poster

### **BEST POSTER: What if the informal caregiver gets terminally ill?**

#### **Authors**

Ines Madanelo, Tiago Sanches, Vanda Godinho, Helena Sousa, Cecilia Natividade  
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**Introduction/Aim:** Relevant case report, where an oncological patient with no social support nor financial resources loses his caregiver.

**Materials and Methods:** 64 years old female farmer, resident in a rural area. Part of a nuclear family, Duvall VIII, living with her husband while their offspring emigrated years ago. As for pathological background, she has obesity, hypertension, dyslipidemia and osteoarthritis of loading joints. Her husband was diagnosed in 2016 with advanced intestinal neoplasia and submitted to hemicolectomy and chemotherapy treatments, turning her into his informal caregiver ever since.

**Results:** She ended up neglecting her health, missing scheduled appointments. In September 2018, she had an exacerbation of her lower back pain with limb irradiation, therefore arranging an appointment with her family doctor. A lumbar spine CT scan was requested, revealing a large tumour mass with probable uterine origin, with no identifiable cleavage areas, reaching and compressing the spine medulla. The patient was urgently referred to the oncological gynecology department, but ended up dying in less than 15 days due to respiratory depression.

**Conclusion:** It makes us think about the importance of decentralizing the informal caregiver's responsibility (prepared plan of care for the patient in caregiver's absence). It also reinforces the importance of upholding care for the informal caregiver. As family doctors, we should ensure continuity of care to the household, identifying and using social support, so as carefully planning future needs.

Conflict of interest

no

## **Contribution ID: 716**

### **Presentation form**

Poster

## Are primary care physicians prescribing pregabalin correctly?

### Authors

Helena Pujol Girol, Lydia Cantos Casalta, Sara Gandía López, José Eduardo Romero Palmer, Patricia Lorente Montalvo, Maria del Mar Torrens Darder, Magdalena Esteva Cantó, Ignasi Ramírez Manent

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**Aims:** a) To describe the appropriateness of pregabalin prescription in primary care; b) To know the therapeutic adherence to pregabalin; c) To compare the diagnosis associated to prescription in the electronic prescription database (EPD) with the diagnosis registered in the electronically clinical records (CR).

**Methods:** Crosssectional study carried out in a Spanish region. Subjects were patients attended in primary care with almost one pregabalin prescription registered in the EPD during 2017. Measurements: sex, age, diagnostic/prescription adequacy and dose. Prescription was considered inappropriate if it follows offlabel indications. We reviewed the CR of a sample of 197 patient's clinical records to measure therapeutic adherence through the Medication Possession Ratio (MPR) and compare diagnosis registered in the EPD with those in CR.

**Results:** We identified 15,942 patients with almost one prescription of pregabalin; prevalence of 1.84%. 84% were using less than 150mg/day. 43.3% of the indications were not appropriated. The inappropriate indications were mainly arthralgia (9.3%), spondylosis (8.5%) and a miscellany of diagnosis (17%). Patients older than 74 had higher percentage of offlabel (21% vs. 14.9%)  $P < 0.001$ . The agreement between the diagnoses associated with a pregabalin prescription in the EPD with CR was 68.5%. We found that 50.6% of patients collected  $\geq 80\%$  of the prescription at 6 months.

**Conclusions:** 4 out of 10 indications of pregabalin were inappropriate. In 8 out of 10 the dose was lower than recommended. Half of patients presented a good adherence. Recommendations to the primary care physicians about unlicensed indication of pregabalin should be reinforced.

Conflict of interest

no

### Contribution ID: 763

### Presentation form

Poster

### A Stroke among young people

### Authors

Nikola Gavrilović<sup>1)</sup>, Verica Dronjak<sup>1)</sup>, Dusan Rnjak<sup>1)</sup>, Ana Dronjak<sup>1)</sup>, Marina Jovetic<sup>1,2)</sup>

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<sup>2)</sup>General practice, Health center Novi Sad, Novi Sad, Serbia

**Introduction:** Stroke is a focal or global disorder of the brain function that arises rapidly lasting longer than 60 minutes and is due to a brain circulation disorder or condition in which blood flow is not sufficient to satisfy the metabolic needs of neurons for oxygen and glucose.

**Objective:** Indicate that a stroke can also develop in the young population and the extent to which the selected physician in healing is essential.

**Methodology:** Descriptive data display, patient medical documentation was used (dispensing letters, medical records and specialist reports).

**Case report:** A patient, 35 years old, felt weakness and slight nausea. CT shows changes in the basal ganglia, no thrombolytic therapy is given as the pyramidal deficit deepens. Next CT shows hemorrhage in the thalamus and the capsules interna. The deficit is deepened to the level of hemiplegia of the right side, Babinski is positive, right-sided central facioparasis, speech is almost normalized, Barthel index is 30. References to rehabilitation the symptoms are relieved. Only discrete right-hand pyramidal deficit is present. Barthel index is 95. With the support and conversation with the chosen doctor, the symptoms are minimized and some disappeared.

**Conclusion:** Prevention in the direction of raising the level of health awareness to directly affect the risk factors, especially those that can be corrected. Compassion for the patient's problem is an absolute motive for a patient to change his lifestyle towards health progression, healing, or maximizing the symptoms of the disease.

Key words: stroke, empathy, young population.

Conflict of interest

no

## **Contribution ID: 765**

### **Presentation form**

Poster

### **Diagnose by himself – MEN 1 Syndrome**

#### **Authors**

Verica Dronjak, Nikola Gavrilovic, Ana Dronjak, Dusan Rnjak  
*General practice, Health center Subotica, Subotica, Serbia*

**Introduction:** There are pathological conditions that have no functional connection but have a stimulating effect on several organs in the endocrine system. Such phenomena are defined as multiple endocrine neoplasms, or multiple endocrine neoplasia (MEN).

**Objective:** A case study of a patient with a MEN 1 syndrome that came to diagnosis, to whom the administration of the Republic Health Insurance Fund (RFZO) has made it difficult for the final diagnosis and therapy

**Methodology:** Descriptive data display, patient medical records were used (medical and specialist reports).

**Case report:** Patient AI, aged 38, reports to his physician for occasional abdominal pain and has a problem back for 4 years with impotence. Using the Internet comes to some knowledge and the idea to do some labs on their own initiative. Appears to his doctor with the idea of his illness for which the selected doctor receives a confirmation from hospital Subotica which further points to the tertiary level. The RFZO disputes the instruction, and the treatment goes away due to administrative brakes. When bridged obstacles the therapeutic effect was halfway, the patient still felt poorly subjectively. He decided to try advice from the Internet, cannabis oil, which gave good results in every sense.

**Conclusion:** Neuroendocrine disorders require a multidisciplinary approach in establishing diagnosis. In this case, meaningless administrative obstacles that violate the principles of health care law: accessibility, comprehensiveness, efficiency, availability, timely and efficient treatment, constant improvement of the quality of health care should be changed.

**Keywords:** Administration, MEN Sy, internet, cannabis oil

Conflict of interest

no

## **Contribution ID: 771**

### **Presentation form**

Poster

### **Medical audit on the monitoring and recording of the BMI of patients with High Blood Pressure and type 2 diabetes in MFHC Fushë Kosova, Kosovo**

#### **Authors**

Mehmet Uka

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Supported by Accessible Quality Healthcare (AQH) project, Kosovo

Authors: Mehmet Uka (1), Mustafa Gashi (2)

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(2) Main Family Health Centre (MFHC) in Fushë Kosova, Kosovo

**Introduction:** Measurement and recording of BMI is an important factor because it serves as a risk indicator for general population disease, especially in patients with HBP and type 2 DM.

**Objective:** This medical audit was conducted to assess the medical practices and procedures for monitoring and registration of BMI as a risk assessment indicator for patients with HBP and type 2 DM.

**Methods:** A medical audit was conducted in MFHC in Fushë Kosova, Kosovo, during May and June 2018. Structured forma was used to collect the data, for 685 patients with HBP and type 2 DM, in total.

**Results:** Out of the total number of 685 patients, 366 (53.4%) were patients with HBP, while 319 (46.6%) with type 2 DM. BMI was measured and recorded only at 211 (57.6%) of patients with HBP and 184 (57.7%) of patients with type 2 DM.

**Conclusions:** The monitoring and recording of the BMI in this audit found to be suboptimal. Certain measures to improve the monitoring and recording the BMI need to be implemented, also to repeat the audit cycle to find out whether improvements have been made after the first cycle of audit.

Conflict of interest

no

## **Contribution ID: 1005**

### **Presentation form**

Poster

### **The University of Toronto Family Medicine Report**

#### **Authors**

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**Introduction/Aim:** The Department of Family and Community Medicine (DFCM) at the University of Toronto is home to one of the largest family medicine residency programs in the world. DFCM trains 40% of Ontario's future family doctors and 25% of Canada's future family doctors. With more than 1600 faculty across the province, DFCM physicians provide services from rural areas to large urban centres. We developed the University of Toronto Family Medicine Report to illustrate:

- that family medicine is committed to comprehensive care
- the role of family medicine in increasing the health of patients, communities and the overall population
- the importance of research and research funding in family medicine

**Methods:** A variety of data sources were used for this report. We will report on the findings from the electronic medical record database of the University of Toronto Practice-Based Research Network (UTOPIAN).

**Results:** From the 376 family physicians and their over 380,000 patients in UTOPIAN we found:

- 19% of patients smoke cigarettes
- 35% of adults are overweight and 30% of adults are obese
- The prevalence of hypertension among adults was 22%, depression 16%, osteoarthritis 15% and diabetes 10%
- The most common medications prescribed to adults were rosuvastatin and pantoprazole and to children were amoxicillin and salbutamol
- Over 10% of patients had a mental health visit in 2017

**Conclusion:** Family medicine is increasingly recognized as the backbone of the Canadian healthcare system. With the introduction of electronic medical records into family medicine the potential and capacity for family medicine research is growing.

Conflict of interest  
yes

**Contribution ID: 1062**

**Presentation form**

Poster

**A painful transformation**

**Authors**

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**Introduction:** A 35-year-old male patient without medical-surgical history, who goes to primary care consultation due to the appearance of skin lesions on the left forearm for 3-4 days without pain. He does not remember having suffered any insect

bites recently, although he has been in the field. It does not refer to having lesions of similar characteristics in any other body area.

Physical examination and complementary tests: Exploration by systems. We can see three subepidermal nodular lesions of 3-5 mm in diameter, not erythematous in forearm-left hand, they do not disappear to vitro pressure. Without phlogotic signs.

## **Objective**

### **Evolution in primary care office**

In the first consultation, the doctor observes the described injuries, for that, the patient is re-evaluated in a few days. 15 days later, the patient comes back because the lesions have become worse. At the examination, the nodular lesions have grown to be 1 cm and protrude with erythema and heat. No fever

A blood analysis and an interconsultation to dermatology are required.

### **At the Hospital**

Dermatology sees the lesions, and performs a biopsy. The result of microbiology indicates: *Mycobacterium marinum*

### **RESULTS (Differential diagnosis):**

- Sporotrichosis
- Leishmaniasis
- Tularemia

### **Conclusions:**

1- At the primary care consultation, doctors must do a proper anamnesis and examination, in this particular case, looking for possible contact with animals or stings.

2- In the case of dermatological lesions it is interesting to follow up and when there are signs or symptoms of alarm deriving the patient to Dermatology.

Conflict of interest

no

## **Contribution ID: 1123**

### **Presentation form**

Poster

### **Patient spirituality approach on primary health care**

#### **Authors**

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**Introduction/Aim:** Spirituality can be defined as "the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred".

General Practice/Family Medicine has a major role on approaching patient spirituality as can be expressed by the two competencies of the discipline, which are a person-centred care and a holistic modelling.

To review relevant literature on patient spirituality approaches in primary health care.

**Materials and Methods:** Classic review by searching scientific articles written in English, published over the last 10 years under the keywords "approach", "spirituality" and "primary care" on "PubMed", as well as a cited reference search and one textbook.

**Results:** The majority of the general practitioners/family doctors (GP/FD) expressed the idea that it was their responsibility to approach patient spirituality.

The difficulties identified on this assessment were, for instance, a lack of proper instruction and adequate evaluation strategies.

A proposal to assess patient spirituality could begin by asking the patient's permission to engage in such topic, followed by an open, empathetic and easy-to-answer question. Practitioners should be non-judgemental, validate the patient's beliefs and follow their verbal cues.

**Conclusions:** Scientific evidence associated spirituality to positive health outcomes. The GP/FD have a central role in the approach of patient spirituality, beyond the perceived barriers.

Despite some proposed models to train healthcare providers for a spiritual care, future research is needed.

Conflict of interest

no

## **Contribution ID: 1172**

### **Presentation form**

Poster

### **Insights from health-promotion seminars based on targeted health needs of each neighbourhood association dependant on primary health clinic**

#### **Authors**

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**Introduction/Aims:** To increase knowledge in health according to needs perceived in each one of neighborhoods of a basic zone of health(ZBS), bringing Primary Health Clinic closer to community.

**Materials and Methods:** Analytical quasi-experimental before-after study, to evaluate transmission of knowledge, through test-type questionnaires and integration of concepts, in 18 workshops taught by 5 resident doctors and 1 nurse (sexual health, first aid, healthy diet, early diagnosis of cancer, toxic habits and polymedication) taught in 8 associations of residents of ZBS Barranco Grande,

Tenerife (Spain). Talks were selected by the Rapid Appraisal method, through surveys of key community informants. Variables studied: gender, age, level of studies, environment, score (0 to 5) of initial and final questionnaire, integration of concepts and impact. Statistical analysis using SPSS 21.0 program.

**Results:** 147 participants (130 completed 2 questionnaires); 73.5% women; average age=66,9±13.8 years; 61,5%>65 years; 74.8% without studies or primary; 53.7% rural; 58% score>2 initial questionnaire, 92.1% final; 73.1% improved; 69.4% optimal concepts integration; 100% positive impact. Bivariate: initial questionnaire>2:74,1%≤65/47,6%>65 years; 94.4% first aid, 86% early diagnosis of cancer, 78.9% tobacco and alcohol; final questionnaire>2: 100%≤65/86,5%>65 years; 100% sexual health, 94.7% first aid, 78.4%; integration of concepts: 90,2%≤65/58,2%>65 year;. best results in all items with secondary-higher studies. (p<0.05). No statistically significant differences for sex, neighbourhood association, topic and environment.

**Conclusions:** intervention in community in training young professionals has proved effective and satisfactory. A population target with fewer training resources has been accessed.

Conflict of interest

no

## **Contribution ID: 1176**

### **Presentation form**

Poster

### **Prevalence of cardiovascular disease risk factors in the primary care patients in Poland - LIPIDOGRAM 2015 study**

#### **Authors**

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**Introduction/Background:** Cardiovascular diseases (CVD) are presently the leading cause of mortality, morbidity and disability worldwide. Well-established, modifiable CVD risk factors include: elevated blood pressure, hypercholesterolaemia, diabetes, obesity, and smoking. Primary care physicians have to be aware of the prevalence rate of CVD risk factors in their patients' population.

**Objective/Methods:** Our objective was to describe prevalence of classical CVD risk factors in population of adult primary care patients in Poland. We carried out a nationwide cross-sectional study - the LIPIDOGRAM 2015. Physicians-investigators were randomly selected from the Medical Data Management database. Selection was proportional to the regional distribution of inhabitants, and reflects the population sample. In total 13724 individuals voluntarily seeking medical assistance for any medical reason in the 4th quarter of 2015 or 1st and 2nd quarter of 2016 were enrolled.

**Results:** In the population of patients enrolled in the study hypertension was present in 49,46% (47,66% women; 52,56% men), hypercholesterolaemia was present in 46,68% (45,43% women, 48,83% men). 13,43% of enrolled patients suffered from diabetes (11,75% women, 16,33% men). Overweight and obesity were present in almost  $\frac{3}{4}$  of patients (overweight 39,47%, 1<sup>st</sup> class obesity - 24,73%, 2<sup>nd</sup> class - 7,64%, 3<sup>rd</sup> class - 2,51%). 16,78 % patients declared being active smokers. 29,37% of patients had smoke in the past.

**Conclusions:** The high prevalence of CVD risk factors was confirmed in population of adults attending primary care in Poland. CVD risk factors were more common in males. Knowledge of the prevalence of risk factors allows physicians to better plan care.

Conflict of interest

no

## **Contribution ID: 1191**

### **Presentation form**

Poster

### **Significance in discovering and diagnosing chronic renal insufficiency kidney failure**

### **Authors**

Aleksandra Jesic

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**Introduction/Aim:** Patient 55 years old, not any complaints, brings laboratory analysis. Lab results: urea 8.6 mmol/l, creatinine 159mmol/l. Patients referred to nephrologists.

**Materials and Methods:** Ultrasound diagnosis has been done: signs of reduced parenchyma left renal (cyst size 27.3mm):reduced the cortex of the right renal (kidney). During hospitalization has been found:Intravenous urography revealed left kidney dysfunction and renal insufficiency. Dynamic scintigraphy showed terminal reduction of parenchyma of the right kidney, reduction of the left part of the medullar.

**Results:** Control laboratory data showed improvement: urea 8.3, creatinine 117 mmol/l. Patient is stable and on medical nutrition diet.

**Conclusion:** Hbi a syndrome caused by chronic, progressive and irreversible impairment of renal function with changes in biochemical composition of the plasma-dominated azotemia.

Conflict of interest

no

## **Contribution ID: 1231**

### **Presentation form**

Poster

### **BEST POSTER: Algorithm of electronic program of early diagnostics of pre-diabetes and diabetes mellitus type 2 at the primary healthcare**

## Authors

otabek yusupov, Barno Shagazatova

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Disorders of carbohydrate metabolism, including pre-diabetic states and type 2 diabetes mellitus itself, especially in association with obesity, are the most common in the world. Every year the number of patients with the pathology of carbohydrate metabolism increases. Given the prevalence of impaired glucose tolerance (IGT), on average, 20–25% of the population, usually detected through routine examination for any other reason, annual transformation in 1.5–10% of IGT to type 2 diabetes mellitus, hidden (a long period of imaginary well-being) development of DM is becoming an epidemic.

Purpose of the study. Evaluation of the effectiveness of the implementation of electronic software algorithm for early diagnosis of pre-diabetes and type 2 diabetes mellitus at the level of primary health care, adapted for family polyclinics (FP) and rural primary care units (RPU).

**Materials and methods:** 1310 patients aged 40 years and above were surveyed and examined in family polyclinics of Tashkent (of which 773 (59%) men and 537 (41%) women).

**Results and discussions:** Of the examined patients with IGT, 172 (13.1%) were detected; with type 2 diabetes mellitus 59 (4.5%). Very lack clinical picture of type 2 diabetes, and sometimes a complete absence of its symptoms should be noted, in a significant proportion of patients at the time of diagnosis, the duration of the disease is 7-12 years, while a fairly high percentage of vascular complications are detected.

Conflict of interest

no

## Contribution ID: 114

### Presentation form

Poster

**BEST POSTER: Trends in the utilization of GP out-of-hours services in an urban setting outpatient clinic in Latvia**

### Authors

Zane Lucane, Kristija Lastovska

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**Introduction/Aim:** Many patients use GP out-of-hours services to apply for a home visit due to a mild illness, rather than visiting an outpatient clinic. This causes inefficient use of funds. In this observational study, we aim to clarify what are the most common reasons for GP out-of-hours home visits in an urban setting outpatient clinic in a pediatric population.

**Materials and Methods:** Retrospective analysis of one year's (2018) medical records from one of eight out-patient clinics in Riga offering out-of-hours GP consultations and home visits for the pediatric population.

**Results:** In the year 2018 outpatient clinic's GP's provided 372 home visits. The mean age of the patient was 4.3 years (SD=3.9), and it varied from 2 weeks to 17 years of age. Most common complains of the patient requiring a home visit were increased body temperature (93.5%), cough (32.5%), sore throat (13.2%) and runny nose (11%). Out of those who complained about fever when applying for a home visit, 63.8% had body temperature higher than 38.3C°. Most commonly diagnosed illnesses after visiting the patient were acute viral upper airway infection without specified localization (17.7%), acute tonsillitis (15.9%), acute nasopharyngitis (13.7%) and influenza (10.5%). More than a third (36.6%) of patients had a diagnosis, that required antibacterial or antiviral therapy, other patients were prescribed symptomatic treatment. Only one patient with pneumonia required hospitalization.

**Conclusion:** In Riga, there is a high rate of home visits among those patients whose general state allows them to visit an outpatient clinic by themselves.

Conflict of interest

no

## Contribution ID: 208

### Presentation form

Poster

### Frequent and electronic prescription. Again here doctora.

#### Authors

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**Introduction/Aim:** By attendance to primary care we mean average of ordinary consultations per habitant and year according to the type of health professional in the health areas. As for the electronic prescription (since 2015 in Murcia), it tries to decongest care activity and reduce bureaucracy. Main objective: to quantify the frequency with which they come to consultation. Secondary: Quantify specialized referrals and the frequency of analytics

**Material and methods:** Descriptive, observational and transversal study Questionnaire 13 items, previously validated. Sampling to exhaustion: 145 questionnaires voluntarily completed by patients. Statistical analysis G-STAT 2.0. Chi square, considering p significant <0.005.

**Results:** Average age of 51.3, women (65.07%), Spanish (72%) work 52.05%, 40% attend the consultation more than once a month, and quarterly 25.34%, increasing the frequency in the area. Analytics: 48.63% quarterly, do we access the patient's request or are the controls for drugs and chronic pathology? Specialized more than one year ago, 40.41%, 39.04% attend quarterly, chronic disease follow-up. Gynecology 15.75%, traumatology 15.05%, ophthalmology 11.64% (more at

older age  $p = 0.0002$ ). Electronic prescription: 32.19%; 30% good performance, 6.85% had to request an appointment for a problem with it and although 34.93% prefer the traditional, 35.62% do not know its existence.

**Conclusions:** There is still work to be done by the professionals to continue establishing the electronic prescription, given its advantages; as well as insisting on the Health Education of the patient and the professional, to diminish the analytical, appointments, unnecessary revisions, always fulfilling the programs to avoid economic repercussion.

Conflict of interest

no

## Contribution ID: 425

### Presentation form

Poster

### Complex patient consultation (CPC) in a portuguese public health center

#### Authors

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**Introduction/Aim:** Corroios public Health Center, near Lisbon, has 12400 patients that don't have a family doctor. On the other hand, there are nurses in this center trained to follow-up chronic stable patients. There are also GP residents, that benefit from training with complex patients that are poorly investigated or controlled, under supervision of a medical specialist.

The implementation of the CPC aims to: provide health care to complex patients that don't have a family doctor, try a nurse case management model and train GP residents.

**Materials and Methods:** Two senior family doctors, two nurses and fifteen residents compose the team. The first and second medical consultation last one hour. If the patient meets criteria for follow up by the team, a Personalized Clinical Summary (PCS) is prepared, which includes the plan of follow-up negotiated; a copy is given to the patient. Subsequently, the management of the patient is carried out by the nurses, in collaboration with the senior doctors.

**Results:** In 2018, doctors performed 182 first consultations, 150 second consultations and 42 subsequent consultations. There were also 120 nurse consultations. 136 patients entered the follow-up program.

**Conclusion:** The CPC has proven to be beneficial for patients (multimorbidity control and surveillance, participation in the development and ownership of the follow-up plan), GP residents (training of assessment and management of complex patients with sufficient time, under supervision) nurses (empowerment and promotion of teamwork) and for the organization of services (an alternative model centered on a nurse manager).

Conflict of interest

no

## Contribution ID: 574

### Presentation form

Poster

### **BEST POSTER: First steps of International Classification of Primary Care (ICPC-2) implementation in Ukraine: barriers elimination by trainings and computerization**

#### Authors

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**Background.** International Classification of Primary Care (ICPC) is the most widely used international classification for systematically capturing and ordering clinical information developed by Wonca and recognized by WHO. Ukrainian Ministry of Health started to implement ICPC-2 since July 2018.

**The aim** is to analyze barriers of ICPC-implementation and approaches to its elimination.

**Material and methods.** The survey in primary care doctors and reports of primary care centers, Ukrainian Ministry of Health were analyzed with SPSS.

**Results.** The decentralization and greater local control over the health care and its budget led to opportunity of total primary care computerization (especially in rural areas) that optimized management and care. E-Health system and electronic patient registry were implemented, but the form of electronic medical records is not approved yet. The use of ICPC-2 started in paper medical records that led to negative feedback from doctors through misunderstanding its aims and comprehensive approach. In collaboration with Wonca two international trainings for trainers were conducted in Ukraine for 68 trainers, who shared received knowledge with primary care doctors (12700 doctors – 60%) in regions through cascade trainings with survey before and after. The survey showed the level of knowledge of ICPC, its approach and benefits improved in 42%, confidence – 58%, adherence to use – 58%.

**Conclusion.** The first steps of ICPC-2 implementation in Ukraine had positive and negative aspects. The computerization, additional trainings and future implementation of electronic medical records with incorporated ICPC-2-E improve doctor's adherence to ICPC-2 implementation

Conflict of interest

no

## Contribution ID: 689

### Presentation form

Poster

### Innovation and participation in Primary Care: professional involving

#### Authors

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**Introduction/aim:** Health care professional's (HCP) participation in reshaping of organisational aspects is key for the innovation in Primary Care (PC). Information technology (IT) support has successfully been used in the past in consensus procedures. Our aim is to introduce new participation tools for professionals in their engagement in the design of organisational changes.

**Material and Methods:** Three PC centres (130 HCP), were involved from 2016/6-2018/6 face-to-face workshops to discuss about 6 topics: safety, acute and chronic care, professional's role remits, patient involvement and team work. Inicially topics were presented and discussed. Co-creation workshop gathered consensus, regarding 8 affirmations on each topic, using a previously designed tool (Health Consensus). The IT updated live the degree of consensus. Secondly, design workshop involved team-work to project implementation strategies. Projects were presented, rated, and a 'Best-Idea project' was chosen, using Mentimeter IT.

**Results:** In a two year period, nine participation sessions were held with the different teams (physicians, nurses, officers, social workers). The IT tool is now an asset of the PC practices and has appropriately captured HCP opinion. The user satisfaction is high or very high in 80% of participants. A leading committee with 7 permanent established members, forsetting innovation HCP-participation's projects.

**Conclusion:** Collective intelligence strategies supported with digital tools are useful to promote participation and align an organisation in the priorities of innovation. HCP are implementing chosen 'Best-ideas' and participating in innovation committees, contributing to improve the PC organisation and patient's care. Our aim is to repeat this experience with patients.

Conflict of interest

no

## Contribution ID: 851

### Presentation form

Poster

### Simulating patient panel sizes using team-based tasks delegation

## Authors

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**Introduction/Aim:** Primary care faces both increasing unmet patient needs and growing bureaucratic accountability, which can reduce timely access to appointments and potentially reduce the delivery of recommended preventive activities and quality of chronic care management. We aimed to estimate primary care panel sizes using task delegation of certain components of preventive and chronic care to nurse members of the primary care team as well as varying the length of appointments duration.

**Materials and Methods:** We adapted the methodology of (J.Altschuler, 2012), while using published estimates of the time it takes for a primary care physician to complete a number of tasks needed to provide preventive and chronic care for a panel of 1550 patients. Furthermore we simulated how panel sizes would change if portions of preventive and chronic care services were delegated to nurse team members, taking the length of appointments into account.

**Results:** We calculated 3 simulated models varying the degree of task delegation (70%, 60%, and 50% of preventive care, and 45%, 30%, and 25% of chronic care) and estimated that a primary care physician could reasonably care for a panel of 1,326, 1,100, or 927 patients in a microteam setting with a nurse practitioner, maximizing the delivery of recommended activities.

**Conclusions:** Using the same available workforce, coupled in microteams of family physicians and nurse practitioners, we were able to theoretically redesign panel sizes capable of providing recommended preventive and chronic care activities as long as portions of the delivered services were delegated to nurse practitioners.

Conflict of interest

no

## Contribution ID: 527

### Presentation form

Poster

### Beyond words: How Nonverbal Communication shapes the physician-patient relationship

#### Authors

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**Introduction/Aim:** Even when we choose not to speak, we are communicating. Research demonstrates that human communication consists of 93% body language and paralinguistic clues, while only 7% of communication consists of words themselves. Nonverbal communication can complement, reinforce, substitute, or contradict verbal messages. It means that nonverbal communication can play an important role in physician-patient relationship, and may help to strengthen the

relation or weakens the trust between both and influence the success of the treatment plan and patient satisfaction.

The aim of the present research was to review the relevant information about the importance of nonverbal communication in doctor-patient relationship.

**Materials and Methods:** A literature review on nonverbal communication in physician-patient relationship, from reference books, journal articles and indexed databases (PubMed, UpToDate, Medscape and b-on).

**Results:** Research has shown the importance of nonverbal communication in the physician-patient relationship. Physician's nonverbal communication can convey a sense of warmth, empathy, caring, reassurance, and support, or, on the other hand, it can also reflect a physician's disinterest, boredom, anger, irritation, or disbelief. The physician's non-verbal behavior has been shown to affect patient's behavior, such as trust, satisfaction, understanding of their treatment plans and adherence to recommendations.

**Conclusion:** The development of nonverbal competences provides the physician with instruments that contribute to the construction of a more efficient and effective physician-patient relationship and so better health outcomes.

Conflict of interest

no

## **Contribution ID: 708**

### **Presentation form**

Poster

### **Dermatoscopy as a basic competence for resident physicians**

#### **Authors**

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#### **Objectives of the experience:**

Know how to prevent skin cancer

Learn dermatoscopy as a diagnostic and support tool to be able to derive more accurately to the specialist if necessary

Knowing how to differentiate the different dermoscopic patterns

Be more decisive in the consultation

**Description of the experience:** For the primary prevention we teach residents of medicine family about sun protection and how to recognize pigmented and non-pigmented lesions. For secondary prevention they learn the differential diagnoses of the different cutaneous tumors clinically and dermatoscopically

Learn through clinical and dermoscopic photography. Use the method of the two stages. First stage to know if it is a melanocytic lesion or not. Second stage, to know the different patterns of melanocytic lesions and to differentiate if it is benign, malignant or suspicious. And if it is not melanocytic, know the patterns of non-melanocytic lesions. The resident of the fourth year to be able to reach the competition, must make a rotation with the referral-tutor of dermatology of the Basic Area of Health.

**Conclusions:** Cutaneous melanoma and non-melanoma cancer has increased in the last 10 years and since Primary Care is the gateway to the health system, it is necessary that this competence be included in the family and community medicine teaching program.

Residents live the experience with great enthusiasm and recognize that it increases their safety and satisfaction of knowing how to recognize and describe skin lesions

**Applicability:** Primary and secondary prevention of skin cancer in Primary Care.

Conflict of interest

no

## **Contribution ID: 724**

### **Presentation form**

Poster

### **Patient expectancy of shared decision making according to ego states in primary care**

#### **Authors**

Genco Gorgu, Vildan Mevsim

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**Introduction/Aim:** The aim of the study is to investigate patient expectancy of shared decision making in consultation period according to their ego states in primary care.

**Materials and Methods:** The study was conducted at Dokuz Eylul University Family Medicine Centers. The research was carried out in two phases. In the first phase, this research was carried out as a methodological study. A 32-likert-type question about shared decision making was formed and validated. A cross-sectional study was carried out in the second phase of the study, the number of samples was determined as 402 patients with 50% prevalence, 95% confidence level and 0.05 error margin. Patient Expectancy in Shared Decision Making Questionnaire, Ego States Scale (ESS) and demographic data form were applied. In the statistical evaluation of the data; Descriptive analyses, chi square analysis, and logistic regression were used.

**Results:** There is no significant statistical relationship between the patients' ego states and the expectations of shared decision making. ( $p=0,567$ ). Patients' age ( $p=0,020$ ), profession ( $p=0,020$ ), inhabitancy period in recent location ( $p=0,014$ ), chronic disease (0,010), place of birth ( $p = 0,027$ ), psychiatric disorder ( $p=0,006$ ), number of people living in the same house (0,06) and educational status ( $p=0,039$ ) had a significant effect on patient expectancy in shared decision making.

**Conclusion:** According to the results of this study, it should be considered that shared decision making expectancy of primary care patients is effected by socio-demographic characteristics of patients and we need further researches to understand the role of psychological phenomenon in shared decision making.

Conflict of interest

no

## **Contribution ID: 786**

## Presentation form

Poster

### Therapeutic adherence: a challenge for Clinical Communication

#### Authors

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**Introduction/Aim:** Communication is an important instrument in medical practice and particularly in General and Family Medicine, due to the proximity of the doctor-patient relationship. Clinical communication influences adherence to therapy and, consequently, associated costs/health gains. The present review intends to synthesize existing evidence of the role of clinical communication in the therapeutic adherence of patients.

**Materials and Methods:** Research of scientific articles published in indexed databases (Pubmed, UpToDate and Medscape). Articles published between 2010 and 2019 were considered of greater relevance.

**Results:** Medical practice is based on communication and the need to transmit information, about prescription or advice, is constant. Studies show the impact and benefit of quality clinical communication on the rate of therapeutic adherence. Patients often omit the truth about compliance with an estimated overall adherence rate of only 50%. Some of the reasons that may be the basis of non adherence are difficulties in understanding the medical instructions and in memorizing the information transmitted and also biopsychosocial characteristics of the patient.

**Conclusion:** We verified the role of communication in therapeutic adherence and consequent health gains, since non-adherence is considered the main cause of increased morbidity and mortality and health costs, excessive use of services and reduction of quality of life. There is currently a deficit in communication between health professionals and patients. It is concluded that communication is an instrument of unquestionable relevance in the medical professional performance and the training in this area should be more valued and encouraged at the pre and postgraduate levels.

Conflict of interest

no

## Contribution ID: 792

### Presentation form

Poster

### The Effect of Communication Skills of Family Physicians on Patient Satisfaction in Edirne City Center, Turkey

#### Authors

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**Background:**In the presentation of health service, patient satisfaction is an important indicator of health outcome. The fact that the physicians have effective

communication skills contributes significantly in patient's diagnosis, treatment and rehabilitation period. The aim of this study was to investigate the effects of communication skills of primary care physicians on patient satisfaction.

**Methods:** 49 of the family medicine units in urban Edirne took part in this research. 1937 patients who were volunteers and over 18 years old were included in the study. The questionnaire inquiring Communication Skills Inventory was applied to physicians and Turkish version of EUROPEP was applied to patients regarding patient satisfaction together with demographic data.

**Results:** The mean scores of the communication skills inventory in physicians were found to be  $179.98 \pm 14.45$  (min:136-max:212). Mental communication skills mean scores were  $58.20 \pm 4.99$  (min:44-max:69), emotional communication skills mean scores were  $60.08 \pm 50.9$  (min: 48-max: 71), behavioral communication skills mean scores were  $61.69 \pm 5.88$  (min: 44-max: 75). There was no significant relationship between general, mental, behavioral communication skills scores and satisfaction scores of the patients ( $p > 0.005$ ). There was a significant negative correlation between emotional communication skill scores and satisfaction scores of the patients ( $p = 0.042$ ,  $r = -0.292$ ).

**Conclusions:** It was seen that the physicians who have high emotional communication skills scores showed negative effect on patient satisfaction . This could be due to insufficiency of emphatic skills of the physicians.

Conflict of interest

no

## Contribution ID: 174

### Presentation form

Poster

### Tele dermatology screening - where are we and where can we go? (second phase results)

#### Authors

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**Introduction:** Telemedicine has gained relevance in the provision of health care, with Dermatology being a particularly eligible specialty for its use. The Tele dermatology Screening (TDS) aims to improve the response times, optimizing the sorting of the dermatology consultations.

**Materials/Methods:** These results correspond to the second phase of a work to characterize and optimize the use of TDS in ACES Dão Lafões. In this phase a questionnaire was applied to the doctors of the Family Health Units involved, evaluating their opinion about the advantages and obstacles to the use of TDS.

**Results:** Of the 61 questionnaires obtained, 82% reported knowing the TDS, although 80.3% never used this type of referral. Lack of time, lack of material and lack of knowledge of the procedures were mentioned as the main limitation to its use. From the universe of users (19.7%), 92% concluded that TDS had a positive impact on their referrals, pointing out the following advantages: early marking of

presential consultation (58.3%), avoiding unnecessary presential consultation (41.7%), providing therapeutic guidance (41.7%). The most commonly mentioned cutaneous lesions were: cutaneous neoplasms (44,%), nevi (27.8%) and eczemas (11%). 84.6% consider TDS a very useful or useful resource. 96.7% consider using / increasing the use of this type of resource.

**Conclusion:** TD is an innovative tool with the potential to increase accessibility, improve response times, reduce unnecessary referrals and facilitate early diagnosis. It is important to identify the limitations to its use in order to overcome the main obstacles, enabling and captivating professionals for using it.

Conflict of interest

no

## Contribution ID: 233

### Presentation form

Poster

### Perceptions of professional roles in Norwegian general practice: a qualitative study of team-based diabetes care

#### Authors

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**Introduction/Aim:** Increased coordination and care demands of patients with chronic diseases have stimulated health authorities worldwide to promote interdisciplinary cooperation (IDC) as a key improvement strategy in general practice. Research examining how to merge different professional competencies and skills in the best interest of improving patient outcomes and workforce satisfaction is scarce. This study explores general practitioners' (GPs), nurses' and medical secretaries' perceptions of professional roles as part of diabetes teams in general practice.

**Methods:** This qualitative study draws on interviews with six GPs, three nurses and two medical secretaries from five diabetes teams. Interviews were analysed thematically.

**Results:** GPs considered professional task-shifting as particularly relevant for diabetes follow-up due to easily standardized controls, a high number of patients, and patients' need for frequent follow-up. Although GPs emphasized collaborating healthcare professionals' (chCPS) capability to improve conformity and comprehensiveness of diabetes care, they had no role in overall care planning discussions. GPs explained their diabetes consultations as hasty, unstructured and leaving little room for patients to ask questions, whereas chCPS described their style of interaction as placing focus on reflectiveness, attentiveness and motivation.

**Conclusions:** chCPS complemented GPs in the delivery of diabetes care. However, the professionals did not collaborate in a shared and interactive manner. This may relate to lack of time to intervene with each other during the workday and lack of professional specific competence. Integrating chCPS in planning, assessing and

evaluating patient care requires more research on effective team-based approaches and education of HCPs in IDC.

Conflict of interest

yes

## **Contribution ID: 339**

### **Presentation form**

Poster

### **BEST POSTER: Delphi study about paliative care**

#### **Authors**

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**Introduction/Aim:** There are limited specialists palliative services to care for patients at the end of life and because of that many people receive palliative care from a primary care provider, which requires health professionals from different disciplines to work together for the patient and family.

**Materials and Methods:** The Delphi study was carried out in order to get the picture about important factors in palliative care. In the Delphi study 21 medical doctors cooperated. In the first round they answered on some open questions about important information and data that are needed for quality and professional treatment of the patient. In the second round all grouped answers were sent to all participants and they could answer on a 5-point Likert scale. In the third round there were the statements that did not achieve the level of 75 % consensus on the agreement.

**Results:** The outcome of the study were nine big areas including patients' personal data, current symptoms, therapy, therapeutic treatment (palliative) plan, current and planned medical examinations, professional support names and contacts, documents with hospital dispatch letter, personal ambulance card, important up-to-date information with all examinations, hospitalisations, urgent calls and treatment regimen subscribed. Separated but important field is cooperation which is including mutual respect and trust, good information flow, professionalism and clearly defined tasks and objectives from the team members.

**Conclusion:** With the help of the Delphi study we managed to develop the important fields for patient's management at home.

Conflict of interest

no

## **Contribution ID: 340**

### **Presentation form**

Poster

### **The Poles' approach to genetic testing- survey study**

#### **Authors**

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**Aim:** Assessment of the Poles' approach to genetic testing.

**Materials and Methods:** The research was carried out in the form of a survey given to patients of genetic outpatient clinic. 2208 people were examined, whose average age was 29. At the same time, we asked doctors to answer the same questions. Unfortunately, in doctors' group we received a only 204 responses, the average age was 30 years.

**Results:** We asked what is the attitude of respondents to perform genetic testing for BRCA1 / BRCA2 / BRAX genes mutations for patients who did not have breast cancer in their families. 77.7% of responders suggest that they see the sensibility of this study whereas 25.9% of respondents do not have any knowledge about such tests (90.3% of doctors replied that such a study would have a positive impact). The answers regarding the consent for genetic testing are very optimistic because 72.6% of respondents would agree to take blood for genetic testing if doctor explained in detail the purpose of the study. Furthermore, 62.8% of patients have a positive attitude towards genetic research performed commercially (only 30.4% of doctors have the same opinion).

**Conclusion:** Poles' approach to genetic testing seems to be very optimistic. Most of the people are willing to performed such tests. There is growing awareness about individual types of research and their consequences. However, there is still a great need to explain the indications for study, as well as the fact that without clinical guidance, it is not necessary to perform them.

Conflict of interest  
no

## Contribution ID: 342

### Presentation form

Poster

### General knowledge about genetic testing in medicine.

#### Authors

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**Aim:** Analysis of the Poles' basic knowledge in the field of medical genetics.

**Materials and Methods:** The research was carried out in the form of a survey given to patients of genetic outpatient clinic. 2208 people were examined, whose average age was 29. At the same time, we asked doctors to answer the same questions. Unfortunately, in doctors' group we received a only 204 responses, the average age was 30 years.

**Results:** Only 9.9% of the respondents (patients group) used the services of clinical geneticists, but only 10.5% used genetic tests commercially available (without medical reasons). Most often it was looking for genetic background of diseases (5.8%). Other responses like food, civilization diseases and lifestyle were less frequent (~ 2% each). Responders from patients group declare that among close relatives (family, friends) 37.7% have genetic diseases. They mainly mentioned

the Down Syndrome. Interestingly, 47.4% of them admitted to encounter stigma in everyday life. 89.8% of the respondents met with the term genetically determined cancer and understand this concept. 94.1% think that breast cancer is included in that group of cancers, 62.6% consider ovarian cancer, and interestingly 43.4% also find a genetic basis for cervical cancer (99.5% of physicians consider breast cancer, 93.3% ovarian cancer and 26.8% cervical cancer as partially hereditary cancers) 87,1% of physicians report the need for additional training in genetics.

**Conclusion:** Clinical genetics is still very incomprehensible for many people. We should focus on developing opportunities to broaden the knowledge of both medical personnel and citizens.

Conflict of interest

no

## Contribution ID: 554

### Presentation form

Poster

### Diagnostic uncertainty in a telematic consultation of primary care to cardiology

#### Authors

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**Introduction / Background:** Area nº2 in Murcia Regional Health Service (Spain) aims to improve the quality of care provided through implementing telemedicine associated with the use of the hospital SELENE software.

**Objective / Methods:** Determine the percentage of referrals to cardiology via telematics that are performed with normal or altered Electrocardiogram (EKG) without a final clinical diagnosis in order to observe the degree of diagnostic uncertainty in cardiovascular pathology associated with the EKG. The reason for consultation was recorded with the diagnosis of electrocardiogram (normal or altered) of each patient, proceeding to perform a retrospective quantitative study of this registry that was carried out from the implantation of the telecardiology service in 02/2016-11/2016, N=156 interconsultations. A computer table was used in a spreadsheet sent from the cardiology service of the reference hospital.

**Results:** 29 of the TC (18.58%) were with a normal electrocardiogram associated with a presumptive clinical diagnosis. 127 of the referrals (81.42%) were motivated by a pathological EKG with a clinical diagnosis of suspicion.

**Conclusions:** The telematic route of referral to the cardiologist was used in the majority of cases based on the presence of an altered ECG and five times less when there was a normal ECG. Thus, the diagnostic uncertainty in cardiology interconsultations is higher in the presence of a pathological EKG

Conflict of interest

no

**Contribution ID: 967**

**Presentation form**

Poster

**Suspect of dementia: Neurology or Psychiatry? The reality of the referral to Braga Hospital.**

**Authors**

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**Introduction:** Cognitive deterioration and dementia have become more frequent with an aging population worldwide. They have a high impact on the quality of life of patients and their caregivers, therefore, Family Doctor (FD) as an important role in early diagnosis and treatment.

**Aim:** To know the factors that lead FD to refer a patient with suspected dementia to the Neurology Service, Memory Consultation (Neuro-M), or the Psychiatric Service, Gerontopsychiatric Consultation (Psyq-UG).

**Material and Methods:** Observational, cross-sectional and analytical study, consultation of the computer clinical process related to patients referred by primary health care system (PHCS) to Neuro-M or Psyq-UG in 2012-2017.

**Results:** Of the 1386 patients referred by PHCS only 1231 were included in the study. Of these, 67.7% were females with a median age of 79 years (+/- 11 years). The patients referred to Neuro-M (631), 99.4% were suspected of dementia, whereas for Psyq-UG, were only 61.3%. For Neuro-M, 96.4% of the referral reasons were for cognitive impairment, followed by 2.4% for behavioral changes. For Psyq-UG, the reasons were 47.8% due to behavioral problems, 34.2% due to cognitive changes and 22.8% due to psychiatric symptoms. Regarding the pre-referral study, only 32.4% and 48% of the cases referred to Neuro-M and Psyq-UG, respectively, were complete.

**Conclusions:** It is important to establish a careful diagnosis by carrying out a complete study, as well as increasing the sensitivity for behavioral changes and cognitive impairment, often secondary to organic or mental health disorders, which are often confused as dementia at an early stage.

Conflict of interest

no

**Contribution ID: 970**

**Presentation form**

Poster

**BEST POSTER: Empowering the community**

**Authors**

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**Introduction:** The League of Friends of the Conde de Oeiras Family Health Unit (LFCOFHU) is a non-profit association formed in 2015 by COFHU health professionals and patients, aiming at social and humanitarian support, complementing the social responses of the municipality of Oeiras.

**Goal:** This work intends to show the activities carried out by LFCOFHU.

**Relevance:** Dedication to volunteer work can bring significant gains in the professional and personal life of the family physician (FP).

**Description:** Of the activities carried out, we highlight the promotion of physical exercise, with walks in the Oeiras maritime promenade and classes of physical education and dance; the celebration of public events with interactive sessions about healthy lifestyles; blood donations; and cultural visits to monuments.

**Discussion:** The mission of LFCOFHU to improve the physical, psychological and social well-being of the patients has been achieved through the vocational contribution of each element and the articulation with other existing institutions. Volunteering has as its main purpose the approach and support of patients that are isolated and with unrequited needs, while making the volunteers feel useful and that they have much to offer to the community.

**Conclusions:** By integrating COFHU patients and professionals, LFCOFHU promotes complementarity and a more efficient volunteering work. Primary care professionals are in a privileged position to volunteer and involve the community. Volunteering widens the scope of the FP work, while empowering the communities and promoting health.

Conflict of interest

no

**Contribution ID: 1031**

**Presentation form**

Poster

**A comparative study of the determinants of the stigma of people with a diagnosis of depression**

**Authors**

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**Introduction/Aim:** Stigma attached to mental illness is present at international level, irrespective of culture and educational level. The purpose of this study is to assess the stigmatization level of people diagnosed with depression within three

population groups: the general public, the family doctors, staff employed in the psychiatric hospital.

**Materials and Methods:** To assess the level of personal stigma and perceived level of stigma of each of the groups studied, I used the Rating scale of Stigmatization of people diagnosed with depression. Three samples of 139 people were recruited: 139 respondents employed in a psychiatric hospital, 139 family doctors, and 139 people of different age, gender and level of education from the general population.

**Results:** Overall, the perceived stigma of the respondents in all three groups is substantial much higher than the personal stigma. The family doctors group has the highest levels of perceived stigma. This may have an unfavorable impact on the early detection of depression and refer the patients to the psychiatric care system. In terms of the general public, we can say that the perceived level of stigmatization reflect the lack of information about depression.

**Conclusion:** It is important to specify that in Romania, differently than in most developed European countries, family doctors are not entitled to treat depression with mild and medium forms, so they do not have information regarding methods for detecting depression, prescribing antidepressant medication as well as patient follow-up for a period of time sufficient to observe symptom remission.

Conflict of interest  
no

## Contribution ID: 1109

### Presentation form

Poster

### High users of Garcia de Orta Hospital's urgency service

#### Authors

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**Introduction:** The use of urgency medical services has increased significantly during the last decades, much of this because of non-urgent situations involving the same frequent users. Frequent users (FU) are defined as users who perform 4 or more urgency episodes in 12 months and High Users (HU) who perform 10 or more episodes in the same period of time. In 2016, at the Garcia de Orta Hospital (HGO), in Almada: the FU performed about 20% of the urgency episodes; 227 HU performed 3434 urgency episodes (3.5% of the episodes); each HU averaged 15 urgency episodes.

**Material and Methods:** Trying to get a solution, it was created a work team, "High Users Resolution Group" (GRHU), constituted by social workers, nurses and doctors from HGO and the Almada-Seixal primary care centers. For each HU, the group assigns a case-manager and performs an Individual Integration Plan (IIP) shared and discussed by the involved institutions.

**Results:** Between July 2017 and April 2018, 96 IIP were performed and 25 of these users did not return to using the urgency medical service after GRHU intervention. The IIPs were reviewed monthly, and it was concluded that the number of urgency episodes performed by HU under intervention decreased by about 50% over the mean of the episodes in the previous 6 months.

**Conclusion:** With this sustainable and replicable project, we can improve the capacity and the quality of urgency services response to real urgent and emergent situations

Conflict of interest

no

## Contribution ID: 10

### Presentation form

Poster

**BEST POSTER: Elevated C-reactive protein level, obesity, and quality of life**

### Authors

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**Introduction/Aim:** This study investigated the association between serum C-reactive protein (CRP) level and health-related quality of life (HRQoL) to assessed the relationship between CRP and HRQoL controlling for obesity and other relevant covariates.

**Materials and Methods:** We analyzed data from 1,413 men and 1,963 women who participated in the nationally representative 2015 Korea National Health and Nutrition Examination Survey. The high CRP group was defined as CRP level  $\geq 1.0$  mg/L, which corresponded to the fourth quartile value of CRP level. HRQoL was assessed using the EuroQoL five dimensions (EQ-5D) tool. The association between high CRP and HRQoL was analyzed using logistic regression analysis and adjusted for variables. In addition, the participants were categorized into four groups according to CRP level and the presence of obesity and analyzed.

**Results:** In univariate analyses, high CRP level was associated with low HRQoL for mobility and usual activities. However, in a multivariable logistic model, the associations ceased to be statistically significant after adjusting for the presence of obesity, suggesting that obesity status is a confounding factor for the correlations between high CRP and HRQoL. Meaningful differences in mobility, usual activities, and pain/discomfort were observed after dividing the participants into four groups according to quartiles of CRP level and obesity status (obese vs. non-obese, as assessed using body mass index).

**Conclusion:** Our findings suggest that obesity plays an important role in the association between CRP and HRQoL in Korean population.

Conflict of interest

no

## Contribution ID: 177

## Presentation form

Poster

### Registration of Body Mass Index and Classification of Overweight and Obesity Problems in a Health Unit

#### Authors

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**Introduction/Aim:** Most of the world's population live in countries where overweight and obesity kills more people than underweight. Therefore, it is important to diagnose and treat weight-related problems. The aim of this study is to improve the registration of body mass index (BMI) and the related problems of the patients over 18 years of age in a health unit.

**Materials and Methods:** Observational, transversal and descriptive study. We made two evaluations, 12 months apart, of the last BMI registration and the obesity and overweight problems in clinical process over the last 3 years. Between evaluations we made a session to share the results and sensitize the clinical staff to improve them.

**Results:** Concerning BMI registration, we observed an increase of 10.1% between the two evaluations in the health unit. In the registration of the "overweight" problem in patients with BMI between 25 kg/m<sup>2</sup> and 29.9 kg/m<sup>2</sup> we also found an increase of 29.9%. Three doctors had more records of "overweight" than registered BMI compatible with this. Finally, we found an increase of 32.1% in the registration of the "obesity" problem, but we had more active problems registered than BMI results above 29.9 Kg/m<sup>2</sup> at the first evaluation. In fact, we had 4 doctors in this situation in 2017 and 5 in 2018.

**Conclusion:** Despite the increase of the BMI and weight-related problem registrations, the results shows that we need to improve and update the clinical processes of our patients.

Conflict of interest

no

## Contribution ID: 445

### Presentation form

Poster

### Impact of sociodemographic factors when researching in primary care

#### Authors

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**Objective:** To find out if sociodemographic factors directly not related to the aim of a research act as a helpful tool or an impediment.

**Material and Methods:** Prospective Study. Period January 2017-December 2018. Population: patients diagnosed of chronic obstructive pulmonary disease (COPD).

Two Health areas assessed. Letter to ask for participation to all patients. Appointment previously confirmed by individual phone call. Variables collected: sociodemographic profile, response to participate on a study, correlation with real participation, differences between participants and those who finally didn't collaborate.

**Results:** Area A: 27.538 habitants, unemployment rate 46.2%, humble standard of living, high rate of academic failure. Area B 26.086 habitants, unemployment rate 23.6%, average standard of living, rate of academic failure. Patients diagnosed of COPD: A 327, B 296. Patients candidates to the study (spirometry data recorded, COPD statement). A 265, B 219. GOLD category: A: I 4.4%, II 67.3%, III 17.9% , IV 10.4%. B: I 45.1% , II 38.9% , III 9.1% IV 6.9%. Positive response by call: A:67.9%, B:82.2%. Real collaboration attending to the appointment: A:43.4%, B: 79.9%. GOLD group more collaborative : A II, B II and III ( $p=0.065$ ); women attended less than men (A19.9 % versus B 14.1% ( $p=0,056$ )). Retirees attended more than unemployed or working population ( $p=0.047$ ).

**Conclusion:** Population with humble living conditions doesn't collaborate as easy as others. The less level of education, the less disease-awareness and the worse understanding of the importance of the collaboration to investigate on better solutions to those diseases.

Conflict of interest

no

## **Contribution ID: 846**

### **Presentation form**

Poster

### **Primary care patient panel redesign and capacity pooling under case-mix.**

#### **Authors**

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**Introduction/Aim:** Primary care providers are typically the first point of contact between patients and health systems. Nevertheless, in recent years a surge in demand for primary care appointments has emerged, which has not been met by the Portuguese NHS. This has led to increasing waiting times for appointments as well as fragmentation in continuity of care. The aim of this study was to develop an Excel based tool capable of minimizing waiting times and maximizing continuity of care, while redesigning patient panels with partial pooling design according to case mix.

**Materials and Methods:** The methods applied were based on (Ozen & Balasubramanian 2013) and the tool was programmed to be used by any Family Health Unit in the Portuguese NHS. To test the tool, data from a single Health Unit, composed by 8 patient panels, was used. The tool was programmed to calculate the overflow frequency (probability of demand exceeding the available capacity) of every physician in the unit, and allows several scenarios of panel redesign and partial pooling.

**Results:** Panel redesign alone can improve the overall access of care by 50% without capacity pooling. Letting providers share patients with zero comorbidity can

improve access to care by 65% while continuity of care only decreases by 5%, with minimal impact on continuity of care.

**Conclusions:** The results demonstrated that it is crucial to consider case-mix while planning the patient panels so as to improve the balance between supply and demand and maximize timely access to appointments.

Conflict of interest

no

## **Contribution ID: 1067**

### **Presentation form**

Poster

**A research in developing tool to approach emerging problem of domestic violence in gp's everyday practice.**

### **Authors**

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Domestic violence is an emerging problem of public health in Italy and in Europe. According to the ISTAT data of 2016, 31.5% of women between 16 and 70 years have suffered physical or sexual violence, and the violence assisted by their children is increasing.

Interpreting the growing demand for tools to approach, manage and support patients, both from Gp's vocational trainees and from Gp's trainers, we collected data from a structured questionnaire submitted to the trainees of the Gp's class of Veneto school. We also discuss and stress out in groups the importance of integrated and interdisciplinary care. The challenge is to develop some videotaped role playing to be used as a didactic tool for the different schools of General Practice in Italy .

Conflict of interest

no

## **Contribution ID: 1098**

### **Presentation form**

Poster

**Assessment of burnout risk in a portuguese healthcare team**

### **Authors**

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**Introduction:** Burnout syndrome is characterized by the triad of emotional exhaustion (EE), depersonalization (DP), reduced personal accomplishment (PA) and efficacy. Hence, its negative effects on the professional's self-esteem, well-being and performance. Given its rising prevalence amongst all professionals it is becoming increasingly relevant to implement mechanisms for early detection and adoption of

preventive measures. This study aims to assess the risk of team exhaustion in a healthcare centre in rural Portugal.

**Aim:** To assess the risk of exhaustion in the professionals working in a Portuguese health centre.

**Materials and Methods:** Two anonymous surveys were applied, through google forms, to all professionals working in the health centre (8 family doctors, 5 family medicine trainees, 7 nurses and 5 secretaries) with an 100% response rate - MASLACH burnout inventory and Work Satisfaction by Dr. André Biscaia.

**Results:** The MASLACH revealed an overall moderate level of EE (24.4), DP (7.9) and PA (39). Standing out were general practitioners who scored above average in all three categories - with high levels of EE (34.5), DP (13) and PA (32). In the second survey, the team scored a total of 3.1, only 0.1 above the dissatisfaction cut-off (3).

**Conclusions:** There are medium levels of burnout among most professionals of this health centre, with high levels in the family doctor's group. The identification of this problem generated discussion about its possible sources/reasons and allowed the definition of strategies aiming for the professional's well-being and overall improvement of the team's performance.

Conflict of interest

no

## **Contribution ID: 1232**

### **Presentation form**

Poster

### **Improving the efficiency of prevention and dispensarization of arterial hypertension through group training of patients in polyclinic conditions .**

#### **Authors**

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Purpose of the study. Improving the efficiency of prevention and dispensarization of arterial hypertension through group training of patients in the conditions of a family polyclinic (FP) and a rural primary care unit (RPU).

**Materials and methods:** A retrospective analysis of outpatient cards was carried out and the doctors of the FP of Tashkent city and the RPU of the regions of the Republic, who underwent 10-month retraining of the general practitioner, were interviewed. Before the training, 156 doctors and after the training 119 doctors were surveyed and 236 patients, who were under dispensary registered with arterial hypertension in FP/RPU, have been surveyed and examined. Subsequently, some of them (n = 122, the main group), underwent a training course in the school of hypertensive patients, and the other part (n = 114, the comparison group) did not participate in the educational program. All patients were under our supervision for 2 years.

**Results and discussions:** Most of the outpatient cards of SP / SVP provide incomplete nonmedicamentous treatment recommendations. The results are as follows: 35 (64.8%) doctors of the FP and 53 (31.5%) doctors of the RPU

recommend restricting table salt; auto-training 24 (44.4%) and 64 (38.0%); restriction of fat intake 31 (57.4%) and 71 (42.2%); fluid restriction to 1-1.5 l/day 25 (46.2%) and 54 (32.1%); weight loss in obesity 37 (68.5%) and 71 (42.2%); smoking cessation 11 (20.3%) and 72 (42.8%); regular physical culture is recommended by 37 (68.5%) and 67 (39.8%), respectively.

Conflict of interest

no

## **Contribution ID: 182**

### **Presentation form**

Poster

### **An internship in the brother country - practice report of an internship in family medicine in Brazil**

#### **Authors**

Joana Marinho

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**Introduction:** Today, we live in a globalized world. Primary Health Care (PHC) is structured differently in diverse countries. Population migration is increasing, predominantly with a flow of people to countries with greater socioeconomic stability. In the past years, the migrant brasilian population has increased in Portugal, particularly in Lisbon, although with fluctuations. As a portuguese family doctor (FD), I often encountered brazilian emigrants with clinical specificities, beliefs and culture, with an impact on their individual health. Thus, I felt the need to know better Brazil's health care and culture reality, through a Rio de Janeiro (RJ) internship in September 2018.

**Methods:** To carry out a two week long family and community doctor tutored internship in a RJ health center, to better understand another culture and PHC system, so as to improve my future FD clinical practice.

**Results:** It was possible to get to know in depth the brazilian PHC system, in particular that of RJ, as well as the population's culture, organization and social functioning.

**Conclusion:** It was an enriching internship, which made it possible to know a innovative health care system, that surpassed my expectations. It also made possible the training and increase of medical knowledge, particularly of less frequent pathologies in Portugal. On the other hand, there was a personal growth with the sociocultural experience and with the temporary integration in RJ's community. Ultimately, it allowed me to better understand a migrant population and to better adapt the medical approach to this population in my country.

Conflict of interest

no

## **Contribution ID: 222**

### **Presentation form**

Poster

## The brief resident wellness profile: validity and reliability of the Turkish version

### Authors

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**Introduction/Aim:** To construct a valid and reliable Turkish version of the Brief Resident Wellness Profile (BRWP), which was developed by Keim et al. in 2006 to evaluate resident physicians' wellness regularly and easily in their busy working environment.

**Materials and Methods:** BRWP, which evaluates residents' sense of professional accomplishment and mood, includes six five-Likert items and a seven-scale mood-faces item. After cross-cultural adaptation, BRWP was administered to 60 resident physicians and repeated after three weeks. Professional Quality of Life Scale (ProQOL), which has 30 items and three subscales (compassion satisfaction, burnout, and compassion fatigue), was administered concurrently. Factor analysis was performed for evaluating the construct validity. Cronbach's alpha coefficient and test-retest reliability was measured for evaluating the reliability.

**Results:** BRWP's six Five-Likert items' Cronbach's alpha coefficient was 0.783, and when each item was deleted, Cronbach's alpha coefficients varied between 0.727 and 0.780. These six items' scores were moderately correlated with mood faces item ( $r=0.616$ ,  $p<0.001$ ). BRWP's test and retest scores showed strong correlation ( $r=0.915$ ,  $p<0.001$  for six items, and  $r=0.789$ ,  $p<0.001$  for mood faces item). BRWP's six Five-Likert items' scores showed a strong positive correlation with ProQOL's 'compassion satisfaction' subscale scores only ( $p<0.001$ ,  $r=0.744$ ). Mood faces item scores showed a moderate positive correlation with ProQOL's 'compassion satisfaction' subscale scores ( $p<0.001$ ,  $r=0.470$ ), and a weak negative correlation with 'burnout' and 'compassion fatigue' subscale scores ( $p=0.014$ ,  $r=-0.317$ , and  $p=0.041$ ,  $r=-0.265$ , respectively).

**Conclusion:** Turkish version of BRWP seems to be valid and reliable for measuring resident wellness in general.

Conflict of interest

no

### Contribution ID: 275

#### Presentation form

Poster

## The prevalence of social phobia and affecting factors in Trakya University Faculty of Medicine students

### Authors

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**Aim:** The aim of the study was to determine the prevalence of social phobia and effecting factors among students of Trakya University Faculty of Medicine.

**Materials and Methods:** Target population of the study consists of 1513 students studying at Trakya University Faculty of Medicine during 2017-2018 education period. The study was conducted with 772 (51%) students who were reached and volunteered. In addition to 22 questions about the sociodemographic characteristics, Liebowitz Social Anxiety Scale (48 questions) were applied to participants.

**Results:** Average age of the participants were  $21,5 \pm 2,23$ . The prevalence of social phobia was 14.4% among participants. Social phobia is mostly diagnosed among women ( $p < 0,01$ ). Risk of social phobia among students who had relatively low monthly family income ( $p < 0,01$ ); who spent most of their lives in small settlements like villages ( $p = 0,01$ ); and living with their family or friends ( $p = 0,018$ ) were statistically significant. The social phobia scores of the first year students were high and there was a decrease as the grade progressed ( $p < 0,01$ ). The prevalence of social phobia is relatively higher among non-smokers and non-alcoholic students ( $p < 0,01$ ). There was no significant relationship between students' grade point averages and social phobia.

**Conclusion:** Social phobia is a health problem that affects quality of life and harmony inside the social environment. It is important to determine the risk factors and taking early measures about social phobia for the success of the students.

Conflict of interest

no

## Contribution ID: 656

### Presentation form

Poster

### Violences against women: teaching for residents in French universities: assessment of curricular and knowledge

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**Introduction:** The primary purpose of this survey is to assess curricular of French residents in general practice and appraise knowledge consequences about violence against women.

The current hypothesis is that violence against women teaching is not systematic on residents curricular (3rd cycle of medical school), which lead to inequality on knowledge for future young GP's.

**Méthods:** It is a national observational descriptive study in France during 2018. French medical schools have been contacted by email, and their website has been analyzed. A questionnaire was sent to the residents of general medicine in all Faculties. The methodology took into account data protection criteria by the recommendations of the CNIL (National Commission for Computing and Liberties). Statistics analysis was realized with Chi2 and Fisher Test, and p-value  $< 0.05$  for significance.

**Results:** 27% of the faculties showed a lesson on domestic violence in the 3rd cycle. Six hundred fifteen residents responded to the questionnaire. The majority of

them had theoretical knowledge on the subject regardless of their training. Faculty training in the 3rd cycle improved the clinical expertise and self-esteem of residents. However, its impact on theoretical knowledge was contradictory

**Conclusion:** Faculty teaching in the 3rd cycle of general medicine on conjugal violence has a positive but imperfect effect on the knowledge of the residents. However, this teaching is absent from the majority of medical schools in France.

Conflict of interest  
no

## Contribution ID: 696

### Presentation form

Poster

### How do the young Family Medicine Residents in Croatia assess the mandatory postgraduate education in research – a pilot study

#### Authors

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**Introduction/Aim:** Research training (RT) has been a mandatory part of the four-year Family Medicine (FM) Residency program in Croatia since 1994. RT is comprised of 40 hours of courses and is completed by student writing a research proposal. The aim was to investigate opinions on research, the motivational factors for doing research and knowledge about European research networks, among the first year FM residents after completion the RT course.

**Methods:** Google form anonymous questionnaire was sent via e-mail to 74 postgraduate students on the last day of the RT course, in May 2018. The questionnaire consisted of 21 questions assessing the knowledge about EGPRN, VdGM and WONCA networks, attitudes, experience, motivation and barriers for doing research. The Likert scale from 1- to 10 (1 means "I completely disagree" and 10 means "I completely agree") was used. Response rate was 86%.

**Results:** 98% of participants ranked  $\geq 6$  that research in FM is important for the further development of FM. 77% participants ranged the motivating factors for research in FM as follows: attending research courses (most important, getting the mentorship, economical support, protected time and visualized outcomes. 95% answered that they have knowledge about organization and function of EGPRN; 64% would like to participate on EGPRN conferences; 83% graded their knowledge as above average ( $>5$ ) on selected research topics.

**Conclusion:** Formal education in research seems to supports trainees' awareness that the European GP networks might influence their future decision to partake in research and improve the GP community research capacity.

Conflict of interest  
no

## Contribution ID: 698

## Presentation form

Poster

### **Patients' perception on health care assistance by General Practice residents in five clinics in Portugal**

#### **Authors**

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**Introduction:** Residency is a period of specialized medical formation during which the resident has the supervision of an attending physician. Although the contact with patients is a good learning platform, working and learning in a clinical environment is a demanding task for young residents that generally have more difficulty to identify patient expectations. Since patient satisfaction with the health care provided correlates with therapeutic adhesion, it is important to know patients' perception on health care assistance by General Practice residents in Portugal, in order to improve the quality of primary health care.

**Methodology:** Observational, cross-sectional and analytical study, carried out in five general practice clinics in the Agrupamentos de Centros de Saúde (ACeS) Aveiro Norte, Grande Porto V, VII and VIII and Tâmega II, with an estimated duration of 10 months. Main Population: patients registered at the five clinics mentioned above, with 18 years of age or older, belonging to family physicians' files that have been supervising practitioners since January 2016. A questionnaire will be administered composed by 3 sections: sociodemographic data, patients' consent or not to be consulted by a resident and the main reasons for that choice; and patients' satisfaction with the medical care provided by the residents. MeSH Terms: Internship and Residency; Physicians, Family; Physician-Patient Relation.

(It's an investigation protocol, results and conclusions will be available by the end of the semester)

Conflict of interest

no

## **Contribution ID: 860**

### Presentation form

Poster

### **Reaching out for chronically-ill and end-of-life patients: an experience in Community Palliative Care in Portugal**

#### **Authors**

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**Background:** In Portugal up to 85,000 patients could benefit from Palliative Care (PC), but only 20% actually get it. The Strategic Plan for the Development of PC aims for a community team for each 150,000 inhabitants, 500 beds for hospital admissions and a PC team in every hospital. Those goals are far from reality, as only 26 community teams out of the 100 needed were created so far.

**Objective:** Learn and apply palliative care interventions in home based care. Avoid unnecessary hospital admissions and discomfort in PC patients and caregivers. Learn how to provide care with dignity and allow natural death without suffering at home when requested.

**Results:** The one month internship took place in the PC community team Beja+, in Beja district, a Portuguese region that covers an extensive rural area. This team was composed by 2 GPs, 2 nurses, 1 social worker and 1 psychologist, articulated with primary care reference nurses from the several practices that give feedback to the PC team on the patients. I did several home visits, helped establishing care plans directed to symptom management and comfort. During this period the PC team followed 142 patients.

**Conclusions:** This internship was a major learning opportunity in PC in the community setting and helped me to develop important clinical skills to improve the quality of care I provide to my patients as a GP. Much is still needed to be done to improve access and quality of care for the end-of-life patients and their caregivers.

Conflict of interest  
no

## Contribution ID: 1160

### Presentation form

Poster

### Main challenges facing the family medicine/general practice

#### Authors

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**Introduction/Aim:** In December 2018, pre-conference exchange was organized by the Foundation for the Development of Family Medicine in Croatia and VdGM. Presentations about organization and functioning of family medicine (FM) in participating countries was among many other activities. The aim of this pilot project was to investigate the participant's opinions about main challenges facing FM in their countries.

**Materials and methods:** This is qualitative research. The participants are expected to answer a question, in narrative way: "What are three main challenges facing the family medicine/general practice in my county?" Sixteen from eighteen participants responded and the answers were analyzed using thematic analysis. Firstly, initial codes were generated by reading the text and then main themes were formulated.

**Results:** From the thematic analysis, seven main themes emerged: 1. education/training problems; 2. facing new technologies; 3. workload pressure; 4. understaffing; 5. underfunding, 6. changed patient-doctor relationship; 7. establishment and keeping up professionalism.

**Conclusion:** It was surprising that the answers coming from 11 European countries are similar. The obtained results, even coming from small scale project, might serve as a basis for the discussions regarding the future development of FM as a medical discipline.

Conflict of interest

no

## **Contribution ID: 1166**

### **Presentation form**

Poster

### **Continuing medical education of GP's in Central Bohemia region, Czech Republic**

#### **Authors**

Pavel Brejnik

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**Background:** Continuing Medical Education (CME) are organised by multiple subjects (medical faculties, institutions for postgraduate education, pharmaceutical companies, the Czech Medical Chamber, professional societies and hospitals). The leading body in CME for GP's in Czech Republic is The Society of General Practitioners of the Czech Medical Association of Jan Evangelista Purkyne (SGP CMA JEP). SGP CMA JEP organises more than 160 seminars over a year in all regions.

**Methods:** In Central Bohemia Region was organised 11 seminars in year 2018. Regional consultant of SGP CMA JEP is responsible about organisation of seminars. Topic of one half time of seminars is determined by committee of SGP CMA JEP (implementation of 30 main guidelines in GP practice) and second half time by a regional consultant. The other educational possibilities are for instance attendances on a medical conferences and medical journals with knowledge tests.

**Results:** 630 GPs work in Central Bohemia Region. Average attendance in seminars is 105 GPs. Attendance of GPs in seminars get an increasing level when the regional consultant has a freedom to choose a topic for a programme.

**Conclusions:** The change in strategy of topics selection did improve the attendance rate. The higher participation enabled also the exposure of more colleagues to new guidelines implementation process. Colleagues also want actively influence the educational topics selection in next years.

Conflict of interest

no

## **Contribution ID: 1173**

### **Presentation form**

Poster

### **International exchange during vocational training: a benefit for future family doctors?**

#### **Authors**

Indra Van Hoorick

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**Introduction/Aim:** Today, family doctors not only need to stay up-to-date about new scientific insights and changing technology, they also have to face socio-economic changes with globalization as an important driving force. Internationalization of the curriculum including exchange programs can be seen as one of the educational responses to globalization. At the moment, a standard exchange program in the Belgian vocational training for family medicine doesn't exist. The resident depends on the willingness of her clinical supervisor, therefore it's important to know what their ideas, concerns and expectations are regarding exchange.

**Materials and Methods:** Twelve semi-structured interviews with clinical supervisors were performed and analyzed as a qualitative survey.

**Results:** The main themes identified during analysis were the ideal exchange program from the viewpoint of the clinical supervisor, learning opportunities and objectives, concerns and expectations regarding exchange and the feasibility to implement a standard exchange program in the Belgian curriculum in the near future. Most clinical supervisors are enthusiastic about exchange, moreover they see learning opportunities abroad for the residents they train and for themselves. They underline the importance of defining learning objectives at an individual base before leaving. Concerns are primarily practical and also about the quality of education abroad.

**Conclusion:** Clinical supervisors in Belgium have in general a positive attitude towards international exchange for family medicine residents though solutions to fill the gap between the ideal exchange program and a feasible variant have to be thought of. Further qualitative research is needed to proceed to actual implementation.

Conflict of interest

no

## **Contribution ID: 1181**

### **Presentation form**

Poster

### **Developing dynamic CPD workshops**

#### **Authors**

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**Introduction/Aims:** The RCGP South London Faculty has a good record of developing successful educational events for both our local members and GPS from across UK and Europe. These are mainly done in collaboration with both primary and secondary care providers. In addition we do not accept funding from pharmaceutical industry to deliver these workshops.

In an effort to further advance the quality of our events we are piloting integrating recognised adult educational theory into the structure of the workshops. The aim is to increase interactivity, ensure releasable to real life general practice, share

experience from primary and secondary care, maximise effective learning outcomes and lead to a change in practice for attending GPs.

**Methods:** A Neurology CPD event has been developed applying Kolbs adult learning cycle and the 4MAT learning process in developing the program. This has been done in collaboration with colleagues from Guys & St Thomas' neurology department.

**Results:** The event is scheduled to take place this spring and we will be evaluating pre and post event questionnaires.

**Conclusion:** We hope to show that the thoughtful application of adult educational theory to the structure and delivery of CPD events can lead to a more effective sharing and learning process and outcomes that impact on practice and patient care. This will be the first pilot in a series of events we aim to develop and we would like to share the process and concepts with our colleagues across Europe.

Conflict of interest

no

## Contribution ID: 1189

### Presentation form

Poster

### Differences in grading results from campus supervisors, field supervisors, and peers students in assessing student interprofessional collaboration in the community

#### Authors

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**Introduction:** Sending students to the community is beneficiary, because students can learn and serve the community. However, the aspect of assessment when the position of students in the field is quite challenging, because both campus and field supervisors have the same limitations in monitoring student performance at the community settings.

**Aim:** To explore the results of student grades from campus supervisors, field supervisors, and peers when they collaborate interprofessionals in community settings

**Methods:** Students from three health study programs (medicine, nursing, nutritionists) in the Faculty of Medicine, Public Health and Nursing, Gadjah Mada University Indonesia, in the Community and Family Health Care - Interprofessional Education program (CFHC-IPE) that send students to the community to learn collaboration in small groups. Students must develop a community empowerment program, and be assessed by their campus supervisor (n = 29), field supervisor (n = 22), and peers (n = 439). The average score was analyzed and compared with the Friedman and Wilcoxon tests.

**Results:** Three assessors showed a significant difference from students' scores (p-value = 0.00). The highest average score was given by the campus supervisor

(mean  $\pm$  SD = 93.16  $\pm$  12.47), field supervisor (mean  $\pm$  SD = 88.34  $\pm$  7.20) and peer students (mean  $\pm$  SD = 63.03  $\pm$  7.54).

**Conclusion:** There are discrepancies of grading results between campus supervisors, field supervisors, and peers students. Campus supervisors provide the easiest grading, compared to peer students who seem to give hardest grading to their peers.

Conflict of interest

no

## Contribution ID: 1204

### Presentation form

Poster

### **BEST POSTER: Get them early: enabling Family Practice trainee doctors to meet and teach medical students about a career in Family Practice**

#### Authors

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**Introduction/Aim:** The General Practice Forward (April 2016) view committed NHS England to increase the number of doctors in General Practice (Family Practice) by 5,000 by 2020, through increasing those training in Family Practice, encouraging doctors to return to Family Practice, and retaining current doctors working in this area. Currently, General Practice (Family Practice) in England is short by at least 6,000 doctors. Responding to the workforce planning issues, University of Exeter Medical School has launched a series of initiatives to encourage medical students to look favourably on a career in Family Practice at the same time developing teaching skills amongst Family Practice trainees.

**Materials and Methods:** We designed a teaching programme for final year Family Practice trainees who then taught Year 3 medical students about training and working in Family Practice.

**Results:** Feedback was positive. Some who had ruled it out previously admitted they would now rule Family Practice as a future career. Value was placed on the fact that they were being taught by someone who was a little above them in training and had made life choices that felt relevant to them. Others who were not interested in Family Medicine requested more information about how Family Doctors became registered as a Family Doctor with a special interest.

**Conclusion:** Medical students and junior doctors have less exposure to Family Practice trainees than hospital doctors. Providing near peer learning and an informal mentorship scheme can have positive impacts on medical students' perceptions of a career in Family Practice.

Conflict of interest

no

**Contribution ID: 1222**

**Presentation form**

Poster

**Erasmus exchange - Greece**

**Authors**

Legayini Satkunanathan

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**Introduction/Aim:** In recent years, the focus has been shifting from a hospital-led health care system to building a strong primary care sector, in many countries.

The aim of the exchange was to gain an insight into the Primary Care system in Greece, and to compare and contrast my own experiences from the UK. It was also an opportunity to exchange training experiences with the GP trainees, and learn from each other.

**Materials and Methods:** The Greek Healthcare system does not require compulsory registration of patients with a GP or a particular health centre. So therefore, GPs do not play the role of gatekeeper, as they do in the UK. I spent two weeks in a health centre in Rafina, a port town in the eastern coast of Athens.

**Results:** Over the two weeks I realised, GPs did not have a clear established role within the health care system. Patients had the freedom to attend any health centre as they wished, in any city they wanted, for acute and chronic conditions, or even see a specialist. GP Training was slightly longer compared to the UK, however, the trainees only spend about ten months in Primary Care, compared to the eighteen months trainees spend in the UK.

**Conclusion:** It was a very interesting experience, which allowed me some insight in to the Primary Care system in Greece.

Conflict of interest

no

**Contribution ID: 62**

**Presentation form**

Poster

**Community, Teaching and Service Interaction Program (PISEC):  
integrating theory and practice in the teaching-learning process**

**Authors**

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**Introduction/Aim:** Medical education requires a learning process that unites practice and theory, a progressively present reality, conferred by the new guidelines defined by the government, which aim to integrate teaching process through the Unified Health System (UHS), since the first year of graduation. The present report objective is to describe the experience of Vila Velha University Medical School PISEC learning process as an integrative discipline.

**Materials and Methods:** The student insertion in the Family Health Unities since the first period passes by a methodology, in which the first to fourth period students

are assisted by professors coming from a different formations, such as psychology, social assistance, odontology, nursing and medicine, while the fifth to eight periods students are assisted only by professors from medicine formation. Using the spiral methodology, the students initiate the territory module, deepening their knowledge into social groups, families and individuals.

**Results:** this early and continuous contact with these unities provides a series of changes and achievements. It's notorious and evident the actualization, study and research demand by the team, conquered through the contact with the student. The community reports that the contact with the student provides a distinguished attention. To the student is enabled a contact with real daily situations connected to the medical practice and a formation towards UHS, a working market possibility.

**Conclusion:** the professionals graduated in this context, acquire a wider vision of a humanized attention in multidisciplinary team, discerning indistinctly each health categories row and their possible contributions.

Conflict of interest

no

## Contribution ID: 142

### Presentation form

Poster

### Teaching Medical Students Through Experiential Learning Outside The Classroom

#### Authors

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**Introduction:** Year 3 medical students from the Yong Loo Lin School of Medicine, Singapore, are attached to community hospitals as part of their Family Medicine posting to learn about rehabilitation. 2 new modules have been developed for this purpose, namely, 1) Care Integration and 2) Technology In Rehabilitation. The Care Integration module consists of case scenarios culminating in a role-play of patients and their caregivers in a community walk-about. The Technology In Rehabilitation module consists of case scenarios involving hands-on exposure to various robotic, gym and assistive technological equipment. There was interdisciplinary involvement in the training of students.

**Objective/Methods:** This study aims to evaluate the effectiveness of the 2 newly implemented modules. Self-administered questionnaires were given to students at the end of their attachment. Responses were scored based on a 4-point Likert scale.

**Results:** 44 student responses were collected from July to December 2018. 90.9% strongly agreed that the training facilities, amenities and physical resources were adequate for their training. 81.8% strongly agreed that the educational goals and learning objectives of the clinical posting were clearly communicated. 84.1% strongly agreed that the training received helped them achieve the educational goals and learning objectives. 90.9% strongly agreed that their clinical trainers provided sufficient time to train them and demonstrated commitment to train them. 86.4% were very satisfied with the overall training experience.

**Conclusion:** Experiential learning outside the classroom was a positive, enriching and insightful experience for students to learn holistic and integrative care in patients undergoing rehabilitation.

Conflict of interest

no

## **Contribution ID: 330**

### **Presentation form**

Poster

### **Physical activity: what do UK medical students know?**

#### **Authors**

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**Introduction/Aim:** Regular physical activity (PA) is a well-established protective factor for the prevention and treatment of non-communicable diseases. Delivery of PA teaching is generally sparse, although variable, across the UK. In a 2013 sample, 60% of medical students didn't know the UK Chief Medical Officer (CMO) guidance for PA and 48% felt inadequately trained to give advice to patients. Best practice examples are available from some UK Higher Education Institutions. This study looks at the UK medical students' perspectives on whether improvements have taken place with aims to: evaluate current knowledge of recommendations; discover whether they feel adequately trained and confident to deliver PA advice; and explore students' opinions on including PA in medical undergraduate curricula.

**Materials and methods:** A paper survey was conducted at the Royal College of General Practitioners North-West Medical Student Conference in 2018. Data was analysed using Microsoft Excel.

**Results:** The 50 respondents represented universities in the North-West of England across all years of study. 74% didn't know the CMO guidance. Confidence in discussing benefits of PA varied across the Likert scale, with highest ratings from final-year students. 40% of final-year students were unsure if they felt adequately trained to discuss PA. 80% of students agreed more PA should be included in curricula.

**Conclusion:** PA knowledge is an essential component for preventative health strategies, but it continues to be a neglected area of undergraduate study. This survey adds weight to the urgent need to address it by medical schools.

Conflict of interest

no

## **Contribution ID: 431**

### **Presentation form**

Poster

### **Development of social accountability in undergraduate medical students through the care of patients with hypertension at primary health care**

#### **Authors**

Isabele Mueller, Clarissa Garcia Custodio, Gustavo Hortelan de Melo, Eduarda Amin Borges, Cicero Oliveira Santos, Eduardo Jun Yoshizato Tanaka, Pamela Silvano Fernandes, Fernando Antonio de Almeida, Maria Valeria Pavan  
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**Introduction/Aims:** Medical Students of the Pontifical Catholic University of São Paulo are inserted in primary health care, using problematization as a teaching method. They identify problems coming from the observation of the community and seek appropriate solutions, preserving the conditions in which the population is inserted with incentive to social accountability. Second and third year medical students enrolled in a health team responsible for 2600 people (a large proportion of elderly), identified difficulties due to the lack of doctors and decided to extend to this population a project to systematize care to the people with hypertension to optimize the activities of the health team, improving the care to the users.

**Material and methods:** Unattended users and those identified with hypertension by the active search, throughout home visits and educational activities, are invited to participate in the project consisting of medical consultation conducted by the preceptor (responsible researcher) accompanied by students, educational activities carried out by students, nursing consultations and home visits with students and health agents, assessment of quality of life and adherence to treatment.

**Results:** Since August 2018, 46 patients (23 women) were attended, mean age 66 years, 27 with diabetes, hypertension time 15 years, BMI=30.5kg/m<sup>2</sup>, BP=155/87 mmHg at entry. After 2-3 months, BP=148/78 mmHg and after 4 months PA=141/74 mmHg.

**Conclusions:** Initial data suggest that the proposed model improves patients' blood pressure control and provides students with the opportunity to learn in practice in the primary care setting, exercising teamwork with social accountability, encouraging its maintenance.

Conflict of interest

no

## **Contribution ID: 880**

### **Presentation form**

Poster

### **Changes of medicine students' attitude towards patient and physician centrality before and after the interprofessional collaboration course**

#### **Authors**

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**Introduction:** Interprofessional collaboration (IPC) improves health care outcomes for patients and is related to better job satisfaction of healthcare specialists.

Lithuanian University of Health Sciences (LUHS) started IPC course for healthcare students in 2017. The aim of our study was to identify medicine students' attitude towards patient centrality and physician centrality before and after the course.

**Methods:** An anonymous survey was conducted using a questionnaire which included: "Attitude towards health care teams scale"; questions regarding patient centrality; sociodemographic data. Participants were students who attended the first and the last lecture of the course.

**Results:** There were 260 responses to questionnaires gathered before and 241 after the course (a total of 501). Medicine students had favourable changes of attitude towards physician and patient centrality: they less often agreed after the course that only physician is a team leader (before 77% Vs. after the course 57%;  $p < 0,001$ ); they less often agreed that the purpose of a team is for the physician to achieve his treatment goals (before 91% Vs. after 78%;  $p < 0,001$ ); they more often agreed that while designing a healthcare plan, the patient should be included in the team (before 77,3% Vs. after 92,1%;  $p < 0,001$ ) and that needs of the patients are fulfilled more comprehensively while working in teams (before 51,2% Vs. after 70%;  $p < 0,001$ ).

**Conclusion:** IPC course was associated with more favourable medicine students' attitude towards patient centrality and decreased attitude towards physician centrality.

Conflict of interest

no

## Contribution ID: 1103

### Presentation form

Poster

### The quality evaluation of the workshop on musculoskeletal examination in WONCA

#### Authors

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**Introduction:** The osteo-articular pathology represents a considerable proportion of consultations at Primary Health Care. The family physician should be able to perform the musculoskeletal examination safely, adjusting the findings to the different pathologies.

**Objectives:** The objective of the workshop was to approach the musculoskeletal examination. And this report aims to investigate the quality evaluation of the presentation of the workshop on musculoskeletal examination in WONCA.

**Description:** Two questionnaires were prepared, one for a brief assessment of knowledge and another for evaluation of the impact of training. Initially, the questionnaire for evaluation of knowledge was submitted, which, after the workshop,

was again delivered with the Global Evaluation of Training. With regard to the evaluation of knowledge, there was an improvement in results after the workshop - results reached between 80 and 100% in 47.8% of the cases. Regarding the evaluation of the impact of the training, it was concluded that the Global Training Assessment was very good (69.6% in level 4); musculoskeletal examination was a topic of interest for the trainees (56.5% in level 4), which considered it useful and practicable at the professional level. There were divergent opinions regarding the topic that assessed participation and interaction (34.8% at level 3, 26.1% at level 2).

**Conclusion:** These questionnaires allowed the group to reflect on the work developed, to have a sense of the strengths and aspects to improve. We believe that this work can contribute to discussions and reflections in the teaching-learning process towards the training of the internship of medicine.

Conflict of interest

no

## **Contribution ID: 473**

### **Presentation form**

Poster

### **Mobile simulation training for rural health providers**

#### **Authors**

Uroš Zafošnik, Antonija Poplas Susič, Davorin Marković  
*Zdravstveni dom Ljubljana, Ljubljana, Slovenia*

**Introduction/Aim:** Simulation is an excellent way for health care worker to train their skills in a safe environment. But sadly, learning with simulations in healthcare is usually not available to professionals. Contributing factors to this problem are the lack of knowledge and poor equipment. We have developed a mobile simulation unit («SIM mobile») that will enable all medical teams in primary healthcare access to modern simulation equipment. «SIM mobile» is a mobile education unit which brings state of the art, hands-on training, using high fidelity human patient simulators.

**Materials and Methods:** We have used «SIM mobile» to conduct simulations in over 20 different healthcare teams (N = 100) in Slovenia. At the end of training the participants filled out a question form about their previous experiences with use of simulations in healthcare, their need for this kind of education and availability of this kind of education. At the beginning and in the end we have measured the intake and outtake knowledge of every individual. The simulation that was carried out was the management of acute medical emergency – anafilaksy.

**Results and Conclusion:** All of the participants have said that the physical environment of «SIM mobile» was very comfortable and appropriate for training. Pre- and post-evaluation experiment of qualification indicates, that the level of knowledge in simulation is higher for 60 %. This study has showed that the use of «SIM mobile» can be practical and efficient for maintaining proper medical team education available.

Conflict of interest

no

**Contribution ID: 966**

**Presentation form**

Poster

**Anticoagulation knowledge in patients with Atrial Fibrillation in therapy with DOACs ( Direct-acting Oral AntiCoagulants). Pilot project.**

**Authors**

lydia Viñas<sup>1)</sup>, Abigail Navarro<sup>1)</sup>, Maria Teresa santos e silva<sup>1)</sup>, Sara Ontin<sup>1)</sup>, Xavi Olivè<sup>1)</sup>, Maria Fernanda Izquierdo<sup>1)</sup>, Maria Isabel Fernandez<sup>2)</sup>, Marta Gonzalez<sup>1)</sup>, Jaume Escoda<sup>1)</sup>

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**Introduction / Background:** Atrial fibrillation (AF) is a prevalent arrhythmia, requiring Oral Anticoagulant therapy (OAC: Vitamin K Antagonists (VKAs) or DOACs) to reduce the risk of complications

Nowadays prescription DOACs is increasing compared with VKAs. Despite the increased uptake, most studies exploring OAC knowledge have been limited to participants taking VKA.

**Objective: To measure the level of knowledge in patients with AF taking DOACs**

**Methods**

- Design: descriptive cross-sectional .
- Area: Urban Primary care Centre.
- Population: patients with AF tacking DOACs
- Inclusion criteria: assigned/visited with diagnosis of nonvalvular AF in chronic treatment with DOACs.
- Exclusion criteria: Valvular heart disease, Cognitives trastorns or dementia, Barrier Language, Severe Mental disease, Private assurance Control or hospital.
- Selection of the sample: 225 patients with DOACs
- Variables: Socio-demographics, AKT (Anticoagulation Knowledge Tool). kidney and liver function, Pretreatment with AVK, Date home ACODs, Date Diagnostics AF, History of complications, polypharmacy
- Ethical aspects: Informed consent and Voluntary participation
- Limitations: Selection bias: only those who respond, quality of medical history data, only population assigned/attended

**Statistical analysis:** calculation of the percentage of successful responses and its 95% confidence interval. Bivariate analysis of the level of knowledge according to socio-demographic variables and clinics: chi square and t of Student or non-parametric tests

**Practice implications:** Assess the degree of knowledge is the first step to know whether measures should be implemented to improve it.

In the absence of routine anticoagulation monitoring for DOACs, a similar follow-up programs should be implemented for DOAC users, to assess OAC knowledge and other patient-related outcomes.

Conflict of interest  
no

## Contribution ID: 1117

### Presentation form

Poster

### Importance of drug safety during diagnosis of rare side effects

#### Authors

Raquel Talegon Martin<sup>1</sup>), Angela Maria Arevalo Pardal<sup>2</sup>), Maria Jesus Giraldo Perez<sup>1</sup>), Angel Gonzalez De la Fuente<sup>1</sup>), Jose Ramon Oliva Ramos<sup>1</sup>), Raquel Hernando Fernandez<sup>1</sup>), Daniel Serano Herrero<sup>1</sup>), Beatriz Martin Perez<sup>1</sup>), Berta Tijero Rodriguez<sup>1</sup>), Lorena Delgado Alonso<sup>1</sup>)

<sup>1</sup>)Rio Hortega University Hospital, Valladolid, Spain

<sup>2</sup>)SACYL, Valladolid, Spain

**Aim:** To remark the utility of drug safety consultation when uncommon clinical findings can be related to a pharmacological treatment

**Material and methods:** A 64-year old gentleman came to our clinic for presenting double vision since the past 24 hours. No headache, fever, or dizziness was referred. He had medical history of seizures, recurrent cerebral infarctions; white matter hypodensity (small vessel disease) showed in brain computed tomography. Dysarthria as neurological sequel. Current treatment: pain killers, phenobarbital, enalapril, clopidogrel, and recent start on hydroxychloroquine because of suspected autoimmune disease. On Physical examination, an horizontal binocular diplopía was found (disappears with alternating occlusion of both eyes); it was constant, and increased in the right lateral gaze. Ocular motility: discrete restriction in the right lateral gaze. Bielschowsky negative. Nor ptosis or proptosis. Visual acuity: right eye 0.4, left eye 0.8. Pupils were symmetric. Indirect ophthalmoscopy: well-defined papillae, no oedema .

**Results:** Lab tests showed mild hyponatremia. Urgent brain computed tomography were similar to previous images. An ophthalmologist was consulted to confirm the suspicion of a sixth nerve palsy. According to drug safety records, this palsy is an extremely rare side effect of hydroxychloroquine, so this treatment was interrupted and patient was discharged, progressively improving .

**Conclusion:** Drug safety is the pharmacological science relating to the collection, detection, assessment, monitoring, and prevention of adverse effects with pharmaceutical products. Its development is necessary, especially in cases of rare side effects. Its accessibility and continuous updating facilitate daily clinical practice, avoiding their underdiagnosis.

Conflict of interest  
no

## Contribution ID: 226

### Presentation form

Poster

## **BEST POSTER: "Landarztukunft" The future of rural doctors - a program to motivate students to do their general practice internship in a rural area**

### **Authors**

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**Introduction/Aim:** We began working on this project in March 2017, with the aim of strengthening medicine in rural areas and encouraging students to do their general practice internship during their clinical practical year in a rural practice.

**Methods:** We conducted a focused literature search and studied an existing German program in order to find out what makes programs to strengthen medicine in rural areas effective.

**Results:** We identified the characteristics of effective programs and found out that accommodation and the cost of transport to the rural area should be free of charge, teaching doctors should be highly motivated, and the program should be voluntary and part of a long-term program that is carried out throughout medical studies. The project should therefore include a clinical traineeship at the beginning of studies and an internship during the clinical practical year at the end. We did a survey of the 15 students that participated in our project, which showed, that they were very satisfied with the program. The students were an average of 25.3 years old. Ten of them came from Austria, and four from Germany. None had children and three had relatives who were GPs. All the students said the project had been a positive experience and should be continued over the long-term.

**Discussion:** More such programs should be carried out in order to make a career in medicine in rural areas more attractive. We plan to include 21 participants in a similar program in 2019.

Conflict of interest

no

### **Contribution ID: 619**

#### **Presentation form**

Poster

#### **Rural doctor performance: still on during holidays**

##### **Authors**

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**Introduction/Aim:** The recognition of the clinic and the immediate intervention of those who are accustomed to solve without reference can positively influence the prognosis. Sometimes, there is no need (or possibility) for an initial hospital approach.

**Materials and Methods:** Man, 30 years, family medicine resident in a rural community. He was on holiday in an isolated greek island with his friends. They went for a ride in an inflatable water floater, dragged by a speed boat. He got

unintentionally kicked in his nose during the ride, resulting in nasal bone fracture with spontaneous nose bleed. There was only one small medical office in the island, and no hospital service or emergency department. Immediately he reduced his own fracture, reestablishing the original anatomy, took a NSAID and applied ice over his broken nose.

**Results:** Luckily, this accident had no serious consequences. What would have happened if an arm or leg were broken instead? What can we do to secure life and keep a patient's hemodynamic state when there's little or no help? The quick diagnosis and the immediate intervention has positively influenced the prognosis. There was no need for an initial hospital approach or complementary diagnostic methods, which would only be available many hours later.

**Conclusion:** Medical training should include isolated rural experiences, where no diagnostic or treatment aids are available, except the clinician itself. It is our oath to try and save a patient's life, but are we still being taught how to act without cutting-edge equipment.

Conflict of interest

no

## Contribution ID: 791

### Presentation form

Poster

### Evaluation of patient's satisfaction towards primary care services in Crete

#### Authors

MARIA ANTONOPOULOU<sup>1)</sup>, Dimitra Voyiatzi<sup>1)</sup>, Konstantinos Chliveros<sup>2)</sup>

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**Background:** Patients' satisfaction has been considered as an important component when measuring health outcome and quality of care. Identification of patient' needs and assessment of the health services is an essential element of a patient oriented approach in primary care, affecting both compliance and healthcare utilization.

**Methods:** Primary Care Centers (PCC) in Crete have been certified for their services, according to the International Organization for Standardization (ISO). Among the prerequisite elements is the measurement of patients' satisfaction score, by using self-completed questionnaire. As a rule a mean score of more than 4 (in a 5 Likert scale) in each question asking about satisfaction, has been set as a goal target. The results of the first semester of 2018 are presented, concerning data from patients visiting 2 PCCs in rural Crete.

**Results:** The sample included 138 patients, 66% > 40 years old, mostly attended for their chronic health problems who were frequent users of the primary care center (>4 times/year). 64% rated their health as well or fine and they reported very satisfied by the kindness of the staff, the interest of the physicians for their health and the overall quality of the services provided, except for the waiting time for which they complained most.

**Conclusions:** Measuring patient satisfaction is an essential part of the evaluation of the quality of primary care services. The self-reported health needs, barriers and complains of a rural population in Crete may influence further the planning and implementation of the care provided.

Conflict of interest

no

## **Contribution ID: 833**

### **Presentation form**

Poster

### **Fever in a rural emergency service: A Cross-sectional study**

#### **Authors**

Fátima Silva Gil, Esther Navarrete Martínez  
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**Introduction/Aim:** Fever is a common symptom to many diseases, especially infectious, and viral, which causes a lot of discomfort. Also bacterial diseases and other pathologies present with fever. That is why people goes to rural emergency service with fever.

**Materials and Methods:** A Cross-sectional, descriptive study. Location: rural emergency health centre. Everybody attend in a rural emergency service for a month. The inclusion criteria: everybody with fever as the main symptom. The study variables were: sex, age, body temperature, diagnosis, antibiotic treatment.

**Results:** Out of a total of 982 users, 122 had fever how main symptom (prevalence of 12.42%). 53.3% of them were male. 6.5% were under one year old, and the 6.6% were over 65 years old. The body temperature was checked in the health center in 9% of the patients. Diagnosis: Common Cold(27%), Virus Diseases 23.8%, fever (13.9%), Bronchitis (10.7%). Antibiotic treatment was prescribed in 22.1% of them (34.24% Tonsillitis, 20.68% common cold, and 20.68% acute bronchitis). Only two people went to the hospital. Regarding age and antibiotic prescription: adults (51.72%), followed 34.24% under 12 years old. **Conclusions:** Fever is a symptom of mild infectious disease, although we do not confirm the degree of body temperature in the clinic. Most patients do not require antibiotics

Conflict of interest

no

## **Contribution ID: 882**

### **Presentation form**

Poster

### **The Japan-UK link: A qualitative study comparing experiences of Japanese and UK doctors undertaking international exchanges in primary care**

#### **Authors**

David Jameson, Bernadeta Bridgwood  
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**Introduction and aims:** The Japan-UK exchange offers junior GPs and trainees an opportunity to observe and promote primary care in both countries as part of the Hippocrates exchange programme. The objective of this study was to explore the experiences of young UK and Japanese doctors following international exchanges. We aim to explore the similarities and differences between the exchange experience, the learning gained (personal and professional), the value of participating in international primary care focused exchange programmes.

**Materials and Methods:** A total of 13 reports (6 Japanese and 7 UK) were analysed after obtaining consent from participants. The reports were independently coded by 2 researchers using thematic analysis to identify common themes across the reports.

**Results:** Participants were unanimously positive about their exchange in terms of the learning opportunities, experiences and organisation. Key themes that emerged included: Comparison of primary care practice; Structure of Primary Care in the host country; Motivation and experience of exchanges; and Learning and reflection. Participants developed greater cultural sensitivity and understanding, which satisfied the primary objectives of the exchange programme i.e. exchange and mobility and further participants gain knowledge and experience. Results were similar to those found from similar European exchange programmes.

**Conclusions:** Reflective practice is a keystone within general practice teaching and training within the UK. Observation and comparison of general practice in Japan versus the UK provided insightful reflection and potential improvements and innovation within the respective primary care systems.

Conflict of interest

no

## Contribution ID: 1045

### Presentation form

Poster

### Across the ocean - An internship experience

#### Authors

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**Introduction/Aim:** The participation in a three weeks internship abroad offers a great opportunity to improve our ability to deal with the unknown, different clinical practices, health systems, and people or cultures. The choice of Rio de Janeiro, facilitates communication, especially because Portuguese is official language in Brazil. The "Family and Community Medicine Residence" program is recent in Brazil and only started in 2011 in the state of Rio de Janeiro. The "Unified Health System" was inspired by the British health system. It represents one of the largest public health systems in the world.

**Methods:** The main objectives were to understand the policies of the health care system, the difficulties faced by health professionals in their clinical practice, the concept of Family Doctor in this community, and to identify the main differences

between the Brazilian system and the practice of "General Medicine and Family" in Portugal.

**Results:** Brazil has a higher incidence of infectious diseases than Europe, although chronic diseases also play a significant role. Specialists from hospitals participate in appointments and treatments at Medical Centers in Brazil in contrast to the Portuguese system. The typical "favelas" are places of difficult access and therefore make home visits even more important. Displacement is done by foot making this activity more time consuming.

**Conclusion:** It is important to identify the strengths of different public health systems and use this as input to improve our daily practice. It was an excellent experience, which enabled us to become better physicians.

Conflict of interest

no

## Contribution ID: 199

### Presentation form

Poster

### Multiple sclerosis: diagnosis and early treatment to prevent progressive disability.

#### Authors

Lázaro De Castro Peral<sup>1</sup>), Ana Cristina Menéndez López<sup>2</sup>), Aránzazu Sánchez De Toro Gironés<sup>2</sup>), Carlos Pérez Llanes<sup>2</sup>), Almudena Carrasco Angulo<sup>2</sup>), Sara Isabel Roncero Martín<sup>2</sup>), Paula Perona Buendía<sup>2</sup>), Ana Ansón Martínez<sup>2</sup>), Celia Beatriz De Castro Bermejo<sup>2</sup>), Francisca María Aceituno Villalba<sup>2</sup>)

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**Introduction/clinicalcase:** Multiple sclerosis (MS) is a chronic neurological disease characterized by demyelinating lesions, and axonal damage in the central nervous system. It can manifest itself as a recurrent referrer: in episodes or outbreaks and progressive primary in which the loss of motor strength and the ability to walk appear virulently. Our case is about a 54-year-old patient, who has a sudden right eye diplopia, being referred to the emergency department and preferentially assessed by Neurology and Ophthalmology.

**Exploration / complementary tests:** Cerebral NMR: demyelinating lesions in supratentorial white matter (high lesion load, mesencephalon lesions, protuberance and right cerebellar hemisphere) Spinal NMR No marrow involvement, rectification cervical lordosis Discal hernia C5-C6 that obliterates anterior subarachnoid space with mild cord compression Disc prosthesis L4-L5, PEV Demyelinating lesion suggestive of a pre-chiasmatic lesion, compatible with right optic neuropathy, of moderate degree. Analytical: kidney function, transaminases, thyroid, folate, vitamin B12 and normal D. Complicated with episodes of urinary and fecal incontinence. On treatment with interferon. Initially bad tolerance. Subsequently, intense, non-traumatic lumbalgia, diagnosing osteoporotic fractures D12, L1 and L2, in treatment by Rehabilitation.

**Clinical trial and differential diagnosis:** Postvaccinal encephalomyelitis, systemic lupus erythematosus, antiphospholipid syndrome, Sjögren's disease. Beçet's disease, systemic vasculitis.

**Conclusion:** It is one of the main causes of neurological disability of non-traumatic origin in young adults, mainly women, affecting between 2.3 and 2.5 million people in the world. It is necessary its diagnosis and early treatment to prevent outbreaks produce a significant disability.

Conflict of interest

no

## **Contribution ID: 499**

### **Presentation form**

Poster

### **Integrated care process in sexual assaults in Castilla y León (Spain)**

#### **Authors**

M<sup>a</sup> del Carmen Fernandez-Alonso<sup>1)</sup>, Lydia Salvador Sanchez<sup>2)</sup>, Maria Angeles Guzman Fernandez<sup>2)</sup>, Susana Sanchez Ramon<sup>3)</sup>, Elena Klusova Nuguina<sup>4)</sup>, Sonia Herrero Velazquez<sup>3)</sup>

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<sup>4)</sup>*Samu 061, Ibsalud, Ibiza, Spain*

**Introduction.** Suffering a sexual assault is one of the most traumatic events that a person can experience with multiple physical, psychical and social consequences. The attention must be coordinated between health, police, legal and social services.

Critical points in the approach to a sexual assault should be consider:

Disclosure of the assault

Medical examination

Complaint

Psychological follow- up

Judgment

Veredict

**Objective:** Provide victims of sexual assault comprehensive, integrated, agile, respectful and effective attention by the different professionals involved.

**Target group:** people under 14 years who have suffered sexual assault

**Technical requirements:** Comprehensive and integrated care considering global needs, continuity of care and accessible and flexible resources and avoiding duplicate exams and secondary victimization.

**Results:** A multidisciplinary working group developed a document and set the activities to provide by each professional:

Reception and welcome to medical services

Empathic anamnesis and exploration

Attention to vital emergency

Comprehensive evaluation

Intervention plan and information to the victim.

Hospital admission.

Communication to the court and forensic doctor

Coordinated follow-up

Sexual health care

Psychological attention

Forensic attention

Legal and psychosocial counseling

Process discharge

**Conclusions:** There are serious shortcomings in the care of victims of sexual assault. It is necessary a multidisciplinary and coordinated work to assist properly the victims of a sexual aggressions. An integrated care process facilitates the establishment of clear clinical pathways and the responsibility of each intervening agent. It is important to cooperate with victims associations to focus attention on the person and prioritize their needs.

Conflict of interest

no

## **Contribution ID: 514**

### **Presentation form**

Poster

### **The role of primary health care in the management of a patient with multiple comorbidities**

#### **Authors**

Benvinda Barbosa, Teresa Rodrigues, Ana Marta Neves, Pedro Fonte, Francisco Fachado, José Rui Caetano

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**Introduction:** Managing health problems in their physical, psychological and socio-cultural dimensions and the provision of longitudinal care, according to the individual needs of the patient, are key features inherent to the practice of Family Medicine.

**Materials and Methods:** Clinical case.

**Results:** A 62-years-old man, followed by his current family physician since 2014. Personal history of hypertension, chronic obstructive pulmonary disease (COPD) and smoking. The presence of cardiovascular risk factors and the respiratory disease, together with the need to better know the patient, have led to the performance of several consultations and auxiliary examinations. During these consultations, he was diagnosed with diabetes mellitus and dyslipidemia; also, COPD diagnosis was corrected for asthma/COPD overlap. Following continuous complaints of dysphagia, he was diagnosed with pharyngeal cancer in June 2016. Since then, schedules have been made monthly, in order to help the patient manage the fears and expectations regarding this new health problem. The remaining comorbidities were never neglected, and there was also a need to make therapeutic adjustments due to the evolution of his previous health problems.

**Conclusion:** This report highlights the importance of a continuous follow-up of patients with comorbidities. Even during this period, when the pharyngeal cancer was being managed in an oncology service, the close presence of the family physician was important to keep the biopsychosocial approach. On the other hand,

due to the cancer and its treatment side effects, many changes had to be made on the other problems' treatments, which was also a family physician's responsibility.

Conflict of interest

no

## **Contribution ID: 624**

### **Presentation form**

Poster

### **'Iz' there a problem? Chapter Z, problems instead of diseases**

#### **Authors**

Tiago Sanches, Ines Madanelo, Cristiane Lourenço, Ligia Martins, Helena Sousa, Filipa Vicente

*UCSP Vouzela - ACeS Dão Lafões, Portugal, Vouzela, Portugal*

**Introduction:** Coding in Family Medicine to build complete clinical records allows us to comprehend the reasons for medical encounter and the most frequent diagnoses, among additional information. Family doctor takes a holistic view of his consultant, covering biopsychosocial components. Thus, Chapter Z of ICPC-2 codification takes on particular interest. It addresses problems and not organic diseases, which assumes the social component as a determinant of health. All social problems are listed in Chapter Z. We want to determine the prevalence of codified social problems through the use of z-chapter rubrics and to describe the typology of coded problems.

**Method:** Observational retrospective descriptive research. Data collected until June 2018 in a Rural Portuguese Primary Care Unit. A quantitative descriptive analysis was performed using Microsoft Excel.

**Results:** There were 410 codifications with Chapter Z, worth 0,5% of all active problems. 82,7% were women. The mean age was 54,6 years, ranging from 4 to 95 years. The most used codes were problems related to: Family/parent illness (Z22: 14,4%); Family/parent relationship (Z20: 10,7%); Parent/Family member death (Z23: 10,2%); Partner death (Z15: 8,3%) and Partner illness (Z14: 8,3%).

**Conclusion:** The researchers believe that Chapter Z is underused by family doctors. Social problems are important determinants of health that should be well known by family doctors. Chapter Z seems to be valued only when related to individual and family issues, neglecting community affairs. Sickness and grief are common problems of an aging community. The data collected should guide future social and family research and intervention.

Conflict of interest

no

## **Contribution ID: 664**

### **Presentation form**

Poster

### **Bringing group therapy to primary health care**

#### **Authors**

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**Introduction:** Group therapy (GT) is a tool often used to help patients resolve some of their health problems, most notably alcohol or drug dependency. However, there may be other instances of health improvement through this technique. Therefore, a project is being developed in a primary care facility in Greater Lisbon (USF Ribeirinha), where third-trimester pregnant women were invited to participate in monthly gatherings (with local general practitioners being present), so they could share some knowledge and doubts, until their children turned one year old. The objective of this work is to determine whether GT is beneficial in a primary care setting.

**Materials and methods:** A Pubmed search was carried out, using the MeSH terms "Primary health care" and "Psychotherapy, group", using as filter the publication date of "last 5 years".

**Results:** 47 different articles were found. After reading the abstracts, only 10 of them were considered relevant and read in their entirety. Six studies reported improvement in mental health (depression and/or anxiety) with GT versus individual therapy, and another identified better sleep outcomes in patients with insomnia. One study mentioned helpfulness of GT in dementia for caregivers and patients. Another study revealed better weight control in patients with metabolic syndrome subjected to GT.

**Conclusion:** Group therapy appears to be beneficial in different settings, but this is mainly apparent in mental disorders. However, there is room for new groups to emerge in other areas, including obstetrics and neonatal nursing, as is being conducted in USF Ribeirinha.

Conflict of interest

no

## **Contribution ID: 397**

### **Presentation form**

Poster

### **BEST POSTER: Evaluation and implementation of a web-based clinical information tool in nursery homes to improve information exchange**

#### **Authors**

Marco Vecellio

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**Introduction:** Communication with nursery homes is often complicated by the the uncoordinated and fragmented care of different providers. This increases the risk for medication errors and misunderstandings and presents therefore serious treatment risks for home residents. To reduce errors from uncoordinated care we started a pilot project by developing a clinical information system providing simple access to pertinent patient data easily accessible to involved care providers and paramedic personal.

**Methods:** To improve information exchange and align communication pathways with involved specialists and paramedic care persons (nurses, physiotherapists,

logopedists, dietitian), a web-based secured information system is being developed and deployed, which allows simplified access to patient infos like diagnosis, medical treatment plan and other pertinent information respecting privacy and legal issues. We will evaluate the feasibility of such an approach, challenges of implementation and level of acceptance for involved parties.

**Results:** The launched pilot project is initially focussed on technical issues developing a web software toolkit which enables easy access. A first informal evaluation with informed parties shows high interest in the use of such a tool. Preliminary tests show the practicability and easy access via a secure online portal.

**Conclusion:** A web-based online tool is intended to provide an easy access to pertinent patient information and its use will be evaluated in respect of feasibility, implementation in different nursing homes and impact on patient care regarding medication errors and communication deficits. Involved parties agree with the importance of improving communication exchange in nursery homes due to complex care pathways.

Conflict of interest  
no

## **Contribution ID: 729**

### **Presentation form**

Poster

### **Evolution of Teledermatology in a Primary Health Care Center**

#### **Authors**

Sandra Murgui Betran, Mireia Sans Corrales, Amparo Hervás Docon, Nuria Sanchez Ruano

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**Introduction:** Our Primary Care Health Center is committed to innovation and digital transformation promoting telemedicine. Information is exchanged through ICT between health professionals on the diagnosis and treatment of patients in different locations.

**Material and Methods:** The teledermatology project began about 4 years ago in an urban Primary Care Center. It now has 19 Primary Care Physicians and a population of about 29,000 people. Each medical office is equipped with a camera and a dermatoscope, and a computer platform has been created from which photographs of the patient are sent to the dermatology service. Physicians have the option of choosing between making a direct referral or a consultation through teledermatology, using it for rapid assessment of possible malignant pathologies, and for other common pathologies that would not require a dermatology visit.

**Results:** In 2018, a total of 791 direct referrals were made to the dermatology service, and a total of 595 consultations were made through teledermatology. Compared to 2016, there were a total of 1213 referrals and 179 consultations through teledermatology. Therefore, in 2016 teledermatology represented 12.8% of the total number of referrals, and in 2018 it represents 43%. Referrals to the dermatology service have been reduced by 35%, increasing the use of teledermatology by 175%.

**Conclusion:** Teledermatology improves the coordination between Primary Care and the dermatology service, improves the exchange of medical information, the continuous training of professionals, the accessibility of patients and reduces waiting lists.

Conflict of interest

no

**Contribution ID: 896**

**Presentation form**

Poster

**BEST POSTER: Health care professionals' information needs in different sectors of the health services**

**Authors**

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**Introduction/Aim:** To search for medical information, health care professionals use online sources in their clinical work. Little is known how their information needs differ in various sectors of the health services. In Finland, Physician's Databases (PD) serves as a nationwide online medical source for health care professionals working in the following health care sectors: primary care, specialized care, pharmacies, or private care. Every medical article opened is included in the log file according to the Internet Protocol address. The aim of our study was to assess how the information seeking behavior by health care professionals differ in each health care sector in Finland. We hypothesized that the professionals in public primary care, such as general practitioners, might have greater information needs from PD.

**Materials and Methods:** Characterization in information needs among health care professionals in different health services (primary care, specialized care, pharmacies, and private care) was made by collecting medical article openings from the log files of PD during 2012-2015.

**Results:** The visual patterns of the openings by the professionals in different health care sectors were distinct. The number of article openings remained stable throughout the years, although a large peak and notch occurred in four health services at the same time. Largest openings appeared in primary care.

**Conclusions:** Assessing the log files of PD, brings new knowledge on health care professionals' different information needs in health services. In public primary care, information needs mirror the typical features of this sector's professionals. Results can also be used in qualifying databases.

Conflict of interest

yes

**Contribution ID: 1186**

**Presentation form**

Poster

**Attitudes about the use of Smartphones in medical education and practice in emergency department of tertiary care hospital**

**Authors**

RITESH CHAUDHARY, RABIN BHANDARI, MASUM POUDEL

*General Practice and Emergency Medicine, B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES, Dharan, Nepal*

**Introduction:** Smartphone has emerged common place within the medical field as both a personal and professional devices. Most health care experts desire current clinical facts and decisions that support at the point of patients' care. Double-check recommendations with scientific apps and additional researches may add benefits towards patients' greatest satisfaction in medical care.

We therefore, like to ascertain the use of Smartphones in medical education and practice among medical officers, residents and faculties of Emergency department of BP Koirala institute of Health Sciences (BPKIHS), Nepal.

**Methods:** A cross-sectional study done in all the medical officers, residents and faculties working in Emergency ward and GP OPD of Department of General Practice and Emergency Medicine at BPKIHS.

**Results:** Interviews were conducted with one hundred (100) participants (51% residents, 33% medical officers and 16% faculty members). Over 99% of participants reported using smartphones and 89% of participants used smartphones over more than two years. 55% bought smartphone to use in medical education and 98% of participants found using medical apps in clinical practice. 99% believed that smartphone apps were supportive to learning especially in clinical exam tests and findings 75%. Ninety-six (96%) of the participants believed the concept of smartphones was useful. 66% of respondents expressed their views regarding smartphone use in medical education in future endeavors.

**Conclusions:** The study confirms that smartphones are ubiquitously adopted by residents and medical officers and faculty members in medical education and practice at our institute.

Conflict of interest

no

**Contribution ID: 328**

**Presentation form**

Poster

**BEST POSTER: When the patient says "no"**

**Authors**

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**Introduction:** 72 year-old male presenting right shoulder pain for about 4 months, on a combination of pain killers including minor opioids with only slight relief.

**Method:** analyse structure and sequence of his regular visits to the GP until fatal outcome and legal issues

**Results:** the patient visited the GP 6 times, for the same reason. Visit 1: he only wanted some painkillers or "something" to relieve him. Visit 2: results of right shoulder and hemithorax X-Ray (known healed rib fractures). Medication review and consulting the case to the orthopaedic surgeon. Visit 3: referral to physical therapy and blood tests (BT). Visit 4: BT normal, patient's increased anxiety, he was "too nervous to eat" Visit 5: suddenly weight loss, he had increased painkillers. Neoplasia to be run-out, "details were not important for him, but his physical therapy appointment was". New BT. Visit 6: brought in a wheelchair by his children, important physical deterioration in 2-week time; high values of neoplasia markers; GP referred him to hospital, which he agreed, although again saying "no" to details his children asked for. Hospitalization: lung cancer and multiple bone metastases, including right shoulder (difficult to diagnose); oncologist informed him, but "no information needed" he said. His children wanted to present charges against oncologist for cutting out information, as patient didn't express his wish in writing.

**Conclusion:** Which are the appropriate forms of "saying no"? What line doctors can't cross to avoid legal issues with patients and their relatives?

Conflict of interest

no

## Contribution ID: 534

### Presentation form

Poster

### Living will, right to decide

#### Authors

Aranzazu Sánchez de Toro Gironés<sup>1</sup>, Carlos Pérez Llanes<sup>1</sup>, Lázaro De Castro Peral<sup>2</sup>, Ana C. Menéndez López<sup>1</sup>, Salomón Rivera Peñaranda<sup>1</sup>, Guadalupe Fernández Cañavate<sup>1</sup>, Lidia Antonia Miñarro Millán<sup>1</sup>, Celia Beatriz De Castro Bermejo<sup>1</sup>, Javier Bueno Velasco<sup>1</sup>, Almudena Carrasco Angulo<sup>3</sup>

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**Introduction/Aim:** 1)Quantify health professionals who know the Living-Will (LW). 2)Ponder those who know how to apply. 3)Encrypt those who know how to register it. 4)measure how many have done it. 5)quantify who would do it by meeting it.

**Materials-Methods:** Descriptive transversal study. Questionnaire 15 items, previously validated. Voluntarily completed by 106 health professionals. Statistical analysis G-STAT 2.0.

**Results:** Average age 45.03 years, 68.3% women. 77.5% Medical, 12.7% nursing, 9.8% administrative. Know the LW document 74.3%, 97.1% that it includes

instructions on care and treatments that you want, or not, to receive. 98.1% know required requirements, 56.2% know where to get it. 94.2% knows where to register. 81.4% know when it can be applied. 96.1% know the possibility of designating a representative who relates to medical personnel to ensure that the instructions are respected. 61.2% do not know that the donor card is insufficient for organ donation. 97.1% does not have made LW. 97.1% believe that health professionals should report this document to patients.

**Conclusion:** The increase in life expectancy, makes it necessary to inform the patients of the existence of the document of LW, how and where to fill it and/or to register it. Explain to them that it implies giving instructions on the care and treatments that they want, or not, to receive and that also allows him to appoint a legal representative as interlocutor with the health-personnel. Nor can we forget to inform them about organ donation requirements. These tasks must be done from primary care.

Conflict of interest

no

## Contribution ID: 881

### Presentation form

Poster

### Healthcare professional and patient: the right to autonomous choices

#### Authors

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**Introduction/Aim:** A.C. is a 77 year old male, diagnosed with hypertension, hyperuricemia and lumbar spondylosis that recurrently refuses treatment to his chronic obstructive lung disease and atrial fibrillation. He does not agree to proceed the study of a positive result in his last colorectal and prostate cancer screening nor his suspicious malignant skin lesion, challenging us to rethink our approach to the basic ethical principle of autonomy.

**Material and methods:** We analyzed the patient medical records from the last 3 years appointments, trying to understand the ethical principles involved in this shared decision-making.

**Results:** The patient was observed seven in medical appointments. We evaluated the relation between this non-treatment choice with the patient background, his ideals, values and expectations, making sure it was an informed autonomous decision. An effort was made to explore the values implicated in this choice. A multidisciplinary approach was tried, with no implications on the final decision. He recurrently chooses to stay untreated or unstudied.

**Conclusion:** It is undeniable that integrated health care achieves the best long-term outcomes. The health provider is responsible to give understandable information

about the benefit and risks of different possible options. Even though helping the patient is the main objective to the physician, high-risk health choices can be made, and the healthcare professional should accept and integrate these choices in the patient health plan. Respecting the patient autonomy can be an individual challenge but is essential to assure the best possible health care.

Conflict of interest

no

## Contribution ID: 18

### Presentation form

Poster

### Difficulties that patients facing; obese patient as an example

#### Authors

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**Background:** Knowing patients ideas, feelings and obstacle they are facing is an essential part of a successful consultation.

**Objective:** is to explore the difficulties that obese Saudi people face when trying to reduce their weight, with a perspective to equip the healthcare providers for better communication.

**Materials and Methods:** A qualitative approach was used. A purposive sample of 37 participants was recruited using maximum variation sampling technique .Those who had previously attempted weight loss at least once but who have never undergone bariatric surgery were eligible for participation. Participants were recruited from multiple sources including outpatient clinics, parks where they were found exercising, and public offices in Qassim region, Saudi Arabia. In-depth open-ended and qualitative interviews were conducted, which were transcribed and/or audiotaped. Interviews continued until saturation was reached in content. Qualitative content analysis was performed on transcribed interview data.

**Findings:** A total of 19 males and 18 females participated. They were in the age range of 21 to 57 years and had a mean Body Mass Index (BMI) of 32.6 kg/m<sup>2</sup>. All participants had intermittently followed a structured weight reduction program. Declining motivation, lack of family support, unhealthy eating during social gatherings, lack of time to do exercise, and failure to achieve the desired goal were the main obstacles.

**Conclusion:** This study has showed several personal, social and environmental obstacles, which could play an important role in weight reduction and maintenance. Healthcare providers must strive to explore their patients' perceived obstacles is needed to manage obesity.

Conflict of interest

no

## Contribution ID: 60

### Presentation form

Poster

## Permanent education in basic life support (BLS): impact on the knowledge of Vila Velha university professionals

### Authors

Ana Rosa Murad Szpilman, Daniel Boldi Barbosa, Camila Ferreira Mariani, Juliana Pestana Anjos, Eduardo Gomes Vieira, Arthur Louzada da Silva Paulo, Gustavo Goes Lima, Maria Angélica Ferreira Leal Puppim, Carlos Gustavo Camara Puppim  
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**Introduction/Aim:** Basic life support (BLS) is a set of skills aimed at supporting or restoring the oxygenation, ventilation and circulation of the Cardiorespiratory arrest (CRP) victim, and may be performed by trained health professionals or laypersons. The aim of this study was to evaluate previous knowledge about emergencies and the impact of the intervention in the theoretical and practical knowledge of Vila Velha University (UVV) employees.

**Materials and Methods:** A cross-sectional study based on data collected in the extension project approved by the Committee of Ethics in Research with human beings. The project presents five phases: training and standardization of the monitors teaching; recruitment of the consensual sample; application of a questionnaire on first aid and pre-test on BLS; training by theoretical-practical classes of employees; application of the post-test questionnaire and practical test on BLS.

**Results:** In assessing the basic knowledge about emergencies in daily life, 84.21% of the 19 participants reported having participated in first aid training, yet only 10.52% said they were prepared to deal with basic emergency situations for which were trained. Only 42.10% knew the Emergency Service number and 21.05% had already heard or knew how to define BLS.

**Conclusion:** The data obtained confirms the difficulty in the practical application and maintenance of acquired knowledge, since there is a notable discrepancy between individuals who received first aid training and who are considered fit to act in real situations. Through theoretical-practical classes in BLS, it is expected to increase survival and reduce sequelae.

Conflict of interest

no

### Contribution ID: 95

#### Presentation form

Poster

## Looking into a more effective use of software in primary care to cater to patients' needs as regards preventive healthcare

### Authors

Adrien Leclerc-Freihuber, Olivier Hanriot, Cédric Berbé  
*Department of General Practice, Faculty of Medicine, University of Lorraine, Nancy, France*

**Objective:** Create and assess a tutorial over the implementation of context-aware alerts within the main medical software programs for general medicine. Three fields

of prevention have been highlighted: the screening of cervical and colorectal cancers, as well as the influenza vaccination.

**Method:** Intervention studies alongside practitioners in the Vosges area (North-Eastern France). The first stage was to set up a tutorial for the three most common medical software programs in the Vosges. Two groups were involved : the first one with a human intervention (i.e. computer scientists) and the second through a telephone intervention. The assessment was carried out via questionnaires the two groups of users had to fill in once the interventions over.

**Results:** 109 practitioners using the targeted software were contacted. 49 practitioners agreed to answer the survey. 51% of the practitioners interviewed used the tutorial to implement alerts. 79% of the practitioners interviewed found their software suitable for prevention, while 81% would like to get backup from publishers to use the software. Finally, 33% of the practitioners felt that the tool allowed them to detect patients who might have otherwise slipped through these early warning signs.

**Conclusion:** The actual impact on prevention could not be statistically proved in light of this study. Nonetheless, it showed that professional software programs remain real and trustworthy tools in the field of prevention. Most practitioners expect further professional training by publishers though. A better training would very likely improve prevention statistics.

Conflict of interest

no

## **Contribution ID: 123**

### **Presentation form**

Poster

### **BEST POSTER: Healthy eating habits in early schooling - report of an activity**

#### **Authors**

Inês Santos, Pedro Vasconcelos, Rui Pedro Loureiro, José Marques, Rita Bernardino Figueiredo, Teresa Camurça

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**Introduction:** Childhood nutrition is one of the main determinants of health in adulthood, with a long-term impact on quality of life and health costs.

**Aim:** To promote children healthy eating habits, increasing simultaneously medical appointment adherence at 6/7 years.

**Materials and Methods:** We organized a health education activity at our Health Unit, intended for children who finished first year of schooling (6/7 years) and their caregivers, who were invited by phone call or letter. The activity included a brief introduction, addressing important general health advises for this age range, followed by a one hour presentation by a pediatric nutritionist, with the collaboration of 2 pediatricians. We discussed good eating habits, recommended meals composition, common mistakes and healthy snacks to take to school. Each child received a snack and each parent filled a questionnaire regarding their children eating habits. Posteriorly, children were individually consulted by their Nurse and Family Physician. Those overweight or obese were consulted by a pediatrician.

**Results:** 18 of the 30 invited children (10 female) and respective caregivers (55% mothers) participated. 4 were overweight and 2 were obese. The questionnaires' analysis revealed that 13 caregivers (72%) recognised food errors to be corrected in their children's eating habits, mostly the consumption of sugary products, like candies, biscuits and juices and the low intake of vegetables and fruits.

**Conclusions:** We obtained a good feedback from caregivers and invited professionals and we believe that this activity provided knowledge to initiate, if necessary, the process of change towards healthier eating habits.

Conflict of interest

no

## Contribution ID: 154

### Presentation form

Poster

### Prevalence of hepatitis B or/and C viral infection of the population in screening program of five hospitals in Bangkok

#### Authors

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**Introduction/Aim:** Hepatitis B virus (HBV) and hepatitis C virus (HCV) can cause inflammation of the liver leading to cirrhosis and liver cancer. The purpose is to determine prevalence of HBV and HCV infections amongst volunteers in a screening program of preventive campaign against hepatitis, celebrating His Majesty's Anniversary of King Rama10 between 5 hospitals in the Bangkok Medical Service Department.

**Materials and Methods:** Cross-sectional, retrospective study of 3,937 participants.

**Results:** The majority of participants were female (n=2,744, 69.7%). Their average age was 51.2 years old (SD 15.2). Prevalence of HBV, HCV infection and combined HBV,HCB coinfection were 4% (95%CI = 3.30-3.60), 1%, and 0.13% respectively. We found statistically significant associations between HBV infection and the highest risk participants whose family members were diagnosed with liver cancer (p<0.001). The highest significant risk associated with HCV infection was found amongst those with an incarceration record (p <0.001). The highest risk of combined HBV, HCV coinfection was associated with HIV patients (p=0.018). The transient elastography of those with chronic infection of HBV and/or HCV, the significant fibrosis was detected at 15.4%, 50% and 20% in chronic HBV, HCV and both HBV, HCV coinfection respectively.

**Conclusion:** This study supported the screening program, not only for HBV and HCV testing but also the transient elastography in the infected population. Both of these screening tests might diminish the complications of viral infection.

Conflict of interest

no

## **Contribution ID: 189**

### **Presentation form**

Poster

### **Cancer prevention – what are the views of Slovak general practitioners?**

#### **Authors**

Michaela Macháčová<sup>1)</sup>, Peter Minárik<sup>2)</sup>, Daniela Mináriková<sup>3)</sup>, Beáta Blahová<sup>4)</sup>, Peter Makara<sup>5)</sup>

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General practitioners (GPs) are frequent front-line health professionals and they can play a meaningful role in cancer prevention for the public. Cross-sectional study (June-October 2016) investigated views of Slovak 226 GPs (~15% members of the Slovak Society of General Practice) on the prevention of cancer. GP respondents perform daily cancer prevention on average in 4.7 of their patients and they spend 1-5 minutes per one patient (60.1 %). The majority of the GPs stated that their prevention activities are mainly focused on the smokers (75.7 %), on patients with positive cancer history (71.1 %) and precancers (62 %). 61.6 % of the respondents routinely provide cancer screening, while educational activities associated with overweight and obesity, physical activity and healthy diet provide routinely approximately a half of them. Cancer prevention activities related to UV radiation and alcohol consumption are sporadic. Majority of the practitioners (87.4%) have seen on their role in cancer prevention very positive, but almost all declared their need for assistance from other partners (97.8 %). The two main barriers for the role of the GPs in cancer prevention were high number of patients per day (83.2 %) and a lack of time (77 %). Only 18.7 % GPs consider their knowledge about cancer prevention as sufficient; 42.5 % need to gain more knowledge. Almost all GPs perceived their potential role in empowering individuals to take responsibility for their health issues, but they are convinced that a lot of people do not want to change their common behaviour.

Conflict of interest

no

## **Contribution ID: 263**

### **Presentation form**

Poster

## The perception of family physicians and family medicine residents in İzmir among chronic disease management

### Authors

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**Introduction:** The prevalence of the chronic diseases (CD) is increasing and management of the CD compels the health systems worldwide. The primary care (PC) is an important step for effective Chronic Disease management (CDM).

**Objective:** The objective of this study is to evaluate the knowledge, attitudes, and behaviors of family physicians (FP) on CDM in İzmir.

**Materials and Methods:** This cross-sectional study was conducted among FP working in PC centers and FP residents and academicians in hospitals in İzmir between September 15, 2017, and November 15, 2017. The data was collected by using a questionnaire.

**Findings:** 393 physicians participated in the study. Average number of admissions per day was  $49.1 \pm 24.3$ . Average visit duration was  $8.3 \pm 4.8$  minutes where 50.6% of the participants stated that it was insufficient. The first two most frequent CDs were HT (79,9%) and DM (28,8%). The most important difficulty in providing service was non-drug treatment incompatibility (78.4%). 57.3% of the participants used guidelines.

**Conclusion:** The FP has a high workload and they have time constraint in order to effectively manage CDs in primary settings. In addition FP's have difficulties for managing these diseases, nearly half of them did not used guidelines. Family physicians can take an active role in the CDM after increasing the quality and quantity of FPs, strengthening PHC and solving problems by education, laws, guidelines for PHC and integrated information system in order to reduce the burden due to insufficient management of CDs.

Conflict of interest

no

### Contribution ID: 264

#### Presentation form

Poster

## Characterization of the profile of home consultation in a family health unit

### Authors

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Home consultation (HC) is a principle that guide Primary Health Care with innumerable advantages. It is a direct consultation carried out in patient's home and have criteria: dependent patients in the context of acute episodic disease, chronic disease or acute exacerbation of chronic disease; after hospital admission when continued care is necessary; advanced/end-stage disease; children/adolescents and pregnant/puerperal women of social risk.

This topic is submitted to little research. Therefore, we considered relevant to carry out this work. The objective of this study is determining the number of HC performed during the year of 2017 at USF Arruda and characterize them. We explored individual processes and these data were analyzed in Microsoft Excel®.

A total of 94 HC were performed for a total of 65 users with a mean age of 77.9. In 87.2% HC one or more criteria were met. The most frequent scenario was the dependent patient with chronic disease (39 consultations) followed by acute episodic disease (18 consultations), acute exacerbation of chronic disease (16 consultations) and advanced/end-stage disease (3 consultations).

With the present study we realized that only 94 HC were carried out. With the expected aging of the population, HC will be a more fundamental task of the family physician who will have to manage his list of patients wisely. This is an important topic so we propose more robust studies with a larger number of HC to allow the conclusion of statistically significant conclusions.

Conflict of interest

no

## Contribution ID: 268

### Presentation form

Poster

### Genetic screening for brca1-brca2 in primary care in subjects at high familiar risk for ovarian and breast cancers

#### Authors

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**Background:** Primary care providers (PCPs) play a critical role in the management of the global health of the citizen, dealing with health education, primary and secondary prevention, diagnosis and treatment. It is important that PCPs have the knowledge of genetic screening and its usage criteria to identify people at risk and direct them towards adequate prevention paths. Our study aims to evaluate the genetic risk for mammary and ovarian neoplasia for BRCA1/BRCA2 mutations in primary prevention and the knowledge that PCPs have of genetic screening.

**Methods:** We recruited fifty PCPs (ASL BA), all of whom filled in a questionnaire consisting of 16 questions exploring their knowledge of the genetic test and the sending methods to the genetic counseling.

**Results:** 62.8% of PCPs recruited evaluate their genetic preparation at least sufficient but all of them believe they need to be trained and updated in this field even if only 8.8% attended training courses; 11.4% know the criteria and the latest guidelines to perform a genetic risk assessment for breast and/or ovarian cancer but only 5.7% consider themselves capable of carrying out it; 48.5% recommend genetic counseling to their patients (96.1% require less than 5 a year); 45.7% would be interested taking part in a research project in this field.

**Discussion:** This survey indicates a need for PCPs to improve their knowledge on genetic tests through specific educational and innovative programs aiming to

promote not only their proper use but also an effective and comprehensive communication for patients.

Conflict of interest

no

## Contribution ID: 269

### Presentation form

Poster

### BEST POSTER: MOVIDA: eHealth Platform to Physical Activity Tracking

#### Authors

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**Introduction/Background:** Modern portable devices (e.g. wearables) provide technical support to record physical activity, which can assist various purposes, ranging from geolocation, step count, body temperature and biomedical parameters among others. These technological advances, the increase of literacy in health and also in informatics placed the smartphone and its massive use in the center of a new paradigm of monitoring physical activity. When combining these functionalities with the ability to communicate with remote entities, it is possible to expand the use of smartphones, not only to monitor physical activity but also to promote widespread adherence to physical activity programs.

**Objective/Methods:** In this poster we present the conceptual framework of a global health community program centered on a mobile application and a dedicated backoffice web application to perform physical activity prescription and supervision based on dashboards. The MOVIDA platform is comprised of 4 main modules, targeting different groups of the population: MOVIDA.cronos - to prescribe exercise, monitor user's performance and adherence of patients with metabolic diseases; MOVIDA.eros - to individualize and follow a cardiac rehabilitation program; MOVIDA.domus - to track and quantify indoor movements; MOVIDA.polis - to have access to a stratified training circuit, for maintenance or improvement of fitness level.

**Conclusions:** The use of information technology is a tool with great potential for prescription and monitoring of physical activity, but also as a way of obtaining patterns of daily activities. Its use must be boosted integrating primary care professionals

**Acknowledgments:** This work was funded by the Portuguese FCT/SAICT-POL/23278/2016.

Conflict of interest

no

## Contribution ID: 274

### Presentation form

Poster

### Tabagism and cessation programs in primary care

#### Authors

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**Background:** According to WHO, the percentage of smoking deaths is between 25% and 50%. Physicians give poor attention to prevention. Italian smokers are a quarter of the population, including health workers. Almost 50% of patients relapse smoking after an acute cardiovascular event.

**Aim:** To evaluate the prevalence of smoker ASLBA GPs, their level of knowledge and awareness about smoking and their attention in prevention, treatment and implementation of cessation programs.

**Materials and methods:** An anonymous questionnaire was administered to 680 GPs since October 2018 (ongoing).

**Results:** Up to January 2019, 110 answers (16.17%) are available (M/F:70/30%; age 30-50y:4.14%, 51-65y: 78.2%, >66y:16.4%). 24.5% GPs have in care <1000 patients, 75.5% >1000 patients. 86.4% don't smoke, 13.6% smoke (cigarettes 56.3%, cigar 18.8%, pipe 12.5%, electronic cigarette 18.8%, IQOS 12.5%). 4.84% started smoking at 15-30. 55.6% stopped smoking (100% by non-pharmacological method) and 18.18% tried to quit. 81.8% considered smoking an addiction, 14.5% an habit, 3.6% both. 67.3% said that smoking abstinence-syndrome lasts long time, 23.6% few days, and for 9.1% it doesn't exist. 63.63% recommend cessation to motivated patients, 55.5% believed counseling an useful tool only in high risk patients and 80% only in presence of previous cardiovascular event. 81.81% GPs should start cessation programs, but 77.27% consider themselves inadequate.

**Conclusions:** GPs recognize smoking as an addiction. Although they feel themselves inadequate, they are available to improve their knowledges about smoking cessation programs. This survey allows to know GPs's skills to plan training meeting and to share educational programs with anti-tobacco centers.

Conflict of interest

no

## Contribution ID: 304

### Presentation form

Poster

**Title: Determining prevalence of asymptomatic heart failure incorporating the pro-BNP in diagnosis with doppler echocardiography, in primary care patients at risk**

#### Authors

Eva María Calvo Martínez, Eugeni Fernandez Mas, Daniel Bron, Abraham Alonso Torres, Ariadna De Luna Pla, María del Mar Rodríguez Álvarez, Lisbeth Hernández, Viviana Eugenia Pacheco Fernández, Silvia Carrion, Eva Miñana Nonell  
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Study project of the inclusion of proBNP and echocardiogram in primary care at earlier clinical phases than currently to diagnose Heart Failure.

**Primary Objectives:**

1. Determination of the prevalence of heart failure (HF) in asymptomatic patients between 45-60 years with  $\geq 2$  cardiovascular risk factors and one Framingham criterium (Major or Minor).
2. Determining the NT-proBNP optima cut-off point for HF detection in our population using echocardiograms.

**Secondary Objective:** Determination of the positive predictive value of pro-BNP against electrocardiogram, chest X-ray and clinical criteria.

**Methods and Statistical Analysis:** Observational and transversal study of prevalence, performed in multiple centres. In patients between 45-60 years old (both included) with  $\geq 2$  cardiovascular risk factors and one Framingham diagnosis criterium. Variables are analyzed with usual test for normal and anormal variables. Statistical analysis using SPSSv21.

**Expected results:** Results are highly expected to provide information on the application of pro-BNP for prompt diagnosis in primary care with patients at risk of having HF. We would achieve a prompt diagnosis and early intervention that will improve morbidity and mortality, prognosis and indirectly reducing health costs.

**Applicability and Relevance:** By determining a pro-BNP cut-off point confirmed through echocardiogram, we obtain a primary care tool relevant for selecting candidates for echocardiogram in a more accurate and restricted way, enabling prompt and differential diagnosis, improving diagnosis quality and promoting the establishment of preventive and therapeutic strategies.

**Keywords:** Heart failure; Diagnosis; pro-BNP; Echocardiogram; Primary Care

Conflict of interest

no

**Contribution ID: 306**

**Presentation form**

Poster

**Reliability And Validity Study Of TReatment MOtivation and REadiness Test (TRE-MORE)**

**Authors**

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**Introduction/Aim:** Effective obesity treatment should focus at significant changes in lifestyle, and active participation of patients. Therefore, it is important to determine the motivation status and level of the individual before starting any program. TReatment MOtivation and REadiness Test (TRE-MORE) has been

developed to reveal the motivational readiness of obese people. The aim of this study was to determine the Turkish validity and reliability of the TRE-MORE scale in individuals aged 18 years and older.

**Materials and Methods:** In this study, 224 individuals aged 18 years and older who applied to Diet Policlinics in Dokuz Eylul University Faculty of Medicine participated by means of a face-to-face interview, and different self-reported questionnaires assessing the Eating Attitudes and Body Image Coping Strategies for the relationship between TRE-MORE validity, internal consistency. Cronbach's Alpha was calculated. SPSS 16.0 software was used for analysis and  $p < 0.05$  was considered significant.

**Results:** Mean age of participants was  $41.99 \pm 12.89$  (Min.18-Max.65) and 88.4% ( $n=198$ ) of the participants were obese. TRE-MORE total and subscales scores showed moderate reliability and internal consistency. We identified 10 items grouped in 3 areas (obstacles and desire to overcome, taking care of themselves and sharing the problems, current lifestyle). TREMORE scores were significantly correlated with eating attitudes and body image coping strategies.

**Conclusion:** As a result of this study; Turkish version of TRE-MORE was found to be a reliable, valid clinical tool for the assessment of the treatment motivation and readiness of obese people.

Conflict of interest

no

## Contribution ID: 314

### Presentation form

Poster

### Precocious insertion of the medical student inside the community and the development of a humane point of view

#### Authors

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**Introduction:** In Brazil, 2014 it was introduced by the Education Ministry a modification in the national curricular guidelines for the medical graduation aiming the academic education focused on a more humane professional with social responsibility and the commitment with the defense of the general health of the human being. Based on these guidelines, currently UNIDAVI applies in medical graduation an active methodology which allows the student a more complete view of the patient by the direct contact with the community since the beginning of the graduation.

**Objective:** This experience report seeks to share the impressions obtained by the students of the second semester.

**Methodology:** Foundation for the theoretical contribution was originated by the portfolio's reflection of the subject Health interaction in the community (IESC).

**Result:** The reflections demonstrate a personal maturing of the academic students in a more empathetic professional. Within every activity performed at IESC, the home visit was the one that aggregated the most for this construction until now,

since it allowed the establishment of a strong link between the students and the patient. For the students it was important since knowing the social reality of the patient allows an adequate orientation as well a better adhesion by the patient to the treatment, because a protected environment - their homes - acts as a tool to development the doctor/patient relationship.

**Conclusion:** This early contact is providing the students a conscience regarding the importance and the difference that the doctors graduated by these methods are able to offer the community.

Conflict of interest

no

## **Contribution ID: 335**

### **Presentation form**

Poster

### **Improving evaluation and counselling on physical activity**

#### **Authors**

Ana Rita Cunha, Inês Santos, Paula Rodrigues, Rafaela Cabral, Rui Pedro Loureiro, José Marques, Filipa Rodrigues, João Figueiral  
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**Introduction/Aim:** Physical activity is a way to improve other cardiovascular risk factors and an indicator of cardiovascular risk itself. The number needed to change attitude towards physical activity is considerably lower comparing, for instance, to smoking cessation. Portugal's national program for physical activity has launched two resources to help patients evaluation and counselling. We aim to improve the evaluation of physical activity during consultations and increase the counselling on this topic.

**Methods:** We project an internal transversal evaluation of the records of the level of physical activity and sedentarism and of delivery of appropriate counselling sheets in a selective sample of adult patients having a non acute consultation in a three months period, starting after a formative session on the new platforms. We'll collect age, comorbidities, body mass index, baseline level of activity and if counselling was made. At this point we know any of the platforms are used in our unit, so we aim to have an increase of at least 50%. In a second evaluation we want to obtain the level of activity after the intervention.

**Conclusions:** Prevention is the key to improve life quality of our patients and reduce health costs. The prescription of physical activity is restricted to specialized professionals, but the counselling is a job to every health professional, with special interest for the family physicians. Innovative ways to do it are now available, but their unknowledge is a barrier that we are trying to overcome by implementing this project at our unit.

Conflict of interest

no

## **Contribution ID: 352**

### **Presentation form**

Poster

## Endoscopic surveillance of colorectal precancerous lesions – a review of the guidelines

### Authors

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**Introduction/Aim:** Colorectal cancer (CRC) has a high incidence and mortality rates in Europe, ranking first in cancer's incidence and second in cancer mortality cause when both sexes are considered. The screening programme of CRC, in Portugal, recommends performing fecal occult blood test and/or colonoscopy in adults aged 50-74 years old. Therefore, Family Physicians (FP) should know how to do an appropriate follow-up according to the different results of these clinical exams. The aim of this review is to suggest an appropriate follow-up to the CRC screening results, based on the most recent international guidelines.

**Materials and Methods:** Review of the most recent guidelines.

**Results:** European guidelines divide colorectal lesions in two groups: low- or high-risk. In the absence of high-risk lesions, colonoscopy should be repeated after 10 years. Every time one or more high-risk lesions (tubular adenoma  $\geq 10$  mm, with high-grade dysplasia or a villous component;  $\geq 3$  adenomas; serrated polyp  $\geq 10$  mm or with dysplasia) are present, colonoscopy should be repeated in three years. In case of absence of high-risk lesions on a three-years later colonoscopic follow-up of previous high-risk lesions, the surveillance interval is five years. Patients presenting with conditions such as polyposis, inflammatory bowel disease, incomplete resection of high-risk lesions, or malignant lesions, need specific follow-up by a Gastroenterology specialist.

**Conclusion:** In the case of CRC, there is a screening programme implemented in Portugal that relies mostly in Primary Care. Therefore, FP should know how to do an appropriate follow-up to the different screening results.

Conflict of interest

no

### Contribution ID: 411

### Presentation form

Poster

## Evaluating infertility

### Authors

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**Introduction:** Infertility is defined as absence of pregnancy after at least 1 year of regular intercourse without contraceptive methods and has an estimated prevalence of 10-15% worldwide. The first approach should be made at the primary health care (PHC) level based on an overall assessment, ensuring that treatment is not delayed.

**Objective:** Review the fundamental aspects of infertility approach within PHC.

**Methods:** Research on clinical orientations and systematic reviews, published in Portuguese and English, since 2011, in the databases Pubmed and Medline, using MeSH terms "infertility", "management" and "primary care".

**Results:** Infertility is considered primary when there was no prior pregnancy and secondary in other situations and it is agreed that, after a year of frequent and unprotected sex, investigation of both elements of the couple should be initiated, since causes may be associated with abnormalities of the male and/or female reproductive system. Fertility is influenced by factors such as the woman's age, type and frequency of sexual intercourse and smoking, alcoholic and pharmacological habits. The anamnesis should be exhaustive, even for couples whose clinical history is known, and complementary tests should be performed if indicated. Referral for diagnosis and treatment is usually made from PHC to ensure treatment and the choice of medically assisted procreation techniques when necessary.

**Discussion:** Family doctors are often the first contact of couples having trouble conceiving. It is up to the PHC team to identify and support these couples in order to contribute to the parental and family well-being and fulfillment.

Conflict of interest

no

## **Contribution ID: 422**

### **Presentation form**

Poster

### **Sexual Health: sexual knowledge, behaviour and social determinants in the students of the University of Porto: a cross-sectional study**

#### **Authors**

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**Introduction:** The youth is a particularly susceptible group on sexual health. Although structured sexual education is granted in Portugal, sexually transmitted diseases are a public health problem, with 23.5% of new cases of HIV infection occurring in 15-29 years old age population in 2017.

**Aim:** We attempt to characterize the knowledge and the behaviours of the youth about sexual health, and to describe the relation between them.

**Methodology:** This observational cross-sectional study included students of the University of Porto, Portugal, by answering an online questionnaire covering different areas of sexual health. Answers allowed to create a knowledge score and a behaviour score. Social-demographic characteristics were tested in its relationship with each score. The correlation of Pearson checked the association between knowledge and behaviour.

**Results:** A total of 988 answers were validated. The mean scores were 3.74 out of 5 (95%CI: 3.69-3.77) for the knowledge score and 3.4 out of 5 (95%CI: 3.38-3.44) for the behaviour score. Age (older) and attending a health course are significant predictors of higher knowledge. Gender (females) is associated to better behaviour.

Correlation between knowledge and behaviour is weak, but positive (Pearson=0.127,  $p < 0,01$ ).

**Conclusion/Discussion:** Knowledge is an important but insufficient determinant to reach health literacy. It urges to develop a sexual health prevention/education program considering the interacting factors and certifying an acquisition of motivation to integrate the assimilated information on a daily routine.

Conflict of interest

no

## Contribution ID: 424

### Presentation form

Poster

### Learning to save lifes

#### Authors

Aranzazu Sánchez de Toro Gironés<sup>1</sup>, Carlos Pérez Llanes<sup>1</sup>, Lázaro De Castro Peral<sup>2</sup>, Ana C. Menéndez López<sup>1</sup>, Salomón Rivera Peñaranda<sup>1</sup>, Guadalupe Fernández Cañavate<sup>1</sup>, Lidia Antonia Miñarro Millán<sup>1</sup>, Rita Rico Gómez<sup>1</sup>, Montserrat del Carmen Martínez Sánchez<sup>1</sup>, M. Izaskun Sánchez de Toro Gironés<sup>1</sup>

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**Introduction/Aim:** Given the importance of a rapid performance in a situation of loss of consciousness vs cardiorespiratory stop, we wanted to teach primary children the basic maneuvers of position of safety and cardiac massage, and to alert the emergency services.

**Material and method:** Cross-sectional, observational study to analyze knowledge gained after CPR workshop for 4-year-olds. 4-item questionnaire, previously validated. Were included all students (42) who attended on November 22nd at their class. Statistical analysis T of student and chi square, considered significant  $p < 0.05$ . G-stat 2.0

**Results:** 44 children, average age 4 years. 41% girls 59% boys. 97% answer correctly to the question of asking for help before a blackout. 95% know that if you breathe, you have to put it in a lateral safety position. 99% performs the safety position correctly. 100% know that any emergency should call 1-1-2.

**Conclusions:** In Spain, the success of an outpatient cardiopulmonary resuscitation is  $> 10\%$ , unlike the 70% in the Nordic countries. This is due, among other things, to the training of schoolchildren in emergency assistance maneuvers. In Spain, the Royal Decree 126/2014 of February 28 obliges the schools to include the teaching of first aid, that is why, in collaboration with the CEIP La Paz (el Palmar, Murcia), a workshop was carried out to form in these maneuvers to students of 4 years, in which they showed that, although they are very young, they can come to save a life.

Conflict of interest

no

**Contribution ID: 489**

**Presentation form**

Poster

**Vitamin D status of the subjects admitting to a family health care unit: A single center experience**

**Authors**

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**Introduction/Aim:** Vitamin D insufficiency or deficiency is an important health problem. In this study, we aimed to evaluate vitamin D status of the subjects admitting to our family health care center and the factors affecting their vitamin D levels.

**Materials and methods:** The study was started on 1<sup>st</sup> October 2018 at Uludağ University Family Health Center and lasted for a period of 3 months. A total of 286 subjects, 121 males and 165 females, were included in the study. Physical examination findings and sociodemographic features of the subjects who admitted to the family health center were recorded. Comorbidities, drug and alcohol usages, smoking habits, history of spontaneous and traumatic fractures, intake of milk and dairy products, clothing styles, working indoors, sun exposure statuses of the subjects were asked and recorded. Laboratory tests including vitamin D levels were assessed.

**Results:** The median age of the population was 22 years (min:max=18:75). The median age for males was 22 years and females was 21 years. The median value for vitamin D was 15.14 ng/mL for whole population, 16.63 ng/mL for males and 13.41 ng/mL for females. There was a significant difference in vitamin D levels between both genders ( $p < 0.01$ ).

**Conclusion:** In our population, both genders were having vitamin D insufficiency, mostly prominent in females. Although the geographical region in which our country located has sufficient sun exposure between May and November throughout the year, our results indicated that this fact is not solely enough for vitamin D sufficiency.

Conflict of interest

no

**Contribution ID: 497**

**Presentation form**

Poster

**Senior University: getting closer to the community, doing health education**

**Authors**

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## Introduction/Aim

The WHO released a document in 2002 about the concept of Active Ageing. In Portugal, providing tools to have healthy lifestyles is also a priority, and so, it's important to spend some time improving Health Literacy among the population. This way, it was created a subject about Health in 2014 at the Senior University in our Community.

The aims are:

- To empower the senior population to stay active during the ageing process, giving the possibility to work on their physical, psychological and social autonomy;
- To Improve Health Literacy of the population, teaching how to use the several community resources in a efficient kind of way

**Methods and Results:** The Health classes happen once every two weeks and the teachers are the family doctors and the nurses from our Health Center. In this past school year there were 75 students registered. The topics were chosen based on what these students said they wanted to learn about.

**Conclusions:** We conclude that this type of project is extremely important to the population to educate them about health and how to use wisely the health resources they have on their community. All the professionals that participated on this project realised that the students always showed interest and were participative. It was also possible to make stronger the bound between the doctor and the patient. This way we could affirm that the community is satisfied with this project and that this can make an important positive impact on the Health Literacy.

Conflict of interest

no

## Contribution ID: 580

### Presentation form

Poster

### Cardiovascular risk factors among undergraduate students

#### Authors

Volkan Aydin<sup>1</sup>, Mehmet Akman<sup>2</sup>, Ahmet Akıcı<sup>1</sup>, Dilek Gogas Yavuz<sup>1</sup>, Aysun Altıkardes<sup>1</sup>, Ali Serdar Fak<sup>1</sup>

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**Aim:** Increasing prevalence of cardiovascular diseases during youth also requires consideration of the importance of associated risks in this population. This study aimed to describe several cardiovascular risk factors of undergraduate students.

**Material and Methods:** We collected data from all 770 students in the Marmara University Students' Healthy Hearts Study during April-May 2018. Key demographic characteristics were recorded along with measurements of body mass index (BMI), waist circumference (WC), total cholesterol (TC), blood pressure (BP), and blood glucose (BG).

**Results:** The study population had a mean age of 22.3±2.6 years and 59.6% were female. Mean BMI was 23.0±3.6 kg/m<sup>2</sup> where 25.3% were overweight or obese (≥25

kg/m<sup>2</sup>). One in five students (20.6%) was smoker. Screening for other risk factors showed high TC ( $\geq 200$  mg/dl) in 7.5%, high BP ( $\geq 140/90$  mmHg) in 5.6%, increased WC ( $>88$  or  $>102$  cm) in 5.6%, and high BG ( $>200$  mg/dl) in 0.4%. While smoking, high BP, and being overweight/obese were significantly more common in males (27.7% vs. 15.8%; 9.6% vs. 2.8%, 30.7% vs. 16.8; respectively,  $p=0.000$  for each), increased WC was more prevalent in females (7.2% vs 3.2%,  $p=0.024$ ). High TC and BG did not differ by gender.

**Conclusion:** This study shows that substantial number of university students appears to have established cardiovascular risk factors. Variation of smoking, elevated BP and WC, and being overweight according to gender needs to be considered while planning long-term educational or cognitive activities regarding prevention from cardiovascular risk factors in young populations, including undergraduate students.

Conflict of interest

no

## Contribution ID: 597

### Presentation form

Poster

### Characterization of hypertensive patients from a clinical file of a family health unit

#### Authors

Beatriz Bernardo

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**Introduction/Aim:** In Portugal cardiovascular diseases are the main cause of death (32% of deaths). About 42% of portuguese population has high blood pressure, which is the most prevalent cardiovascular risk factor. High blood pressure is a chronic disease that requires therapy and continuous surveillance over time, and its interruption may be associated with clinical situation worsening. **Aim:** To determine the prevalence of high blood pressure in a given population and characterize its distribution by gender and age group, complications and established therapy.

**Materials and Methods:** A descriptive, cross-sectional and observational study was performed from data collected from the MIM@UF and SClínico programs, in September 2018. It included patients with high blood pressure (ICPC-2 K86 and K87 codes) and data was treated by Microsoft Excel and SPSS.

**Results:** The prevalence of high blood pressure was 19,7%, with women aged 65 years or more being the most common population in both uncomplicated and complicated high blood pressure groups (33,6% and 41,6%, respectively). The most frequent complications were stroke and peripheral vascular disease. Most patients were on ACE inhibitors or ARBs (26%) or on ACE inhibitors / ARBs and diuretics (26%).

**Conclusion:** In this study, the prevalence of high blood pressure was lower than national medium value, which may be related to an underdiagnosis of this pathology due to codification failure or loss of hospital information. With this study it was possible to detect areas of improvement for better health care delivery.

Conflict of interest

no

## **Contribution ID: 598**

### **Presentation form**

Poster

### **Characterization of diabetic population from a clinical file of a family health unit**

#### **Authors**

Beatriz Bernardo

*USF Albufeira, Vizela, Portugal*

**Introduction/Aim:** Type 1 diabetes mellitus (DM) results from the destruction of  $\beta$  cells of the pancreas Langerhans Islets and corresponds to 5-10% of DM cases, being more common in childhood and adolescence. Type 2 DM results from insulin resistance and correspond to about 90% of DM cases, being associated with obesity, high blood pressure and dyslipidemia. DM affects approximately 13,1% of portuguese population and, along with other cardiovascular risk factors, is responsible for multiple complications.

**Aim:** To determine the prevalence of DM in a given population and to characterize its distribution by sex and age group, complications and established therapy.

**Materials and Methods:** A descriptive, cross-sectional and observational study was performed from data collected from MIM@UF and SClínico, in September 2018. It included patients with diagnosis of DM (T89 and T90 codes of ICPC-2) and data was treated using the Microsoft Excel and SPSS.

**Results:** The prevalence of DM in the file was 7%, with men aged 65 years or more being the largest group of both insulin-treated (40%) and non-insulin-treated (32,4%) patients. The most frequent complications were retinopathy, peripheral neuropathy and nephropathy. The majority of patients were taking Metformin alone (52%).

**Conclusion:** In this study, the prevalence of DM was lower than the national medium values, which may be related to an underdiagnosis of this pathology due to codification failure or loss of hospital information. With this study it was possible to detect areas of improvement for better health care delivery.

Conflict of interest

no

## **Contribution ID: 599**

### **Presentation form**

Poster

### **Characterization of patients with dyslipidemia from a clinical file of a family health unit**

#### **Authors**

Beatriz Bernardo

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**Introduction/Aim:** In patients with dyslipidemia, clinical and laboratory evaluation should be performed to check for secondary causes and comorbidities, namely high blood pressure, high body mass index or other parameters of obesity, hiperglycemia, hipercreatinemia, transaminases and TSH elevation. The therapeutic approach of dyslipidemia has the objective of reduction of cardiovascular risk. **Aim:** To determine the prevalence of dyslipidemia in a given population and to characterize its distribution by sex and age group.

**Materials and Methods:** A descriptive, cross-sectional and observational study was carried out from data collected from MIM@UF and SClínico, in September 2018. It included patients diagnosed with dyslipidemia (code T93 of ICPC-2) and data was treated using Microsoft Excel and SPSS.

**Results:** The prevalence of dyslipidemia in the file was 18,1%. Women aged 65 years or more were the most prevalent group in patients diagnosed with dyslipidemia (25,6%).

**Conclusion:** In both primary and secondary prevention of cardiovascular disease, the evaluation of modifiable risk factors should be considered essential for the purpose of intervening in the promotion of lifestyle modification measures (adequate diet, regular physical exercise, weight control, restriction of alcohol consumption, reduction of salt intake and smoking cessation). Therapeutic intervention is dependent on the degree of cardiovascular risk assessed.

Conflict of interest

no

## Contribution ID: 622

### Presentation form

Poster

### Vulnerable and diabetes patients' perspectives on the advantages of patient education in primary care centre: a qualitative study in France

#### Authors

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**Introduction:** Primary care has a main role in management of diabetes mellitus (DM) type 2, including prevention of complications which are more prevalent among vulnerable population. Patient Education (PE) provides training to patients for self-management of the chronic disease. Mostly realized in hospitals, attendance to PE can be low for vulnerable population, due to their low mobility in the society. Hence, a PE program in the primary care centre in a deprived area was performed.

**Aim:** To explore the perspectives of type 2 DM patients on the advantages of PE realized in the primary care in a deprived area.

**Method:** A qualitative study, with individual interviews, was performed with 19 type 2 DM patients who attended to PE sessions in 2017 in primary care. Thematic analysis was used to analyse the data. **Results:** Among patients, geographical proximity of primary care centre was an important component that facilitate access to PE sessions. Also, information of the program was spreading better by professionals, with an easier access to the information for patients, permitting a wide

recruitment. The relationship of the patients with the professionals was a motivation to participate. Finally, exchanging with other patients from the same district helped them to create new social relationships.

**Conclusion:** Realising PE in primary care help patients in access and attendance. Primary care teams should be encouraged and supported by policy-makers and health legislators to develop PE in their districts and improving care of patients with chronic disease.

Conflict of interest

no

## **Contribution ID: 683**

### **Presentation form**

Poster

### **Renpenning's syndrome – about a clinical case**

#### **Authors**

André Rainho Dias<sup>1)</sup>, Bruno P. Carreira<sup>1)</sup>, Mariana Coimbra<sup>1)</sup>, Beatriz Meneses<sup>2)</sup>, Nadina Sousa<sup>1)</sup>, Joana Bento<sup>1)</sup>

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**Introduction:** Renpenning's syndrome is linked to the X chromosome due to mutations in the PQBP1 gene, presenting a prevalence lower than 1/1000000, and characterized by cognitive deficits, microcephaly, thinness and short stature.

Case description: 7 year-old child, male, pregnancy monitored without complications, with delivery by cesarean at 37 weeks, with PN 2,230g, length of 42cm and cephalic perimeter of 31cm. Integrated in a nuclear family without relevant family history.

At 6 months of age, he was referred for pediatric because the weight was progressing below the 3rd percentile, marked deceleration of the percentile of the cephalic perimeter below the percentile 3 and moving away from the curves. In the objective examination presented a practically closed anterior fontanelle, suspected syndromic facies, hypertelorism and craniosynostosis for which reference was made to the genetics consult.

He has always maintained low performance in the developmental evaluation test Growing Skills, presenting at 5 years of age a compatible performance mainly compatible with 3 years.

A study of the karyotype was carried out, which was normal (46 XY). A clinical test was requested and it identified the pathogenic variant c.459\_462delp.(Arg153Serfs\*41) in the PQBP gene.

**Conclusion:** Despite its rarity, Renpenning's Syndrome should be part of the differential diagnosis of intellectual disability, especially in children who present with delays in growth and psychomotor development.

Although reference to the genetics consult is essential for diagnosis, the role of the family doctor is fundamental in the suspicion and early diagnosis.

Conflict of interest

no

**Contribution ID: 699**

**Presentation form**

Poster

**Turkey vs. UK. comparison of approaches to chronic disease management in primary care**

**Authors**

Rabia Eroglu<sup>1)</sup>, Gözde Ögrü<sup>1)</sup>, Ersin Akpınar<sup>1)</sup>, Cemal Kavasogullari<sup>2)</sup>

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**Introduction:** Noncommunicable diseases, including diabetes and chronic lung disease, are collectively responsible for almost 70% of all deaths worldwide. Although family medicine in Turkey made significant progress in terms of chronic disease management in primary care, there are still aspects that have room for improvement particularly involving the wider practice team such as nurses and other allied healthcare professionals more efficiently. In this project, we compared approaches of the two countries in involving wider practice team in delivering services to patients with long term conditions.

**Aim of the Project:**

Project focuses on DM and COPD and aims to compare:

- Primary care resources in terms of clinician numbers included doctors, nurses and other allied healthcare professionals
- Roles and contributions of the allied healthcare professionals
- Role of electronic medical records and multidisciplinary communication
- Management of long term medications
- Patient demographic profile, patient education and expectations

**Expected Outcomes and Reporting:** As a result of the project which will be completed by us we hope to present our audience an overview of chronic disease management in the UK and Turkey and highlight key practical lessons learned. We envisage that the learning will be bi-directional. This project is relevant to the wider European attendees as conclusions will be drawn comparing a well established primary care system vs. a young and developing primary care system. We will also present blueprints of a pilot application of these transitional lessons and suggest tips on implementation of the learned lessons into daily clinical practice.

Conflict of interest

no

**Contribution ID: 703**

**Presentation form**

Poster

**BEST POSTER: Sports supplementation: what is our role?**

**Authors**

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**Aim:** Sports supplementation is a controversial issue and an exponentially growing business. The use of supplements aims for performance or aesthetic gains. However, it is known that a balanced and diversified diet can supply the athlete, nutritionally.

**Materials and Methods:** Review of literature on sports supplements (last 5 years).

**Results:** In the majority of European countries, the most commonly used sports supplements are: proteins, creatine, caffeine, bicarbonate and sodium phosphate, branched chain amino acids and glutamine. Although, theoretically and in certain studies, some of these had shown some benefits, none of them is associated with solid results. In addition, their safety is hard to prove, and they are not destitute of adverse effects. Energy drinks can be used punctually in demanding exercises. However, they should not be used routinely, due to their high caloric level. In the pediatric population, supplements should only be considered if an important vitamin D deficit exists. Otherwise, they are not recommended. A significant percentage of supplements are contaminated with various substances (which may be on the list of substances banned by the World Anti-Doping Agency). As there is no control or regulation associated with the sale of sports supplements, its use might be dangerous.

**Conclusion:** It is essential to have balance between energy intake and outtake. Therefore, a healthy diet should be recommended and, if pertinent, the athlete should be referred to an expert nutritionist. The use of supplementation should be done with great caution and only after careful evaluation of its efficacy and safety.

Conflict of interest

no

## Contribution ID: 713

### Presentation form

Poster

**Internet resources as factors of increasing awareness of patients concerning healthy lifestyle and evidence-based screening recommendations.**

### Authors

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**Background.** Understanding the importance of a healthy lifestyle for a significant number of Ukrainians today is insufficient. A significant proportion of patients believe that performing a large number of different diagnostic tests can help in the assessment and monitoring of health status.

Importance of different sources of information for raising awareness of Ukrainians about healthy lifestyles and screening is not sufficiently studied.

**Aim:** Assessment of the main sources of information, i.e Internet as a factor of increasing patient's motivation to a healthy lifestyle and screening.

**Methods.** 237 people who visited the family doctor's (FD) clinic took part in the study: 60%-men, 40%-women. Minimum age of patients was 25.1 years, maximum - 47.3 years. We used questionnaire about whose opinion concerning health care and

screening tests was the most important as a main source of information that they trusted most of all.

**Results** 39.9% male and 70.2% female respondents trusted FD's opinion, 37.8% men and 13% women trusted their relatives' opinion, and only 13% followed recommendations of their acquaintances, 9.3% men and 6.8% women -their own opinion, literature, etc. Internet was the main source of medical information for 39% of men and 48% of women.

**Conclusions.** As one of the main sources of medical information for vast majority of patients was Internet, we plan to conduct an on-line web resource for patients, with recommendations for raising public awareness about healthy lifestyle and evidence-based screening .

Conflict of interest

no

## Contribution ID: 788

### Presentation form

Poster

### Football and emergencies in Spain

#### Authors

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<sup>3)</sup>*Centro de Salud Ejido Sur, Distrito Poniente de Almería, Almería, Spain*

**Introduction & Aim:** There are many rumors about the decrease in visits to the Emergency Services when football matches are being played. The aim of this study was to verify or disprove this idea, using attendance data during matches of the Spanish selection. Retrospective descriptive analysis. Emergency Services. Poniente's Hospital.

**Materials and Methods:** For the study, given the role of the Spanish team at the 2014 World Cup, we draw to the best football match that have taken place: World Semifinal 2010, World Final 2010, and Euro 2012. Given 2 hours pre-game, postgame and the game itself. As reference, we analyze the same hours just seven days after the match in the same month. We rate patients according the gender and priority. The Pediatrics and Gynecology visits were excluded to avoid statistical bias.

**Results:** We obtained a sample of 316 patients. The days that there was no match had around 10 patients more than the days that had. It was observed that on match days there was less visits of men during the match (2 Semifinal against 14 the comparative day).

**Conclusions:** With the analysis we postulate That there are no statistically significant Differences in terms of overall numbers, but In our hospital's zone there is a lot of immigrant population (the ethnic was not Considered as a variable). To Achieve statistical significance , we must expand Both the number of patients as variables to consider.

Conflict of interest

no

## Contribution ID: 789

### Presentation form

Poster

### Testicular self-examination and testicular pathology

#### Authors

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**Introduction:** A 30 years old male, without toxic habits or medical history. Arrives referring us that two weeks before he felt something hard his right testicle. After that he decided to begin self-examination and consulted when it not decrease.

**Materials and Methods:** Both ducts deferens were palpable, scrotal liquid level was not observed and in the upper pole of the right testicle had a palpable irregular stony mass. Given these findings on examination we decided to refer the patient to urology service with a blood test for tumor markers (alpha-fetoprotein (AFP), human chorionic gonadotropin (beta-HCG) and lactate dehydrogenase (LDH)). In urology tumor markers were negative, but given the strong suspicion of malignity, a urgent testicular ultrasound was done and showed that the lesion corresponds to a calcified hydatid.

**Results:** Calcified hydatid right testicle.

**Conclusions:** Testicular cancer is the most common cancer in men between 15 to 35 years old. There are two main types of testicular cancer: seminomas and non-seminomas (most common and fastest growing). In most cases they are asymptomatic, causing great risks to the patient's life, it can cause rapid spread mainly abdomen, lungs and retroperitoneum. In our case, the patient benign diagnosis meant something totally unexpected by all professionals who value given the nature of the injury, but helped us to remember the importance and the few broadcast on testicular self examination (TSE). Society is raising awareness of the importance of breast self-examination for early diagnosis of breast cancer, but no campaigns on TSE.

Conflict of interest

no

## Contribution ID: 797

### Presentation form

Poster

### Community based intervention for prevention and management of chronic obstructive pulmonary disease (COPD) in rural and remote area of Crete

#### Authors

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**Background:** COPD is often underdiagnosed in rural and remote communities. Limitations concerning patient information, physician awareness and access to health care have been proposed as possible reasons. In order to overcome those issues we designed a study in rural communities involving both local primary care and state authorities, working together for COPD management. Our efforts aim to improve COPD diagnosis and management in one rural and remote community of Crete and to promote patient education concerning smoking cessation.

**Methods:** A targeting presentation about the effects of smoking, delivered together with very brief advice for smoking cessation by local GPs was applied at the beginning. Patients who scored high in self-scored screening questionnaires for COPD were further evaluated with spirometry tests. Evidence based COPD therapy according to GOLD 2018 was offered for all patients.

**Results:** 21 inhabitants (aged 22-84 years) living in rural and isolated villages of Crete were voluntary attended. The people who completed the three questionnaires were all permanent inhabitants, most of them men aged >50 years old. All participants were obese (BMI  $\geq 30$ ). Comorbidity was high, especially for hypertension. The majority were current and heavy smokers. COPD was significantly higher in elderly,  $\geq 65$  years. New COPD patients was found, although they had symptoms they were not aware they had COPD.

**Conclusions:** Hidden morbidity for COPD patients was remarkably high. New COPD patients was found and others whose symptoms were not controlled. Integrated primary care is promoted by such innovative multidisciplinary field work.

Conflict of interest  
no

## Contribution ID: 819

### Presentation form

Poster

### First convulsive episode in a young patient

#### Authors

Romero Portero Victoria, Herrada Diaz Elena Isabel, Sánchez Infante Marina  
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**Introduction/AIM:** Cavernous angiomas are vascular malformations that can increase producing headaches, epileptic seizures or hemorrhages. The treatment is surgical if patients are symptomatic. Patients with epilepsy secondary to a cavernous angiomas are good candidates for surgery to control the crisis. **Materials/Methods:** A 22-year-old woman with no background, that arrives because of woke up with anxiety associated with disconnection of the environment, drooling and ocular retrovulsion, without answering or collaborating, with rigidity of the upper limbs, in relation to holocranial headache of 1 week of evolution, refractory an oral and intravenous treatment. In the postcritical period it associates paralysis/dysesthesia in the right side of the face.

**Results:** CT scan of the head: focal left intraaxial lesion without mass effect and perilesional edema that could be a cavernoma with no associated acute bleeding (9 of Hemoglobin). Cranial MRI: Subcortical left frontal cavernoma, with phenomena of

subacute hemorrhage and edema. It is operated by craniotomy and microsurgical extirpation of left frontal lesion, with good evolution, without development of new neurological locality.

**Conclusions:** In the approach of a case of first convulsive episode in a young person, having ruled out causes like hypo or hiperglycaemia or electrolyte imbalances, you have to perform an image test like the CT to rule out space-occupying brain lesions, especially when there are focal characteristics of the convulsions or in the physical exploration. Despite cavernous angioma has an incidence of 5.8% in the etiology of epilepsy, its highest incidence peak is at early ages.

Conflict of interest

no

## Contribution ID: 826

### Presentation form

Poster

### Caring for the person with down's syndrome

#### Authors

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**Introduction/Aim:** Down syndrome (DS) is the most common genetic cause of intellectual and developmental impairment, accounting for 95% of chromosomal disorders. It is associated with an increase in the amount of genetic material, manifesting as an extra chromosome 21 that results in the cognitive and physical changes characteristic of SD. The average life expectancy of persons with DS increased from 12 to 60 years due to the advances in medicine and provision of care. We aim to integrate information on assessment, monitoring and intervention of medical issues in a primary care setting, with the goal of improving the quality of care and average life expectancy of people with DS.

**Materials and Methods:** Review of the standard of care for the person with DS was conducted according to the traditional methods of scientific reviews. A review of the literature of ScienceDirect and Medline databases was performed to include articles published up to December 2018.

**Results:** The most affected organ-systems in the person with DS include the auditory, metabolic, visual, cardiovascular and stomatognathic systems, which require tighter surveillance, and frequent referral for the respective specialist.

**Conclusion:** People with DS have a greater predisposition for health problems affecting different organ-systems. Therefore, close follow-up within a specific timeframe is essential to facilitate adequate and early interventions. However, community involvement, education and familial support are also fundamental pillars

for a healthy development, an improved lifespan, as well as a better quality of life for the person with DS.

Conflict of interest

no

## **Contribution ID: 891**

### **Presentation form**

Poster

### **Food pattern of a preschool children population: a cross-sectional study**

#### **Authors**

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**Background:** A healthy diet is hard to define, but it should prevent malnutrition at same time that protects from disease. Breakfast is the first meal of the day and probably the most important, recommending that it encompasses approximately 20% of total daily caloric intake.

**Aim:** Our aim is to characterize the diet pattern of preschool children, focusing in the breakfast habits.

**Methods:** We conducted a cross-sectional study. A self response questionnaire was applied to families of 75 preschool age children attending a kindergarten in the city of Porto, Portugal, during sep-oct/2018. Variables included a food diary in 3 different days in a defined week, and socioeconomic characterization of the household.

**Results:** Valid questionnaires included information about 55 children (41.8% females), between 2 and 6 years old (mean= 4,0 ±1,0). Most of children make 5 or 6 meals by day, including soup (74.5%), fruit (69.1%) and vegetables (52.7%), but also cookies (65.5%) and refrigerants (38.2%). A total of 90,9% of children take their breakfast daily before arriving school, but only 3,6% of all children have a complete breakfast. Nuclear family type and high socioeconomic level are factors related to better food pattern.

**Conclusion:** We identified several food errors in this population. It's at this age that habits are established for life. Identifying food patterns and promoting healthy eating is crucial for future healthy generations. We are now working with the school to improve the food habits in this population.

Conflict of interest

no

## **Contribution ID: 963**

### **Presentation form**

Poster

### **Tick bites in Menorca. Local culture as health protector factor.**

#### **Authors**

Jorge Zieleniewski Centenero, Alba Castañeda Pérez-Crespo, Natalia Aguilar Lorente, María Rodríguez Romero, Antonio Llor Muelas, Victoria Avellaneda Ros, María Carmona Soriano, Vanessa Martinetti Mieusset  
*Family Medicine, Morales Meseguer Hospital, Murcia, Spain*

**Introduction/Aim:** Tick size and appearance can be helpful clues for determining the risk of disease transmission, but the validity of this information is highly dependent upon the expertise of the person viewing the tick. Patients sometimes confuse tick bites with bites by other types of arthropods.

**Materials and Methods:** We collected the clinical histories from the patients and from her clinical process.

**Results:** A 53-year-old woman came to our primary care center after tick bite on her leg that morning, which she tried to remove with tweezers. She thought she had left part of her head, the reason she consulted. She referred general malaise in the previous days due to a cold, not being related to the bite. A year before she suffered from another tick bite that triggered fever, general malaise and arthralgias, no tests were performed, but had to be treated with antibiotics. Using magnifying lens and tweezers, a small head fragment was extracted and we explained to her the little risk of developing any disease and the alarm symptoms she should be aware of during a month. The patient told us that in the area, ticks bites are very common and she was aware of the low risk once the tick is completely removed.

**Conclusion:** Knowing how to manage this bites is very important. This case show how a region culture can act as a protective factor in some cases avoiding serious complications and unnecessary interventions. This local knowledge are also applicable to physicians.

Conflict of interest  
no

## **Contribution ID: 964**

### **Presentation form**

Poster

### **Trachinus draco bite in Menorca. Local culture as protection factor.**

#### **Authors**

Jorge Zieleniewski Centenero, Alba Castañeda Pérez-Crespo  
*Family Medicine, Morales Meseguer Hospital, Murcia, Spain*

**Introduction/Aim:** Trachinus draco is an elongated and flattened fish. It is a benthic and demersal venomous marine fish, widely distributed along the eastern Atlantic coastline, extending to the Mediterranean, Aegean and Black Seas.

**Materials and Methods:** We collected the clinical histories from the patients and from their clinical process.

**Results:** Case 1) A 57-year-old man, well-controlled HBP, who stepped on a Trachinus draco in Menorca. He went immediately to the health center, reporting intense pain. Physical examination: right foot sole injury with active bleeding. BP: 120/60. No additional tests were performed. We submerged his foot in hot water for 30 minutes. The nurses performed the cures and we delivered him recommendations for home. Case 2) A 28-year-old man who stepped on it on a

beach in Murcia. His friends took him to the emergency department, in a hospital 45 minutes away by car, instead of the nearest one. He reported intense pain that required intravenous morphine (6mg), in addition to analytical and observation for 6 hours more. Physical examination: Tachycardia (120bpm) BP 100/62. Injury on the left foot sole, no active bleeding, no foreign body. EKG: sinus tachycardia.

**Conclusion:** Knowing how to manage this injuries is very important. These cases show how a region culture can act as a protective factor in some cases avoiding serious complications and unnecessary interventions. These local knowledges are also applicable to physicians who provide them with a different experience that allows to act in a faster and more efficient way.

Conflict of interest

no

## Contribution ID: 978

### Presentation form

Poster

### Abnormal eating attitudes and behaviors: the effect of family structure and social appearance anxiety in youth

#### Authors

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**Introduction/Aim:** Today abnormal eating attitudes and behaviours have increased due to perfectionism in physical appearance. The cause and pathogenesis is not identified well. The contribution of social appearance anxiety and family structure are still focused areas in researches. The aim of this study is to determine the association between the abnormal eating attitudes and behaviours and family structure, social appearance anxiety in university students.

**Materials and Methods:** In this cross-sectional study, the Eating Attitude Test (EAT-40), Family Structure Assessment Device (FSAD), Social Appearance Anxiety Scale (SAAS) were applied to the first year university students. Data were analyzed by SPSS 15.0 software with descriptive analysis, mean, median, standard derivation, chi-square, t-test.  $p < 0.05$  was considered statistically significant.

**Results:** A total of 683 students 54.0% were women. The mean age was  $18.43 \pm 0.86$ . Using EAT-40 10.2% students has abnormal eating attitudes and behaviours (AEAB). The AEAB was significantly higher in women (12.9%). AEAB was lower in "good" and "healthy" families. The mean score of FSAD was  $131.85 \pm 17.85$ . The mean score of the SAAS was  $31,22 \pm 12,32$ . A significant association was found between SSIQ and risk of AEAB ( $p = 0.008$ ). Those with AEAB are more likely to have a social appearance anxiety.

**Conclusion:** Considering the family structure had an effect on AEAB, it is important to organize studies to improve inter-family relations. It will also prevent the bad eating behaviors without carrying them to the clinical level.

Conflict of interest

no

## Contribution ID: 979

### Presentation form

Poster

### New mutation causing hereditary breast/ ovarian cancer- talking across borders

#### Authors

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**Introduction:** Approximately 30% of all breast cancers are partly attributed to hereditary factors. The number of individuals meeting criteria for genetic counseling and testing for hereditary cancer syndromes (HCS) are far less than the number of individuals that actually receive it.

**Materials and Methods:** Search in PubMed using MeSH terms: «BRCA 1 protein», «BRCA 2 protein» and «breast neoplasm».

**Results:** A 64 years old male patient, with a family history of paternal breast cancer, was diagnosed with stage II invasive ductal carcinoma in 2013. The patient tested negative for BRCA 1/2 in 2014 (the most frequent genetic mutations in the Portuguese population). Five years later, a sister living in France was diagnosed with breast cancer. The genetic mapping identified a positive BRCA2 with a c.5992\_5993del new variant. After this diagnosis the same study was carried out in Portugal for our patient and the result was also positive for the same genetic mutation. A family study was then performed. From the twelve siblings, four sisters carried the genetic mutation and elective surgery was performed in two of them. At the moment of the procedure one already had tumor invasion.

**Conclusions:** Experts agree that, in the predictive and therapeutic setting, genetic testing should be limited to individuals with a personal or family history suggestive of a BRCA1/2 pathogenic variant. This case demonstrates how fundamental is to perform a critical analysis of our patients and their families. It also stresses the importance of longitudinal studies and how relevant the collaboration between doctors across borders can be.

Conflict of interest

no

## Contribution ID: 1013

### Presentation form

Poster

### BEST POSTER: The non-oncological (autoimmune) thyroid pathology in Ukraine

#### Authors

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**Introduction:** Chernobyl nuclear accident in 1986 lead to contamination big territory of Ukraine by exposure to radioactive iodine. The one of the most contaminated area was Kiev region. Scientists expected the increase of prevalence of thyroid pathology, especially thyroid cancer. The most growth of it was determined in the first 10-15 years (early stochastic effect). But the distant stochastic effect after the Chernobyl accident is suggested of increase of autoimmune thyroid diseases (AITD).

**Aim:** to analyze prevalence and morbidity of non-oncological thyroid pathology for 2007-2017 in Ukraine.

**Materials and methods:** The analysis of annual reports of medical establishments and National Register for 2007-2017 was used. Statistical analysis conducted with Excel 2016, IBM SPSS Statistics 23.0.

**Results:** We found out the reliable increase of prevalence of thyroid pathology in Ukraine for 2007-2017 (thyroiditis-2.5 times ( $p<0.01$ ), hypothyroidism-1.7 times ( $p<0.01$ ), hyperthyroidism-1.5 times ( $p<0.01$ )) and directly in Kiev region (thyroiditis-in 1,9 times ( $p<0,01$ ), hypothyroidism-2,1 times ( $p<0,01$ ), hyperthyroidism-1,7 times ( $p<0,01$ ), predictive model shows the expected increase for next 5 years. The morbidity for AITD increased in country in 1.5 times ( $p<0.01$ ), in Kyiv region – in 2.1 times ( $p<0.01$ ), but its increase in non-contaminated regions suggests that other risk factors also must be taken into account such as genetic factors, iodine deficiency, impact of various microelements, vitamins, associations with viral and systemic autoimmune diseases and their treatment.

**Conclusions:** The recommendations of preventive measures of AITD in primary care has to be revised according to curent situation.

Conflict of interest

no

## **Contribution ID: 1037**

### **Presentation form**

Poster

### **COPD consultation: follow-up, inhalation therapy and patient education**

#### **Authors**

Carina Nunes, Katia Lourenco, Nuno Carvalho, Miguel Toureiro e Paiva, Rita Fonseca Serejo, Filipa Teixeira Nabais, Claudia Penedo

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**Introduction/Aim:**COPD (Chronic Obstructive Pulmonary Disease) is a common, preventable and treatable disease and its social, economic and individual costs are worrisome. Inhalation therapy is essential in COPD treatment but difficulties on its use may compromise the therapeutic efficacy. We developed a specific consultation whose major goals were to educate and to empower patients in their relationship with their disease, to identify cases of non controlled patients, to promote the efficacy of previously instituted therapies and to reduce the exposure to risk factors.

**Methods:** In the specific consultation of COPD, with 30 min of duration, epidemiological data and smoking habits are evaluated; as the symptomatology, with CAT questionnaire - GOLD stage; the inhalation technique; the vaccination status; the evaluation of FEV1, through a mobile device adapted for smartphone - AirSmart Spirometer (R) and AirSmart (R) application - and validated for follow-up of users with diagnosis of COPD.

**Results:** From a total of 269 clinical files coded R95 (ICPC-2), we excluded 101 patients that lacked clinical history and respiratory function tests suggestive of COPD. 71 patients were invited for a COPD appointment, having been consulted 38 until the end of 2018, a proportion of 54% of adherence.

**Conclusion:** These are provisional results from an ongoing project. They will be analyzed after 12 months of appointments. We consider that the high number of excluded patients is due to the fact that imagiological alterations are part of an inclusion criteria in R95 code. Further dissemination of this consultation should be promoted for better adherence.

Conflict of interest  
no

## Contribution ID: 1044

### Presentation form

Poster

### Fatty liver screening in outpatient praxis

#### Authors

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Bratislava, Slovakia*

**Background:** Fatty liver (FL) is one of the most common liver diseases in western countries with increasing prevalence. The fatty liver index (FLI) represents a simple clinical laboratory method of fatty liver screening.

**Aim of the project:** To provide fast screening of fatty liver in routine pediatric and GP practice.

**Methods and Patients:** A total number of 146 patients aged from 8-88 years were included. Patients were classified according to their weight, height, BMI, waist circumference, triglycerides (TG) and gamma-glutamyltransferase (GGT). Inclusion criteria were at least two parameters of metabolic syndrome. FLI was calculated. FLI <30 ruled out the FL diagnosis and FLI ≥ 60 confirmed FL. Data were analysed by ANOVA, using IBM SPSS Statistics 24.

**Results:** We divided the patients according to the age into 2 groups: 1. ≤ 18 years (juvenile) and 2. > 19 years (adult). The juvenile group consisted of 44 patients (26 boys; 18 girls), with the mean age of 13.2 years, an average weight of 80.86 kg, and BMI of 29.75. The FLI index greater than ≥ 60 was found in 43.2% of the examined patients (N = 19), FL was ruled out in 15.9% (N = 7) of juvenile patients. FLI indicative of FL reached 73.5% (N = 75), and steatosis was ruled out in 8.8% (N = 9) of patients.

**Conclusion:** FLI is a fast method for FL screening in primary prevention at the population level and is useful in paediatric and adolescent practice.

Conflict of interest  
no

## Contribution ID: 1072

### Presentation form

Poster

### The control of noncommunicable diseases' risk factors in primary care in Ukraine

#### Authors

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**Introduction:** Noncommunicable diseases (NCDs) cause 71% of all deaths globally. Each year, 15 million people die from a NCD between the ages of 30 and 69 years; over 85% of these deaths occur in low- and middle-income countries. Cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.0 million), respiratory diseases (3.9million), and diabetes (1.6 million). The risk factors of these diseases are almost common.

**Aim:** is to determine the control of NCD risk factors in primary care in Ukraine.

**Materials and methods:** the survey of cohort of work-age patients, analyzis of medical data and reports of primary care establishments. Statistical analysis was conducted with Excel 2007, SPSS, Statistica 6.0.

**Results:** The result showed that 67 % have obesity, 56% tobacco use, 83 % blood pressure, 18% alcohol use, 92% suffer from stress, 89% indicate low socio-economical level, 66% - low activity. According to medical data the average blood glucose level, indexes of lipidogram didn't gain the target levels despite the motivated consultation and prescribed preventive measures and treatment. The estimated risk of NCD was high in 44.51% patient, very high in 36.01%, and can be caused by insufficient compliance of patients.

**Conclusion:** The clinical control of noncommunicable diseases' risk factors in patients remains insufficient and requires optimization

Conflict of interest  
no

## Contribution ID: 1110

### Presentation form

Poster

### Successful screening

#### Authors

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**Introduction/Background:** Screening for colorectal cancer (CRC) is advocated in Portugal, with a significant impact on associated morbidity and mortality. This screening consists of performing a primary test for fecal occult blood test (FOBT) in the asymptomatic population between 50 and 74-years-old, with no other risk factors. Patients with positive FOBT are offered colonoscopy. This program decreases mortality from colorectal cancer.

**Objectives/Methods:** We present the case of a woman who fulfilled the CRC screening program, with negative FOBT over the years. Due to family history with increased risk of neoplasia, she underwent colonoscopy, which was fundamental for the diagnosis of CRC.

**Results:** This is the case of a 66-year-old woman with chronic constipation, without other health problems, who in a surveillance visit said that the 65-year-old sister had recently excised several colon adenomas and her brother with 61-year-old had been diagnosed with CRC, both in the context of screening. Thus, despite last negative FOBT, it was decided to perform colonoscopy that revealed the presence of ulcerated neoplasia, with 35mm, which proved to be low-grade adenocarcinoma. T1N0 stage dictated she had to be submitted to a left hemicolectomy, presenting herself today in a 2 years clinical remission.

**Conclusions:** This case demonstrates the impact that CRC screening can have on the life of the patient and his/her family, allowing for an early diagnosis and a timely treatment. Thus, the family physician should informally recommend the patients to follow the cancer screening program, reducing morbidity and mortality.

Conflict of interest

no

## Contribution ID: 1122

### Presentation form

Poster

### 'Buddy': a clinical management platform

#### Authors

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**Introduction:** Regarding primary care and goal based health units, there are specific performance and health indicators which comprise the verification of objective clinical parameters. This work reports the creation of a platform, 'Buddy', where every professional (medic or nurse) can access dynamic tables containing objective data of patients, summarizing in real time the status of each health

parameter in their files, highlighting anomalous clinical parameters and also missing data required for a proper treatment and follow-up of the patients.

**Methods:** Demographic data and diagnostics were thoroughly collected from the MIM@UF® platform and a draft of the project was created using Google Sheets®. Eleven different tabs were created, each representing a category of clinical data. Following the most recent guidelines, formulas for data analysis were developed, which alongside a traceable and accurate timeline will allow for a more efficient treatment and follow-up of all the patients.

**Results:** The prototype of this platform was implemented in January 2019. Due to the ongoing pilot-phase, tangible results are not yet available regarding the improvement of the unit and of the patient care. The efficacy of this platform will be fully assessed at the end of the current phase.

**Discussion:** With Buddy we aim to create a tool which allows for a more efficient management of all the clinical parameters of the patients in a healthcare unit, harmonising medical care and improving health indicators particularly focusing the more vulnerable patients. Additionally, this platform intends to act as a user-friendly support tool during consultations.

Conflict of interest

no

## Contribution ID: 1149

### Presentation form

Poster

### Determining The Barriers and Facilitators to Use CPGs among Family Healthcare Staff in Primary Care

#### Authors

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<sup>3)</sup>Public Health, Yıldırım Beyazıt University, Ankara, Turkey

**Introduction:** Clinical practice guidelines(CPGs) are valuable tools to improve quality of care, patient outcomes and cost-effectiveness with the best evidence. To ensure a standard quality in health care services, the implementation and use of clinical practice guidelines should be improved, but this is a complex process. These factors need to be determined in order to increase the use and implementation of CPGs in Turkey.

**Aim:** The aim of the study is to identify the barriers and facilitators to the implementation of CPGs among family healthcare staff in primary care.

**Method:** We conducted an online survey of family healthcare staff to assess resource, system, and attitudinal barriers and facilitators. We also asked a set of questions related with improving the use of clinical practice guidelines in their daily clinical practice.

**Results:** 2762 family healthcare staff approved to participate in the study. 1663 of them stated that they heard the definition of CPGs. Most respondents (48.8%) used treatment guidelines. 28.7% of the participants used guidelines developed by MoH, 0.7% by national societies and 0.4 by international societies. Lack of sufficient

time to have information about existing clinical guidelines(34.3%) and lack of adequate time to use guidelines for each patient due to hard working conditions(32.7%) were the most identified barriers by the family healthcare staff .  
Conflict of interest  
yes

## **Contribution ID: 1167**

### **Presentation form**

Poster

### **Knowledge and attitudes about the Pap-smear screening program among women in Colombo, Sri Lanka.**

#### **Authors**

PASR Pathiratne

*Gynaecology and Obstetrics, Ninewells Mother and Baby Care Hospital, Colombo 5, Sri Lanka*

Cervical cancer is the seventh cancer in overall frequency, but the second most common cancer among women worldwide. An estimated 493,000 new cases and 274,000 deaths occurred from cervical cancer in the year 2002. Most of the cervical cancer cases are diagnosed late.

**Aim:** The aim of this study was to investigate knowledge about and attitudes to gynecologic Pap-smear screening among women in Colombo where a screening program has been in existence.

**Patients and Methods:** A total of 125 married women were included and collected data concerning socio-demographic and fertility characteristics, and knowledge about Pap smear testing was determined through printed questionnaires. Data was analyzed using SPSS Version 16.

**Results:** Of the 125 women, majority (72.8% [91/125]) belonged to age group of 36-40 years. About 4.0% [05/125] had got married before the age of 25. Majority of the women have good knowledge about cervical cancer (70.4% [88/125]) and its screening (63.2% [79/125]). Only 21 out of 125 women had undergone screening. Majority (62.4% [78/125]) of the women were aware of facilities for screening available at the MOH clinics . The reasons for not getting screened were as follows [n (%): Absence of disease symptoms [95 (76%)], not suggested by health professional [3 (2.4%)], lack of time [8 (6.4%)], fear of pain [9 (7.2%)], and embarrassment [11 (8.8)].

**Conclusion:** Majority of women had good knowledge about cervical cancer and screening. Health education could be used to educate the women to undergo screening. There is a need for educating the women about cervical cancer and its screening.

Conflict of interest

no

## **Contribution ID: 1168**

### **Presentation form**

Poster

## Pap smear screening: a retrospective study

### Authors

PASR Pathiratne, Randula Samarasinghe

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**Aim and Objectives:** Cervical cancer is the seventh cancer in overall frequency, but the second most common cancer among women worldwide. The objective was to study the population undergoing pap-smear screening. Cervical cancer is the commonest cancer cause of death among women in developing countries.

**Materials and Methods:** It is retrospective study conducted in Colombo, Sri Lanka in a total of 250 patients who attended to my clinic and have undergone routine pap smear screening over period of one year from June 2016 to June 2017. Cytological examination was done by consultant pathologist and test results were classified according to Bethesda system.

**Results:** According to age distribution, majority were between 31 to 40 years of age (143/250 (57.2%)). The patients who attended had come with various complaints like lower abdominal pain, white discharge, bleeding per vagina and infertility. The majority of patients were having no obvious abnormal pathology in cervix on per speculum examination (177/250 (70.8%)). Rest of the patients had nabothian follicles, erosion, ectropion and hyperemia like cervical changes present. Total 250 patients who have come to clinic for different complaints have been screened. 23 Pap smear reports turned out to be abnormal. Out of 23, 12 (52.17 %) were suggestive of atypical squamous cell of undetermined significance while 3 reports (13.04%) were in category of low grade squamous intra epithelial lesion (LSIL) and none were with high grade squamous intra epithelial lesion.

**Conclusion:** Pap smear is an effective screening test for cervical carcinoma. It is cost effective test with high specificity.

Conflict of interest

no

## Contribution ID: 1185

### Presentation form

Poster

## Internet addiction frequency and related factors in university students

### Authors

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<sup>3)</sup>Institute of Health Sciences, University of Baskent, Ankara, Turkey

**Introduction/Aim:** To determine the use of internet, internet addiction and the factors that contribute to this among university students.

**Materials and Methods:** The study was carried out with 397 randomly selected university students between May 2015 and July 2015 at Ankara Baskent University Campus as a cross-sectional, epidemiological study. Participants were given a questionnaire of 26 questions to determine their demographical characteristics and

their internet usage patterns together with Young Internet Addiction Test. Data were analyzed by SPSS 22.0 (Statistical Package for the Social Sciences®, version 20, Chicago, Illinois) package program.

**Results:** Among 397 students 351 (88.4%) were not internet addicted, 43 (10.8%) were likely-addicted and 3 (0.8%) were addicted. Internet addiction levels were significantly associated with age at internet usage for the first time, marital status of parents, alcohol use, choosing to spend time on the internet in their spare time, time spend on internet in weekdays and weekend, watching TV, friends factor, preferring social media, educational or news portals on internet.

**Conclusion:** The widespread use of the internet and the fact that the age of getting to know the internet is drawing to early ages suggests that the problem of internet dependence will be encountered more frequently in the coming years.

Conflict of interest

no

## **Contribution ID: 1194**

### **Presentation form**

Poster

### **Anti-flu vaccine in type 1 and type 2 diabetics – the reality in a health unit**

#### **Authors**

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**Introduction:** Influenza vaccination is highly recommended for risk groups, of which we highlight DM1/DM2 for which the vaccine is free. annual administration should occur during the entire autumn/winter period, preferably until the end of the calendar year. registration of its administration is carried out in SINUS. trivalent vaccines contemplate the viral strain A (H1N1)(H3N2) and B

**Objectives:** characterize the anti-Influenza vaccination in users with DM of a primary healthcare unit (UCSP) **Methodology:** observational, descriptive, transversal, retrospective study using data collected from the Vitacare® and SINUS ® [1 October 2017 and 25 January 2018] **Population:** Total users belonging to UCSP; **Inclusion criteria:** Users with DM belonging to UCSP; **Sample:** All users who meet the inclusion criteria. **Variables:** Gender, vaccination (influenza). **processing data:** Microsoft Excel 2010.

**Results:** From a total of 1548 users with DM (63.3% sex ♂; 36.69% ♀) it was found that 742 (47.9%) were vaccinated: 471 (63.5%) males and 271 (36.5%) females. 1358 DM2 (48.2% of the total), 886 males (65.2%) and 472 females (34.8%) were analyzed. 654 vaccinated individuals were 227 females (34.7%) and 427 males (65.3%). DM type 1, 190 users were analyzed, 94 (49.5%) M and 96 F (50.5%), 88 were vaccinated (46.3%): 44 Female users (50%) and 44 Male (50%)

**Discussion:** No significant differences were observed in the vaccination DM1 and DM2. percentage of diabetic users of UCSP with anti-influenza vaccination less than 50% was vaccinated against influenza (47.9%). it is important to promote information specially the risk groups, in order to avoid any comorbidities that can easily arise

Conflict of interest

no

## Contribution ID: 13

### Presentation form

Poster

### Impact of reimbursement olmesartan on French hypertensive patients in general medicine

#### Authors

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**Introduction/Aim:** Since January 2017, olmesartan-based treatment are not longer reimbursement by French health insurance. Indeed, entheropathy cases, potentially fatal, were described with this drug. In this context, aim of this work is to study impact of reimbursement of olmesartan in French hypertensive patients in general medicine.

**Materials and Methods:** A descriptive, retrospective study, with data from two primary care centers of Normandie occidentale (Deauville et Domfront, Normandie, France) was performed. To evaluate blood pressure control, different blood pressure measurements performed the year before (period 1) and after (period 2) olmesartan switch were analysed.

**Results:** From June 2015 to July 2017, 107 hypertensive patients treated by olmesartan were included. 47 (44 %) have an antihypertensive monotherapy, 38 (36 %) have an antihypertensive bitherapy, 14 (13 %) have an antihypertensive tritherapy, 5 (5 %) have an antihypertensive quadritherapy et 3 (2 %) have five antihypertensive drugs. It was mainly switched by another sartan (75 %, 80/107) whose valsartan (59%, 47/80). Mean blood pressures during period 1 and period 2 was not statistically different. Moreover, 83 % of patients were controlled initially with olmesartan and 81 % after switch ( $p=0,86$ ). No difference were noted with new antihypertensive drugs choosen.

**Conclusion:** Olmesartan reimbursement don't have any impact on blood pressure control in general medicine antihypertensive patients. Another studies, concerning in particular olmesartan switch long-term follow-up are necessary in general medicine in order to better understanding its influence, in particular on cardiovascular morbidity.

Conflict of interest

no

## Contribution ID: 78

### Presentation form

Poster

### Quality of life in relation to the stage of heart failure

#### Authors

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Heart failure is leading cause of hospitalisation in the population of patients older than 65 years. Men have higher the rate of illness of heart failure, but in the overall prevalence rate it is equal to both sexes. Women were older than men in the time when heart failure was diagnosed (after menopause), and more often have diastolic dysfunction.

**The aim:** Examine quality of life patients with heart failure in relation to the stage of heart failure.

**Materials and methods:** The research is prospective study conducted in the period from 30.03. 2015 to 30.12. 2015. The research involved 200 respondents older than 18 years both sexes in Clinical center Banjaluka. All patients were measured blood pressure, ECG, laboratory, duration of hospitalization. Quality of life was measured by two questionnaires, Chronic heart failure questionnaire- CHQ and Sickness impact profile – SIP.

**Research results:** Men were more common in NYHA 3 stage 51.1%, and women at NYHA 4 stage 59.4%. Patients with NYHA 4 stage had higher blood pressure values of 60.9%, longer hospitalization of more than six years 63.8%, as well as a higher number of hospitalizations. The CHQ questionnaire statistically showed a poorer quality of life for patients at NYHA 4 stage  $p < 0.001$ . Categories in SIP questionnaires showed poor quality of life in NYHA 4 stage.

Conclusion: The outcomes of treatment and quality of life in a patients with NYHA 4 stage are worse than those of NYHA 3 stage.

Keywords: Heart failure, NYHA stage, quality of life

Conflict of interest

no

## Contribution ID: 82

### Presentation form

Poster

### Analysis of the use of oral anticoagulants in a region in Spain

#### Authors

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**Introduction/Aim:** The new oral anticoagulants (NOACs) are being used more and more, consuming more resources.

**Materials and Methods:** We are analysing all the prescriptions for NOACs made in an autonomous region over one year, and comparing this to the previous year.

**Methodology:** A study of all the prescriptions of OACs made over 2017 in Cantabria (population: 581,109), assessing the final repercussion on expense and evolution in comparison with 2016.

**Results:** ACOs made up 4.35% of the total expense at 7,690,332 euros. It therefore came 8th as far as expense on medical treatments are concerned (NOACs, 97%). The order by cost is: rivaroxaban (25.4% and 12.9% of prescriptions) in 14th place, dabigatran (17.8% and 8.9%) in 26th place, and edoxaban (5.4% and 2.8%) is in 119th place. We can compare with acenocumarol, with 2.8% and 46.6% of the prescriptions (191th place). Warfarin is 0.1% and 2.26%. The dosage/1000 inhabitants/month for apixaban is 136.7; for rivaroxaban, 85; for dabigatran, 55.8, for edoxaban, 17.2; for acenocumarol, 198.1, and for warfarin, 8.24. The increase in prescriptions for apixaban compared to 2016 was 6.4%; for rivaroxaban, 0.43; for dabigatran, -0.17; for edoxaban, 2.6; for acenocumarol, -9.3; and for warfarin, -0.1.

**Conclusions:** There has been an increase the use of NOACs, resulting in a 4% increase in the total pharmaceutical expense, and almost 95% within the therapeutic group. Apixaban (3,716,870 euros) and rivaroxaban (1,956,687 euros) are the ones that are used the most, at 2nd and 14th place in the total pharmacy spending. There has been a decrease in the use of acenocumarol.

Conflict of interest

no

## Contribution ID: 99

### Presentation form

Poster

### Heart rate recovery and distant cardiovascular events in patients without myocardial ischemia on stress echocardiographic test

#### Authors

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**Introduction/Aim:** Heart rate recovery is an important prognostic factor for long-term mortality in patients with established cardiovascular disease. The value of recovery in predicting long-term adverse cardiovascular events in patients without previous cardiovascular events is not clearly established.

**Materials and Methods:** A total of 204 consecutive patients without inducible myocardial ischemia during stress echocardiographic test, without previous cardiovascular events were enrolled in study. Heart rate recovery was defined as difference between maximally achieved heart rate during the test and after one minute of recovery. Patients were followed by telephone interview for the occurrence of the major adverse cardiovascular event.

**Results:** Patients with slower recovery were older (B -0,332; 95% CI (-0,529; -0,134); p=0,001), had higher systolic blood pressure (B -0,246; 95% CI (-0,380; -0,111); p<0,001), heart rate before test (B -0,248; 95% CI (-0,409; -0,087); p=0,003), and lower maximally achieved heart rate during the test (B 0,240; 95% CI (0,095; 0,386); p=0,001). Total number was 14 (11,5%) during median follow-up of 109 (IQR 3) months. Five variables were identified as univariable predictors of event: age, hyperlipoproteinemia, therapy with long-acting nitrates, maximally achieved

heart rate during test, and heart rate after one minute of recovery. Independent predictors of cardiovascular event were maximally achieved heart rate during test and hyperlipoproteinemia.

**Conclusion:** In patients without previous cardiovascular events and inducible myocardial ischemia, recovery was not related to long-term cardiovascular prognosis. Better functional capacity represented with higher maximally achieved heart rate during exercise test was related to better long-term prognosis.

Conflict of interest

no

## **Contribution ID: 148**

### **Presentation form**

Poster

### **The use of scales in atrial fibrillation in primary care**

#### **Authors**

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**Introduction:** Anticoagulation treatment in atrial fibrillation (AF) is determined by assessing the risk of an embolic cerebral accident and the risk of bleeding. In order to make a correct assessment, it is necessary to know two fundamental scales: CHADSVASC and HASBLED. We are interested in finding out how much Primary Care doctors know about these.

**Methods:** Surveys were taken of primary care doctors in 8 medical centres in Cantabria (Spain). We looked into the knowledge and their use of the AF guidelines. The surveys were anonymous and voluntary.

**Results:** 59 doctors were surveyed. 89.8% knew about and had used the CHADSVASC scale, but only 35.6% knew the specific meaning of each letter of the scale, and 16.9% knew the total score, although 33.9% didn't know the exact score, they admitted that if they needed to consult each letter of the scale. Knowledge of the HASBLED scale is even lower (74.6%); regular use of it is only 36.3%, and 22% know its score.

**Conclusions:** Although almost all the doctors surveyed knew about the CHADSVASC scale, there is a great lack of knowledge with regards to what it means and its value. Use of the HASBLED scale is very scarce. Implementing protocols such as the AF guidelines and more training in anticoagulation is fundamental if good practice in AF treatment is to be achieved.

Conflict of interest

no

## **Contribution ID: 149**

### **Presentation form**

Poster

## Habits regarding anticoagulation in atrial fibrillation among primary care doctors

### Authors

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**Introduction:** Nonvalvular atrial fibrillation (NVAf) is the most common arrhythmia, and carries a high risk of a stroke. Its existence should lead to the prescription of anticoagulants to reduce this risk. We wanted to find out the criteria and the factors considered by primary care doctors when commencing anticoagulant treatments

**Methods:** Anonymous/voluntary surveys given to doctors at 8 medical centres in Cantabria(Spain), on the criteria used when prescribing anticoagulants for AF.

**Results** 59 doctors answered ,67.8% had begun anticoagulation in NVAf. Only 13.6% would commence with 1 point on the CHADVASc scale, 71.7% with  $\geq 2$  points , 11.9% with  $\geq 3$  points . 52.5% begin treatment with permanent NVAf, whereas 18.6% always referred patients to Cardiology. In NVAf paroxysmal, referrals to Cardiology was 27.1%. 54.2% use DOACs as the 1st option, and 22% use either acenocoumarol or DOACs. For patients taking acenocoumarol who are poor INR control, only 50,8% change to DOACs.

**Conclusions:** Commencing anticoagulation is more frequent with a CHADSVASc of  $\geq 2$  points, despite that the guidelines recommend assessing anticoagulation with 1 point. The majority have commenced anticoagulation at some point, but only half always do this with permanent NVAf, and much less when it is paroxysmal. DOACs are used in almost half of the cases as a 1st option despite recommendations. We should commence anticoagulation at a primary care level more often, in order to reduce the number of referrals to Cardiology. If the INR control is deficient, we should consider moving to DOACs as the 1st option.

Conflict of interest

no

### Contribution ID: 164

#### Presentation form

Poster

### BEST POSTER: Stress-induced cardiomyopathy, the great imitator of acute myocardial infarction

#### Authors

Erick Leon Mendez<sup>1)</sup>, Alice Cristina Sandru<sup>2)</sup>, Ana Maria Iordache<sup>3)</sup>, Corina-Andreea Perianu<sup>4)</sup>, Joan Guillem Martinez Ferrer<sup>3)</sup>, Elena Maria Parra Molina<sup>3)</sup>

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**Introduction/Aim:** Takotsubo cardiomyopathy, known as Takotsubo syndrome, an entity characterized by the transient dysfunction, from hours to weeks, of the left ventricle, which presents a unique, abnormal movement pattern that can not be explained by diseases such as coronary ischemia, valvular aortic injury, or myocarditis, among others.

**Materials and Methods:** We present the case of a 77-year-old female patient with history of hypertension, dyslipidemia, who went to the emergency room for atypical chest pain, dyspnea with dry cough and orthopnea. Physical examination: crackles bibasales in less than half of the lung fields, rhythmic heartbeats, 3 heart sounds, ventricular galop tone. Complementary tests: elevated cardiac enzymes, Troponins 2257 pg / mL. ECG: sinus rhythm, HR at 85 / min, inferior Q wave, rise of ST-T with 0.5 mm in V3-V6, DI-aVL, negative T wave in V3-V6. Echocardiography: apical dyskinesia, severe left ventricular systolic dysfunction, FEVI 35% (Tako Tsubo cardiomyopathy can not be ruled out).

**Results:** It is oriented as subacute STEMI Killip II. Is treated with heart failure treatment, 2 months, with a significant clinical improvement. Control ECG is performed with negative T in V1-V3, control echocardiography: no segmental alterations of parietal motility, preserved systolic function and recovery of the FEVI. It is oriented as cardiomyopathy of stress with favorable clinical and echocardiographic evolution.

**Conclusion:** The Tako-Tsubo syndrome is a disease with low incidence, in half of the cases appearing after a psychologically stressful situation, capable of resembling an acute myocardial infarction, but whose clinical and echocardiographic evolution with heart failure treatment is favorable with few long-distance complications.

Conflict of interest  
no

## Contribution ID: 175

### Presentation form

Poster

### Cardiac arrhythmia linked to antifungal therapy – a case report

#### Authors

Adriana Sarmiento, Ana Filipa Sousa  
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**Introduction:** Fluconazole is a first-generation triazole used for a number of fungal infections. Its oral administration is usually well tolerated, however, as in any drug, there are adverse effects (AE) associated with its use. A rare AE, with a prevalence of 0.01% to 0.1%, attributed to fluconazole is irregular heart rhythm. Therefore, exclusion of cardiac pathology is recommended.

**Materials/Methods:** Patient's clinical files consultation

**Results:** A 67-year-old man, with a personal history of hypertension and dyslipidemia, appealed to his general practitioner's consultation due to detachment of the left hallux nail with local edema. At the observation with onychomycosis of the left hallux, with partial detachment of the nail, inflammatory signs and drainage of purulent content. Antibiotic therapy was prescribed, nail removal was scheduled, and

oral antifungal therapy with fluconazole was posteriorly initiated. Three weeks later the patient returned complaining of palpitations which he attributed to the beginning of the therapy. The cardiac auscultation and remaining physical examination had no significant changes. An electrocardiogram was requested, showing sinus rhythm with frequent ventricular extrasystoles. Oral antifungal therapy was replaced by topical. Initially, there was a need for beta-blocker therapy for symptomatic control, followed by complete regression of the symptoms. The Holter was repeated revealing occasional ventricular extrasystoles with no clinical significance.

**Conclusion:** No drug is innocuous and the risk/benefit of the therapeutic institution should always be considered. In this context it is fundamental to promote pharmacovigilance actions, identifying and reporting AEs in order to prevent morbidity and mortality associated with its use.

Conflict of interest

no

## Contribution ID: 240

### Presentation form

Poster

### Do we control our hypertensive patients with high cardiovascular risk?

#### Authors

Pedro Gonzales Flores<sup>1,2)</sup>, Silvia Sanchez Casco<sup>2)</sup>, Oscar Salazar Trigos<sup>1)</sup>

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**Objective:** To determine the control of High Blood Pressure with High Cardiovascular Risk according to the dependence of the patient.

**Methodology:** Cross-sectional descriptive Study. Cap Fontetes ( Barcelona) from June to December 2018.

A review of all the electronical clinical report.

Demographic Variables: Age, BMI ( body mass index ), Barthel index. Clinical : Evolution of HBP, control of HBP, chronic renal Failure, stroke , ischaemic heart disease, peripheral artery disease , dyslipidemia, drugs for HBP.

**Results:** Population of 1467 patients . Prevalence HBP 46,89%. Prevalence of HBP with HCR was 11,79%. Average age 76,13 +/-8,98. 39 normal weight (22,54%), 51 overweight (29,48%) and 83 obesity ( 47,98%).

Chronic renal failure 27,75%, stroke 4,62% , ischemic heart disease 10,98%, dyslipidaemia 60,12%, peripheral arterial disease 9,25%.

Barther index: Non-dependence 67 (38,73%), mild-dependence in 31(17,92%). Moderate-dependence 59 (34,1%), severe-dependence in 16(9,25%).

Degree of control 72,25%.

**Treatments:** ACE Inhibitors 15.03%, ACEinhibitors+Diuretics 14,45%, ARA2+Diuretics, 10,40%, ARA2+Calcium channel blockers+Diuretics 8.67%, ARA2 8.09%, beta-Blockers 6,36%, Calcium channel blockers 5,20%, Diuretics 4,62% and others Bivariate analysis according to European guidelines : with Barthel moderate (76,3% p<0.01), mild (74,2% p<0.01), and those non-dependence

control ( 70.2%  $p < 0.05$ ) respectively. With Barthel (severe-dependence) worse control ( $p = NS$ )

More effective drugs : ARA2+Calcium channel blockers+Diuretics 93.3%, Diuretics 87,5%, ACE inhibitorrs+Diuretics 80%, ARA2 64% and ACE inhibitors 61,54%.

**Conclusions:** Good control 72.25% in general population of study

Index Barthel mild, moderate, and non-dependent have better control of HBP .

More efective drug: ARAII+Calcium channel blockers+Diuretics

Conflict of interest

no

## Contribution ID: 241

### Presentation form

Poster

### Atrial fibrillation incidence in diabetic and hypertensive patients

#### Authors

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**Introduction:** There is an increase in the world incidence of atrial fibrillation (AF), associated to people aging. Hypertension and diabetes are two of the most important risk factors. The main objective is evaluating the AF incidence in diabetics and hypertensive patients  $\geq 65$  years and making a prognostic model of AF risk.

**Material and methods:** Multicentre, observational, longitudinal and prospective cohort study of diabetics and hypertensive patients without AF, 65-75 year-old, registered in Primary Care since 01/01/2013-31/12/2017. Main variable: incidence of AF. Sociodemographic, clinical and active medication variables were included. Frequency and percentage were calculated for the categorical variables, average and standard deviation for the continuous; incidence density, Cox multivariate regression to identify outcome independent factors for new AF and Kaplan-Meier curve.

**Results:** Were included 8237 cases, 49% women, average age  $78.01 \pm 11.9$ . Women had higher age, CHA<sub>2</sub>DS<sub>2</sub>VASc and mortality; but lower incidence of AF. 428 new AF cases were diagnosed. Incidence 10.8/1000/year (95% CI 9.80-11.88), higher in men ( $p = 0.002$ ). The outcome factors were: age (HR=1.07 CI95% 1.05-1.09,  $p < 0.001$ ), weight (HR=1.03 CI95% 1.02-1.04,  $p < 0.001$ ), heart rate (HR=0.98 CI95% 0.97-0.99,  $p < 0.001$ ), CHA<sub>2</sub>DS<sub>2</sub>VASc (HR=1.55 CI95% 1.14-2.10,  $p = 0.005$ ) and female sex (HR=0.56 CI95% 0.39-0.84,  $p = 0.005$ ). The total mortality was 55.5/1000/year (95% CI 53.22-57.88), without differences for AF presence.

**Conclusion:** CHA<sub>2</sub>DS<sub>2</sub>VASc is the main risk factor of new AF and is higher in women, but the AF incidence is higher in men. The presence of modifiable factors related to the incidence of AF by sex should be investigated.

Conflict of interest

no

## Contribution ID: 244

## Presentation form

Poster

### Improving the diagnostic strategies of unknown atrial fibrillation (AFOSS project)

#### Authors

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**Introduction:** The prevalence of atrial fibrillation(AF) and its complications increase with demographic aging; it is a priority to develop aimed studies to improve diagnosis and treatment. We evaluate the effectiveness of opportunistic AF screening, identify different characteristics associated with a lower probability of screening, differences in anticoagulant treatment and the incidence of stroke.

**Material and methods:** Observational, longitudinal, prospective and multicenter study of 51410 people  $\geq 60$  years. The variables that are studied: sociodemographic, clinical, active prescriptions (number of drugs, anticoagulants ...), number of visits, disabilities for the basic activities of daily life (Barthel and Rankin scale).The basic measures of centralization and dispersion (maximum, minimum and range values), and the distribution of frequencies with their respective 95% confidence intervals (CI) stratified by age and sex.

**Results:** With our study, we evaluate the effectiveness of opportunistic atrial fibrillation screening vs usual clinical practice in the primary care setting. In turn, subgroups of the population with a greater probability of not performing opportunistic screening are identified, and thus, in the future, we can focus our screening.

**Conclusion:** The performance of opportunistic screening is associated with an increase in the registered prevalence of AF. There are differences between the population with opportunistic screening vs without. The results of opportunistic screening are more related to variables of use and access to health services. Despite objectifying differences in the type of anticoagulant treatment, we cannot yet relate it to the incidence of stroke.

Conflict of interest

no

## Contribution ID: 249

### Presentation form

Poster

### Do we control adequately for our diabetic patients with high blood pressure?

#### Authors

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**Objective:** Determine the control of the diabetic with HBP and its relationship with several variables : demographic, epidemiological and clinical.

**Methodology:** Cross-sectional descriptive study. CAP FotentEs ( Barcelona), between June-December 2018.

Review of electronic clinical report.

Demographic Variables : sex, age, BMI ( body mass index ), smoking , Barthel index. Clinical : HBP , Time of evolution of DM, control DM, chronic renal Failure, stroke ,dyslipidemia, ischaemic heart disease, peripheral arterial disease, Treatment.

## RESULTS

1467 patients. Prevalence DM 13,63%. Those with DM and HBP 11,79%: 100 women (57.8 per cent), 73 males (42.2%). Average age 76,13 /- 8.98 years.

Prevalence of Smoking 7.5%

Barthel: total Independence 67(38,73%), mild 31 /17,92%), moderate 59(34,1%). Severe-dependence 16 (9,25%.)

Prevalence of HBP 46,89%,DM 13,63%

Control of patients with DM+HTA 61,85%

Chronic renal failure 27,75%, stroke 4,62%, dyslipidaemia 60,12% ischemic heart disease, 10.98%, peripheral arterial disease 9,25%.

**Treatments:** Metformin 31,21 %, diet 12,14%, Insulin 6,94%, Metformin+Insulin 4,62%, Glinides 4,62%, sulfonylureas 2.31% ,combinations of 2 or more drugs 38,93%.

Barthel index mild and moderate control was 66.6% and 73.3 per cent respectively,  $p < 0.05$ . Patients with Severe-dependence and patients with non-dependence barthel index shows worse control (  $p=NS$ ) of DM

Normal weight, overweight and obesity grade I suitable control 74.4%,60.7% and 63.4 per cent respectively,  $p<0.05$ , obesity grade II and III results are not significant ( $p=NS$ ).

More effective drugs : Metformin, 87.5%, glinides 62,5%, Metformin +Insulin 55,6%, insulin 50%.

## Conclusions:

Global Control DM 61,85%.

With Barthel mild and moderate better control

More efficient drug metformin 81.4% good control.

Conflict of interest

no

## Contribution ID: 251

### Presentation form

Poster

### Direct-acting oral anticoagulants in primary care. Do we know them?

#### Authors

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**Objetives:** Direct oral anticoagulants (DOACs) are drugs used in non-valvular atrial fibrillation in the prevention of embolic stroke and its indication as first treatment option is recommended by guidelines. We studied the degree of knowledge that primary care doctors have of these drugs.

**Methods:** Transversal study carried out in 8 primary care centres in Cantabria (Spain) using self-administered surveys anonymous and voluntary. The variables analysed included knowledge of DOACs and its mechanism of action.

**Results:** 59 doctors responded, 89.8% reported knowing the guidelines of AF and having initiated anticoagulation 78%. They had managed DOACs 81.8%. When patients are poor control of INR with acenocoumarol, change to DOACs 50.8% of cases, among these 10.2% think that it is not necessary to look at the INR before starting DOACs. The factors considered to use DOACs or acenocoumarol were whether or not AF was valvular 55.9% of cases, 17% if it was permanent, and 10.2% if AF had a rapid heart rate, 28.8% had no clear criteria. 94.9% referred to knowing some DOACs, although only 10.2% knew the name of four drugs used. The mechanism of action of DOACs was unknown for 71.2%.

**Conclusions:** Although most physicians admit to having used DOACs, many do not know the factors that influence their onset prescription or how to make the change from acenocoumarol. Most know some DOACs but do not know how they act. It is necessary to increase the training of doctors to adjust the indication of DOACs and to avoid problems due to ignorance of their mechanism of action.

Conflict of interest

no

## Contribution ID: 271

### Presentation form

Poster

### Primary aldosteronism in late childhood and adolescence: experience in a (mostly adult) outpatient hypertension clinic

#### Authors

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**Aim:** Patients <20 years diagnosed and treated for Primary Aldosteronism (PA)

**Methods:** Review of the clinical records.

**Results:** 16 patients <20 years (15.2±3.1) referred to our Hypertension Clinic (1994-2018) were diagnosed of PA, 27 of essential hypertension, 6 of miscellaneous

causes. 13 had hypertension confirmed by ABPM: untreated awake blood pressure and heart rate: 164+23/96+18mmHg, 79+13bpm, sleeping 158+22/89+18, 75+14; eGFR(CKD/EPI) 98+27ml/min/1.73 m<sup>2</sup>; kalemia 3.2+0.7mEq/L, plasma aldosterone 58.7+36.2 ng/dL, PRA 0.52+0.37 ng/mL/h; 9 had hypokalemia, 3 renal disease and 2 cerebrovascular disease. 11 underwent captopril test, 3 saline infusion test, 15 abdominal CT, with unilateral adenoma in 6 and bilateral in 1. AVS was performed in this patient; aldosterone was symmetrical and surgery was not considered. All 6 patients with unilateral adenomas underwent surgery and had PA biochemically resolved, but 2 still needed antihypertensives. 1 patient diagnosed of type I FHA was treated with dexametasone. 9 patients are treated with MCRA, 8 have normal blood pressure, potassium and PRA, but 6 have hyperaldosteronemia. Final diagnoses: 7 functioning adenoma(1 bilateral), 6 idiopathic PA, 2 type II FHA, 1 type I FHA.

**Conclusions:** PA was the main cause of secondary hypertension, and is complicated with organ damage in 1/3 of the patients. Half had hypokalemia. Idiopathic PA and functioning adenomas had similar prevalence. Confirmation test and CT is required in most patients, but rarely AVS. Patients with unilateral adenomas achieve biochemical cure. MCRA control blood pressure, potassium and PRA in most of the rest.

Conflict of interest

no

## Contribution ID: 276

### Presentation form

Poster

### Do they influence the index of corporal mass and the time of evolution in the control of the diabetes mellitus and the high blood pressure?

#### Authors

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<sup>2</sup>Health, Catalan Health Institute, Caerdanyola del Vallès, Spain

**Objective:** To evaluate the correlation between body mass Index and years of evolution of High Blood Pressure (HBP) and Diabetes mellitus (DM) and their control.

**Methodology:** This study was conducted in the CAP (Primary Care Center) Les Fontetes, Cerdanyola del Vallès (barcelona) from June to December 2018.

**Results:** The total of patients with HBP and concomitant DM was of 173 (11,79 % of the total population). 39 patients presented normal weight (22,54 %), 51 overweight (29,48 %) and 83 some type of obesity (47,98 %)

127 patients had a time of evolution of diabetes mellitus <15 years, of which 65,35 % had a good control of DM. Patients with a time of evolution of the DM > 15 years (46), the suitable control was 52,17 % In the patients of HBP it was chosen for a point of court of 10 years. Patients with less than 10 years of evolution HBP were 81, of which 71,60 % had a good control. In the rest of them with HTA > 10 years of evolution (92), 72,82 % had a good control

Normal weight, Overweight and Obesity degree I presented a suitable control of the DM (74,4 %, 60,7 % and 63,4 % respectively, p <0.05). The patients with Normal

weight, Overweight, Obesity degree I and Obesity degree II presented better control of the HTA (79,5 %, 74,5 % and 65,3 %, 66,6 % respectively  $p < 0.05$ )

### **Conclusions:**

1 Body mass index is associated a better control of DM i HBP until obesity degree I

2. The time of evolution >15 years for DM is associated to worst control

Conflict of interest

no

### **Contribution ID: 317**

#### **Presentation form**

Poster

#### **Do well-known risk factors for cardiovascular disease in middle age have predictive value in older adults? A systematic review**

#### **Authors**

Emma van Bussel<sup>1</sup>, Marieke Hoevenaar-Blom<sup>2</sup>, Edo Richard<sup>2,3</sup>, Rosalinde Poortvliet<sup>4</sup>, Jacobijn Gussekloo<sup>4</sup>, Pim van Gool<sup>2</sup>, Eric Moll van Charante<sup>1</sup>

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**Introduction:** With increasing age, associations between traditional risk factors that have been validated in middle aged populations and cardiovascular disease (CVD) attenuate. To date, no comprehensive systematic review has been performed to assess which of the traditional risk factors remain relevant in the prediction of CVD in older people.

**Aim:** Systematically review the literature to assess the predictive ability of traditional risk factors (e.g. systolic blood pressure, high-density lipoprotein cholesterol and smoking) for CVD morbidity and CVD mortality in older people

**Methods:** Systematic literature review in PubMed and EMBASE. Search terms included synonyms for 'older persons', 'cardiovascular disease' and 'prediction' and the search was restricted to English language, humans, and articles published since 1998. Two researchers will screen the selected publications, extract data and critically appraise included publication using predefined criteria.

**Results:** Results will be presented at the conference. We hypothesize that some traditional risk factors are no longer predictors for CVD in older people. We will give an overview of risk factors that are selected and eliminated as predictors for CVD in older people by included studies. Also, additional potential predictors that have been evaluated, alongside the traditional risk factors, will be presented.

**Discussion:** This review will provide an overview of the predictive value of traditional and new risk factors in CVD prediction in older persons. Building on this knowledge will likely improve CVD risk prediction in older adults.

Conflict of interest

no

### **Contribution ID: 325**

## Presentation form

Poster

### Not all that glitters is pyelonephritis

#### Authors

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**Clinic history:** A 42-year-old woman with Vascular Ehlers-Danlos syndrome (EDSv), reported to the emergency department because of persistent pain in right lower back during the previous 24 hours. On physical examination she presented a good general condition, blood pressure of 151/67 mmhg, heart rate of 61 and temperature of 37,1°C. Abdominal examination revealed pain in the right lumbar region and right costovertebral angle tenderness. Blood tests showed a normal kidney function and normal haematological inflammation parameters. Urine analyses and gynecological assessment were normal.

An abdominal computerised tomography scan, without contrast, revealed a right kidney of normal size and morphology, with subtle hypoattenuation in cortical foci, suggesting pyelonephritis.

**Clinical judgment:** Initial diagnosis of acute pyelonephritis was made due to scan results, and oral amoxicillin-clavulanic acid was begun.

**Action plans:** A few days later the patient returned to the emergency department due to persistent pain and was admitted to hospital for further study. A second blood analyses showed worsening of kidney function. Due to medical history an arteriography was made, which confirmed dissection of the right renal artery with distal thrombosis and impossibility of surgical revascularization, so anticoagulants were initiated.

Some days after hospital admission, the patient presented worsening discomfort and hemodynamic instability, followed by cardiac arrest that did not respond to prolonged resuscitation maneuvers.

**Conclusions:** Patients medical history merit special attention, especially with systemic diseases. Unprecedented pain should be considered a vital emergency in EDSv patients due to the possibility of spontaneous arterial ruptures / dissections, being the first cause of mortality (78.5%) in these patients.

Conflict of interest

no

## Contribution ID: 343

### Presentation form

Poster

### Atypical lumbalgia

#### Authors

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**Description of the case:** A 76-year-old man with a history of hypertension, smoking and ischemia of MMII, visited the health center and reported episodes of sudden onset lumbar pain for 3 days. The episodes wake him up at night and radiate to both hips. He also refers to asthenia in these days and worsening of his intermittent claudication (of being able to walk about 400m has happened to give up in less than 100m). He says he usually has episodes of low back pain due to osteoarthritis, but in this case it is not the same

Auscultation: rhythmic and without heart murmurs. Vesicular murmur preserved in lungs.

Abdomen: infrarenal pulsatile mass with murmur. Not painful

Aortic scanner: Aneurysm of the thoracic and abdominal aorta and common iliac, showing in the aortic arch, descending aorta and abdominal images that could correspond to small ulcerations in chronic mural thrombus, as a sign of high risk of rupture. It presents a non-limiting focal dissection of flow at the origin of the left subclavian artery.

**Diagnostic orientation:** Acute aortic syndrome. Aortic dissection.

**Final comment:** In the presence of atypical signs of the condition (pulsatile mass, intensification of claudication, asthenia) the patient was referred to the hospital emergency department for assessment. The aortic aneurysm was evidenced on scanner and required urgent intervention by cardiovascular surgery.

Conflict of interest

no

## **Contribution ID: 377**

### **Presentation form**

Poster

### **Thoracic pain in the context of pericardial hematic effusion**

#### **Authors**

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<sup>2)</sup>*Poniente Hospital, El ejido Almeria, Spain*

**Introduction/Aim:** A 79-year-old woman who consulted for thoracic pain of three days of evolution, of midthoracic features, sharp, irradiated to the neck and back, and accompanied by vegetative symptoms and dyspnea. At that time, she presented a normal ekg.

**Material and Methods:** A few days later, presented in the ekg Q waves on the inferior face and concave elevation of the ST segment. ETT: slight effusion in the pericardium. Rx thorax: mediastinal widening. Serology of troponins:0. Cardiac catheterization: without injuries. Angio-CT: moderate pericardial effusion. PECTAC lung: mediastinal and subscapular lymph node involvement active, in the breast of possible sarcoidosis. Ratio C3 / C4: high. Other tests (immunology and serology)normal.

**Results:**

- Clinical judgment: Sarcoidosis with atypical debut: pleuropericardial hemorrhagic polyserositis.
- Differential diagnosis: Idiopathic-viral acute pleuropericarditis with hemorrhagic conversion of the fluid due to anticoagulation. NSTEMI-ACS

**Conclusion:** We are facing a debut of atypical sarcoidosis in the form of chest pain with suspected NSTEMI-ACS, but the evolution and complementary tests (cardio-MRN and SPECT-CT) pointed to Sarcoidosis, despite normal ACE, reinforcing the suspicion after the satisfactory response to corticosteroids. Nonproductive cough, chest pain and dyspnea are debut findings of up to 50% of Sarcoidosis. Pericardial involvement occurs in less than 10% of patients, with the majority remaining asymptomatic. In addition, pericarditis in the context of sarcoidosis can be associated with cardiomyopathy, with a worse prognosis. Although the diagnosis of sarcoidosis is one of exclusion, we must take into account some atypical forms of presentation with which it could debut.

Conflict of interest

no

## Contribution ID: 385

### Presentation form

Poster

### The last bicycle race

#### Authors

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**Introduction/background:** 40 years old man without personal or family history of interest who consults in Primary Care for several episodes of loss of consciousness, always after physical exercise (cycling). On the last occasion, it happened while he was riding a bicycle with his son. He does not report sphincter relaxation in any of the episodes. Slow and complete recovery later. He has presented several episodes in the immediate post-effort in the last 2 months.

**Objective/methods:** Physical exam: BP: 120/82. HR: 52 bpm. SatO<sub>2</sub>: 99%. BMT: 101mg/dl. Good general condition, eupneic. Cardiopulmonary auscultation: no alterations. Neurological examination: no alteration of cranial nerves. Lower members: no edema or signs of DVT.

Complementary tests: EKG: sinus bradycardia at 48 bpm, normal axis, T - in V1 and DIII. No alterations in repolarization.

Hemogram, biochemistry and coagulation: without alterations, except hypercholesterolemia not in pharmacological treatment range. He is referred to the cardiology service: Echocardiogram: normal. FAITH preserved. CardioRMN: minimal pericardial effusion. Ergometry: no chest pain. After exertion, severe bradycardia - asystole requiring CPR. Good evolution, complete recovery. Treatment: implantation of definitive pacemaker. Avoid intense physical efforts.

**Results:** Syncope of post-stress repetition.

**Conclusions:** Syncope is a clinical syndrome in which the transient loss of consciousness is caused by an inadequate flow of brain nutrients of relatively short

duration and, by definition, self-limiting. It is often the result of cerebral hypoperfusion due to transient hypotension.

Conflict of interest

no

## **Contribution ID: 402**

### **Presentation form**

Poster

### **Palpitations again?**

#### **Authors**

Carmen Aguilera Montaña, Diego Ámez Rafael, Cintia Montilla Martinez  
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**Introduction:** A 26-year-old patient who came to our clinic due to severe palpitations and dizziness that began when he was at rest. No associated chest pain. As background, we highlight Wolff-Parkinson's syndrome -White currently not followed up by cardiology, since at age 18 there were no episodes that required medical attention. No known drug allergies or chronic treatments currently.

**Materials and Methods:** Patient aware, oriented and collaborative. Oxygen saturation 97%. Temperature: 36°C. Blood pressure 100/50. Heart rate: 140 beats per minute. Nervousness, nausea, skin pallor. Rhythmic cardiac auscultation, without murmurs, tachycardic. Pulmonary auscultation with preserved vesicular murmur. Abdomen soft and depressible. Peristalsis preserved. Do not edema in lower limbs. An electrocardiogram was performed showing a supraventricular tachycardia at 140 beats per minute. Given the patient's history of Wolff-Parkinson-White syndrome, in the presence of sustained supraventricular tachycardia that does not improve with vagal maneuvers, the mobile ICU is notified to those who administer 18 mg of adenosine, reverting to sinus rhythm and improving the patient's symptoms.

**Results:** Supraventricular tachycardia in a patient with Wolff-Parkinson-White.

**Conclusions:** Wolff-Parkinson-White syndrome preexcitation syndrome of the heart ventricles due to an accessory pathway known as Beam Kent. The majority of individuals with this syndrome remain asymptomatic throughout their lives. However, there is a risk of associated sudden death due to the associated tachyarrhythmias that occur. The diagnosis is made with an electrocardiogram where delta waves are characteristic.

Conflict of interest

no

## **Contribution ID: 408**

### **Presentation form**

Poster

### **Atrial Fibrillation in a primary health care center**

#### **Authors**

José Garcia, Teresa Amaral, Cátia Pires, Mariana Silva  
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## **Introduction:**

Atrial fibrillation (AF) is the most frequent sustained cardiac arrhythmia, with a prevalence of 1.5-2%. There is evidence of the benefit of anticoagulant therapy preventing stroke in these patients. As a class, non-vitamin K-dependent oral anti-coagulants (NOAC) have been shown to be as effective as warfarin.

**Objective:** Determine the prevalence of AF in a PHC center, characterizing this population.

## **Methods:**

Type: descriptive, cross-sectional and observational.

Population: patients with diagnosis of AF from a PHC center.

Variables: gender, age, AF type, diagnosis of Heart Failure, Hypertension, DM, thromboembolic events and vascular disease, thrombotic risk (CHA<sub>2</sub>DS<sub>2</sub>VAS<sub>C</sub> score) and major bleeding risk (HAS-BLED score), antithrombotic and anticoagulant therapy and INR in patients taking warfarin.

Source and treatment of data: SClínico<sup>®</sup> and Excel2010<sup>®</sup>.

Limitations: patients with nonspecific cardiac arrhythmias and lack of records of prosthetic or valve repairs.

**Results:** Of the 1,188 listed patients, 92 had AF (0.8%). There was a slight predominance of female patients (51.1%) and the mean age was 73 years. Of these patients, 76.1% were on anticoagulant therapy with NOAC and only 4.3% on warfarin, the remainder being on antiplatelet therapy or without any antithrombotic drugs. 76 patients had Hypertension, 64 kidney or renal failure and 32 had DM.

**Discussion:** The prevalence of AF in this population was lower than in general population, which may reflect the negative impact of the high number of the nonspecific cardiac arrhythmias diagnosed. The vast majority of patients on anticoagulant therapy were medicated with one of the NOACs.

Conflict of interest

no

## **Contribution ID: 423**

### **Presentation form**

Poster

### **Myocardial infarction – patient knowledge degree evaluation**

#### **Authors**

Catarina Dias Rosa<sup>1)</sup>, Mariana Bastos<sup>1)</sup>, Ana Margarida Adão<sup>2)</sup>, Elisa Martins<sup>1)</sup>, Raquel Plácido<sup>1)</sup>

<sup>1)</sup>USF Beira Ria, Aveiro, Portugal

<sup>2)</sup>USF Flor de Sal, Aveiro, Portugal

**Introduction/Background:** Cardiovascular disease (CVD) is the main cause of death worldwide. Approximately 17.3 million people died from CVD in 2013, representing 33% of the overall number of deaths and 45% of those due to non-communicable diseases. In Portugal, CVD is the main cause of mortality, with Myocardial Infarction (MI) and CHD accounting for 6.1% and 6.0%, respectively, of total disability-adjusted life years in 2015. Behaviors that increase the risk of CVD are modulated by individuals' health-related knowledge and risk perception. It's

essential to develop strategies aimed at the empowerment of the population for self-care and better use of available health resources.

**Objective/Methods:** The investigators gave a questionnaire to hypertension and diabetes patients during may 2018 ("heart's month") were given a questionair. This questionair contains sociodemografic variables, clinical data as well as knowledge about causes, symptoms and how to act in case of MI suspicion. The goal of this work is evaluation of patient knowledge about MI.

**Results:** 33 questionnaires were collected. The majority were women (60.8%), mean age 64.2 years, mostly with only basic education (39.1%). About 78% of patients had hypertension and 30% had diabetes. Regarding the symptoms of IM, patients recognized chest pain (70%), palpitations (22%), back, mandibular or arm pain (35%), dyspnea/ anxiety (48%). Some patients confused with stroke symptoms (17%). Only 9% went to the ER and 87% called 112.

**Conclusions:** It is detrimental to educate the population for the symptoms and proceeding measures in case of MI suspicion.

Conflict of interest

no

## Contribution ID: 434

### Presentation form

Poster

### Thiazide-type and thiazide-like diuretics - which should be preferred?

#### Authors

Pedro Vieira, Paulo Barros

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**Introduction/Aim:** Thiazide diuretics are widely used for the management of hypertension, having more than 50 years of use. There are two types: thiazide-type, like hydrochlorothiazide, and thiazide-like, like chlortalidone and indapamide. In recent years, it has been actively debated which type of thiazide has the best risk-benefit ratio and thus should be preferred. The aim of this review is to summarize the existing evidence comparing thiazide-type and thiazide-like diuretics, to conclude which is better for the patient.

**Materials and Methods:** A narrative review was made. We searched Pubmed/Medline for review articles, guidelines and meta-analysis published in the last 5 years in English with the terms "thiazide" and "thiazide like". We obtained 43 results of which we selected 6 articles. The articles were selected by pertinence and relevance to the topic and after analysis of the abstracts.

**Results:** Actual evidence suggests that thiazide-like diuretics are more effective in reducing blood pressure and the risk of cardiovascular events than thiazide-type diuretics. One meta-analysis showed that thiazide-like, when compared with thiazide-type, resulted in an additional 12% risk reduction for cardiovascular events and additional 21% risk reduction for heart failure. Also, besides thiazide-like greater benefit, their safety profile was equivalent to hydrochlorothiazide, with no statistically significant difference in the incidence of hypokalemia, hyponatremia, changes in blood glucose and serum total cholesterol.

**Conclusion:** Thiazide-like diuretics seems to be superior to thiazide-type diuretics reducing blood pressure and cardiovascular events, with no statistically significant difference in the incidence of adverse effects.

Conflict of interest

no

## Contribution ID: 444

### Presentation form

Poster

### What can we learn from acute coronary syndrome in diabetic population?

#### Authors

Angela Maria Arevalo Pardal, Raul Lopez Izquierdo, Luis Angel Cuellar Olmedo, Susana Sanchez Ramón, Marta Moya De la Calle, Rosa Castellanos Florez, Irene Cebrian Ruiz, Isabel Gonzalez Manzano, Jesus Alvarez Manzanares, Mario Hernandez Gajate  
*SACYL, Valladolid, Spain*

**Objectives:** Analyze the characteristics of diabetic patients with acute coronary syndrome (ACS) in a hospital emergency service.

**Materials And Methods:** Retrospective observational study. Sample: diabetic patients diagnosed with coronary syndrome acute (ACS) during 2018 in a Emergency Service. Variables: Age, gender, cardiovascular risk factors (CRF), time of evolution of diabetes, glycosylated hemoglobin levels. Analytical parameters. Type of ACS: Stable angina (SA), ST elevation myocardial infraction (STEMI), Non-ST elevation myocardial infraction (NSTEMI), electrocardiographic changes, performing catheterization / angioplasty, definitive treatment, need to stay in intensive unit, complications and mortality.

**Results:** Total cases: 305, of which were diabetic: 73(23.9%). Mean age: 72.06(45-92); Male: 70.5%. Type-II diabetes 95%, >10 years of evolution: 97.3%. CRF: Hypertension 58(85.29%), Dyslipidemia 46(67.6%), previous cardiovascular disease 30(44.11%); Oral antidiabetics 89.7%, Insulin 20.5%. Glycosylated hemoglobin >7%: 36(52.94%). Event type: AE: 7(9.6%), STEMI: 912.3%), NSTEMI 57(78.1%). Global exitus: 1(1.3%), primary angioplasty (66.17%), fibrinolysis 11 (16.16%) length of stay 7.16 days (3-20). Statistically significant differences were found in: Age: SA: 75.6(62-84)/STEMI: 70(45-80)/NSTEMI: 71.87(47-90),(p = 0.04); dyslipidemia SA: 71.4%/STEMI 55.56%/NSTEMI: 75.8%(p = 0.02), glycosylated hemoglobin >7%: SA: 28.5%/STEMI: 55.55%/NSTEMI: 51.61%(p = 0.05), Creatinine clearance<50 mg / dL (CKD-EPI): SA: 14.28%/STEMI: 44.4%/NSTEMI: 11.29%(p = 0.03), High first troponin I Determination: SA: 62.5%/SCACEST: 55.55%/SCASEST 20.96(p = 0.00), and stay at intensive care unit EA: 14.28%/SCACEST: 88.88%/SCASEST 40.32%(p = 0.002).

**Conclusion:** Diabetes mellitus is an important risk factor for the development of cardiovascular events, especially in the elderly population. They are high-risk patients who need close monitoring in intensive units.

Conflict of interest

no

## Contribution ID: 482

### Presentation form

Poster

### Diagnostic performance of the electronic device: Kardia AliveCor in the atrial fibrillation diagnosis

#### Authors

Julia Alonso Calleja<sup>1)</sup>, Paula Sanchez-Seco Toledano<sup>1)</sup>, Beatriz Yuste Martinez<sup>1)</sup>, Ana Garcia Garcia<sup>1)</sup>, Raul Piedra Castro<sup>1)</sup>, Laura Lopez Benito<sup>2)</sup>, Mihai Podaru<sup>3)</sup>

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**Introduction/aim:** Objective: To determine the diagnostic reliability of the electronic device: Kardia AliveCor in the diagnosis of atrial fibrillation (AF) in primary care.

**Materials and methods:** The portable electrocardiograph linked to a smartphone: Kardia AliveCor is able to register with great precision the DI-lead of the conventional electrocardiogram and it has an automated atrial fibrillation detection algorithm. Kardia is FDA cleared and CE marked. Design: cross-sectional study. Location: Primary care. Study population: Patients over 40 years of both genders. N= 90 (30 cases y 60 controls). We have considered the cases like patients over 40 years with confirmed diagnosis of permanent atrial fibrillation or flutter, and controls like patients over 40 years without this diagnosis. Informed consent has been required. Procedures. Electrocardiogram 12-lead electrocardiogram and record of the electrocardiogram D1-lead with Kardia AliveCor connected with smartphone (Motorola G5 Android 7.0) through the app Kardia. Possible results electrocardiogram: AF or flutter or no AF or flutter. Possible results Kardia: Normal, probably fibrillation, rhythm not analyzable o failure.

**Results:** Gender 56,52% men, average age 73,57 años, mean arterial pressure 126/72 mmHg, body mass index 30,24. No statistically significant differences between case and controls. The 93,33% of the patients were correctly assigned with Kardia AliveCor device. The test have: Sensitivity 86,66%; Specificity 96,66%; Positive predictive value 92,85%; Negative predictive value 93,54%; Positive likelihood ratio 25,94.

**Conclusion:** Electronic devices like Kardia AliveCor could be used to diagnose diseases like atrial fibrillation in Primary Care in a few seconds.

Conflict of interest

no

## Contribution ID: 483

### Presentation form

Poster

## **A proposal of risk classification for systematization of care for patients with hypertension and/or diabetes mellitus at primary health care.**

### **Authors**

Maria Valeria Pavan, Vinicius Paulon, Luciana Sattin, Tamara Carolina de Camargo, Fernando Antonio de Almeida

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**Introduction/Aims:** In Brazil the care of people with hypertension and/or diabetes mellitus was systematized by the "HiperDia Program" in 2001. Although it is no longer conducted by Ministry of Health, many municipalities use its structure in primary health care (PHC). This project proposes a new practical classification of risk and review the systematization of care for patients with hypertension and/or diabetes in PHC.

**Material and methods:** A pilot study with 82 patients from a single PHC unit established the risk classification and simulate the annual attendance according to proposed systematization. The classification of risk (0 to 22 points) takes into account: 4 blood pressure (BP) ranges (0-3 points); 3 ranges of HbA1C values (0-2 points); smoking (1 point); dyslipidaemia (1 point); presence of complications (stroke, myocardial infarction, heart failure, atrial fibrillation, trophic limb lesions, proteinuria >300mg/g, GFR <60mL/min/1.73m<sup>2</sup> and diabetic retinopathy, 2-3 points each). The attendance is quarterly for risk ≤ 6 points, 1-2 medical consultations (MC)/year and the other nursing consultations (NC). Bimonthly for risk 7-10 points (3MC and 3NC) or risk ≥11 points (4MC and 2NC). Laboratory tests and risk are reassessed annually.

**Results:** Patients age 63.8±10.8(SD) years; 63% >60 years; 69% women; hypertension 51%; hypertension+diabetes 37%; diabetes 12%; BMI >25Kg/m<sup>2</sup> 76%; arm circumference >34cm 20%; BP <140/90 mmHg 53%; HbA1C <7% 54%. The new attendance proposal reduces 14% of NC and 54% of MC.

**Conclusion:** The new risk classification/systematization of care proved to be practical, feasible and economical.

Conflict of interest

no

### **Contribution ID: 485**

#### **Presentation form**

Poster

#### **Atrial fibrillation detected with kardia alivecor electronic device**

#### **Authors**

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**Introduction/aim:** Patient, 39 years man, he went to the health center because of palpitations and discomfort in the previous night.

**Materials and methods:** The patient has hypertension and has daily treatment with imidapril 20 mg with great control. He also has a reactive anxiety syndrome due to work stress treated with lorazepam. I have had palpitations during minutes without chest pain in the previous night. Blood pressure 130/82, heart rate 180 bpm with an irregular rhythm. The Kardia AliveCor device is used, which is registered in a smartphone I lead and creates an autoanalysis algorithm of the heart rhythm (approved by the FDA for its use). The registry shows suspicion of atrial fibrillation. Subsequently, electrocardiography of 12 leads that confirm the diagnosis is performed.

**Results:** Clinical results. Atrial fibrillation. Differential diagnosis. Extrasystoles auricular, flutter, ectopic ventricular beats and sinus tachycardia. Treatment. The patient is sent to the hospital emergency department where a reversal with flecainide is carried out. The latter was not successful and electrical cardioversion was performed with conversion to sinus rhythm. The patient currently keeps sinus rhythm with good control of blood pressure and no side effects to the medication (nevigolol 5 mg).

**Conclusion:** Electronic devices with high reliability, simple use and portables like Kardia AliveCor could be a good tools in the diagnosis of atrial fibrillation and flutter. It is too many important in the primary care consultations and in the rural areas where sometimes there are not electrocardiographs available immediately.

Conflict of interest

no

## Contribution ID: 496

### Presentation form

Poster

### Implementation of a new model in Atrial Fibrillation Screening

#### Authors

Maria Blasco-Mulet, Eulalia Muria-Subirats, Juan Ballesta-Ors, Blanca Lorman-Carbó, Juan Manuel Carrera-Ortiz, Jose-L Clua-Espuny

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**Introduction/Aim:** Atrial fibrillation (AF) is one of the fastest-growing cardiovascular epidemics. Undiagnosed AF represents 31% of overall and may be responsible for an additional subset of 25-40% strokes of unknown cause. This study aims to determinate the usefulness of clinical-electro-biomarker model to identify high risk individuals of AF in the context of screening program.

**Materials and methods:** It is a randomized, observational and non-interventional study of a cohort of patients with hypertension and diabetes between 65-75 years of age. AF was assessed by conventional electrocardiogram (ECG), four weeks monitoring with a wearable Holter device (Nuubo™), and NT-proBNP biomarker was determined in serum/plasma samples by immunoassay techniques and the levels were compared depending on AF presence.

**Results:** It is shown the results with the initial sample of 100 patients aged  $70 \pm 3.3$  years and 65% men. The use of Holter doubled the prevalence of previously known AF from 7% to 14%. NT-proBNP levels were higher in patients with AF compared with patients with no AF ( $p < 0.0001$ ), even when only taking into account AF cases only detected by Holter ( $p = 0.031$ ). NT-proBNP  $> 95$  pg/ml cut-off showed 95% sensitivity and 66.2% specificity to detect AF. NT-proBNP was correlated with AF burden ( $r = 0.597$ ,  $p = 0.024$ ).

**Conclusion:** The use of a model clinical [HTA and diabetes]+biomarker [NT-proBNP with a promising cut-off point of 95 pg/ml]+ Holter device may be used as screening in asymptomatic high risk populations that requires further validation and can double the prevalence of AF previously known.

Conflict of interest

no

## Contribution ID: 498

### Presentation form

Poster

### BEST POSTER: Ankle brachial index as a predictor of incidents outcomes in the ARTPER cohort

#### Authors

Rosa Forés<sup>1,2</sup>, Maria Teresa Alzamora<sup>1</sup>, Guillem Pera<sup>2</sup>, Pere Toran<sup>2</sup>, José Miguel Baena-Díez<sup>1</sup>, Begoña López<sup>1</sup>, Judit Alegre<sup>1</sup>

<sup>1</sup>Primary Health Care, Catalan HealthCare Institut, Santa Coloma de Gramenet-Barcelona, Spain

<sup>2</sup>Research Unit Barcelonès Nord- Maresme, Idiap Jordi Gol, Barcelona, Spain

**Objective:** The aim of the present study was to analyze the relationship between long-term cardiovascular events and low, borderline and normal ABI (Ankle brachial index) after a 9-year follow up of a Mediterranean population with low cardiovascular risk.

**Methods:** A population-based prospective cohort study was performed in the province of Barcelona, Spain. A total of 3,786 subjects  $> 49$  years were recruited from 2006-2008. Baseline ABI was. Subjects were followed from the time of enrollment to the end of follow-up in 2016 via phone calls every 6 months, systematic reviews of primary-care and hospital medical records and analysis of the SIDIAP (Information System for Primary Care Research) database to confirm the possible appearance of cardiovascular events.

**Results:** 3146 individuals participated in the study. 2,420 (77%) subjects had normal ABI, 524 (17%) borderline ABI, and 202 (6.4%) low ABI. In comparison with normal and borderline subjects, patients with lower ABI had more comorbidities, (hypertension, hypercholesterolemia and diabetes). Cumulative MACE (Major Adverse Cardiovascular Events) incidence at 10 years was 20% in patients with low, 6% in borderline and 5% in normal ABI. The annual MACE incidence after 10 years follow-up was significantly higher in people with low ABI (26.9/1000py) ( $p < 0.001$ ) than in borderline (6.6/1000py) and in normal ABI (5.6/1000py).

**Conclusions:** The results of the present study support that low ABI was independently associated with higher incidence of MACE, Cardiovascular Events,

cardiovascular and no cardiovascular mortality; while borderline ABI had significantly higher risk for coronary disease than normal ABI.

Conflict of interest

no

## **Contribution ID: 545**

### **Presentation form**

Poster

### **An undiagnosed bicuspid aortic valve – who to blame?**

#### **Authors**

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Bicuspid aortic valve (BAV) is one of the most common congenital heart malformations with a population prevalence of 0.8-2% and a higher frequency among males. Transthoracic echocardiography is the standard procedure which provides high sensitivity (92%) and specificity (96%) to detect the defect. BAV is the most common cause of severe aortic regurgitation or stenosis among middle age patients. Patients with BAV frequently remain undiagnosed until the manifestation of symptoms. All patients with already diagnosed BAV require regular follow up, including physical examination and echocardiography. An early detection and its proper management are crucial to maintain heart function.

We present a case report of a 42-year-old patient with a history of previous repeated syncopes and seizures presented with ECG findings of atrial fibrillation and ischemic changes on the apex and lateral wall. Upon admission the patient was without any clinical symptoms and on a control ECG there was sinus rhythm with no ischemic changes described on previous ECG. During physical examination loud systolic murmur was present. Within the next few hours an apnea suddenly occurred and even the immediate cardiopulmonary resuscitation failed to restore effective circulation. The autopsy showed severe stenosis of BAV as a probable cause of death.

The aim of this case report is to point out the importance of regular, preventive and occupational examinations. Early detection of the heart murmur and its adequate diagnosis is crucial. Even a banal clinical symptom, if not properly addressed, can have fatal consequences.

Conflict of interest

no

## **Contribution ID: 546**

### **Presentation form**

Poster

### **Atrial fibrillation: audit about treatment in three health centres.**

#### **Authors**

ESTHER NAVARRETE MARTINEZ, Fátima Silva Gil, Maria del Rosario Medel Cortés, María Aldeanueva Escribano

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**Introduction/Aim:** Atrial fibrillation is the most common arrhythmia in clinical practice and carries significant implications in the population's cardiovascular morbidity and mortality. Objective: To assess whether an intervention improved planned antithrombotic prescribing and to determine whether there are differences in the use of antithrombotic therapy depending on the different health centres and the CHA<sub>2</sub>DS<sub>2</sub>-VASc scale.

**Material and methods:** A cross-sectional study. The intervention, consisting of young doctor review and assessment of antithrombotic prescribing in patients with non-valvular atrial fibrillation, was conducted in three health centres. Study population: patients with a diagnosis of atrial fibrillation. Sampling technique: simple random sampling.

**Results:** 35,4% are women and 64,6% are men. The average age is 75,51 years. With respect associated with pathology, 82,2% had arterial hypertension, 37,8% had diabetes, 22,2% have suffered a stroke and 35,6% had heart failure. Respect with the treatment, 86,67% they are receiving oral anticoagulant treatment, 35,9% with sintrom, the rest of them with direct anticoagulant treatment. With respects CHA<sub>2</sub>DS<sub>2</sub>-VASc scale, 2,2% get 0 point, and neither had anticoagulant treatment, 4,4% get 1 point, and 50% had anticoagulant treatment and 50% no. 97,67% get 2 or more points in the scale, and 90,5% of them received anticoagulant treatment and 9,5% antiplatelet therapy.

**Conclusion:** The most of patients had a correct treatment based on new guidelines. In addition to the risk tables, other individual factors must be taken into account. No differences were found between the different health centres.

Conflict of interest  
no

## **Contribution ID: 561**

### **Presentation form**

Poster

### **Lipid Control - a Health Unit Users Evaluation**

#### **Authors**

Vitor Sa Fernandes, Alice Longras, Mario Gomes, Rita Mendes, Joana Ribeiro, Dagoberto Moura, Maria Jose Corral, Raquel Rocha  
*ACeS Porto Oriental, USF Faria Guimarães, Porto, Portugal*

**Introduction and Objectives:** Cardiovascular diseases are the leading cause of death/morbidity in Europe. Diabetes mellitus is associated with a higher risk of premature atherosclerotic cardiovascular disease. The European Society of Cardiology defines LDL Cholesterol targets, to reduce cardiovascular events, achievable with statins administration at the maximum tolerated dose, or in combination namely with ezetimibe. The authors intend to evaluate diabetic patients lipid's control.

**Methods:** Cross-sectional and descriptive observational study, conducted in a random sample of 318 individuals, which size was calculated with RAOSOFT and randomized with Excel. LDL-C values, among others, were collected with LDL-C target calculated according to ESC guidelines. Patients over 85 years, with no recorded LDL-C in the last year and those that were not observed in the USF were excluded. Statistical processing was performed using the SPSS.

**Results:** HbA1c is <8.0%/<6.5% in 83%/45% of the sample, respectively. 63% have hypertension (71% uncontrolled). About 50% of the population does not reach the LDL-C target, although 75% have a prescribed statin. These/ results demonstrate that despite a satisfactory diabetes control, we are neglecting the comorbidities, which are frequent, since glycemic control is not accompanied by the tension control or the lipid profile, despite the treatment instituted.

**Conclusion:** We must do better, probably with similar costs. It's necessary for the team to stop, look at what has been done so far and think about the strategy or strategies needed to correct what isn't working. Above all, we have to take care of people, not diseases.

Conflict of interest

no

## **Contribution ID: 615**

### **Presentation form**

Poster

### **NOAC quality prescription criteria - an investigation work**

#### **Authors**

José Marques<sup>1,2)</sup>, Rui Loureiro<sup>2)</sup>, Rita Cunha<sup>2)</sup>, Inês Santos<sup>2)</sup>, Paula Rodrigues<sup>2)</sup>, Rafaela Cabral<sup>2)</sup>, Filipa Rodrigues<sup>2)</sup>, João Figueiral<sup>2)</sup>, Teresa Camurça<sup>2)</sup>

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Non-antagonists of vitamin K anticoagulants (NOAC) are now widely used in clinical practice, mostly for primary and secondary prevention of stroke in context of atrial fibrillation and for deep venous thrombosis and venous thromboembolism, although they have some counterindications like cardiac mechanical valvular prosthesis. Although they have limitations in terms of renal and hepatic function. All of four NOAC (dabigatran, rivaroxaban, apixaban and edoxaban) were widely used for renal security, although the study respecting hepatic function is now getting deeper, existing guidelines on how to use them in these comorbidity context.

This investigation work is transversal and retrospective, considering all patients of Viseu-Cidade Familiar Health Unit and we pretend to evaluate 2 parameters of prescription of NOAC. First, if the NOAC is adequately prescribed and if there are no counterindication for being given to the patient. Second, if the NOAC and its dosing is adequately prescribed to the patient renal and liver function. To this we will collect data of all patients taking NOAC and will calculate their renal function with Cockcroft-Gault equation and hepatic function with Child-Pugh score, because these were the scores used in security studies that approved NOAC to clinical use.

The oral anticoagulant therapy, specifically NOAC, is widely used, mostly in elderly, and is very much effective. Although there are some restrictions to their using in

clinical practice, so the aim of this investigation work is to understand if NOAC indications and counterindications are being respected.

Conflict of interest

no

## Contribution ID: 627

### Presentation form

Poster

### Adherence to medication in hypertensive patients across the world: a comprehensive review

#### Authors

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**Background:** Arterial hypertension is one of most common diseases in the world, presenting the great impact in global mortality. Although we have good medications, the best control depends on the adherence by the patients.

**Aim:** Our aim is to characterize the adherence to medications in hypertensive patients and its association with factors related to the consultation.

**Methods:** We performed a comprehensive review of literature in pubmed, scopus and scielo, using the MeSH terms "hypertension" and "medication adherence". The query retrieved a total of 2,995 articles, from which we selected 65 for inclusion. Two articles had insufficient quality and were excluded. Adherence parameters were extracted and allowed to calculate the mean adherence for each country.

**Results:** Adherence to medications varied from 11.8% in Iran to 85.0% in Australia. There is much heterogeneity in methodology, although the Morisky Medication Adherence Scale, in its several variants, is used in 43 of the 68 different measures found. Adherence is lower in countries with higher daily dosage of medications and also in those with higher share of generics. There's no relation with time of consultation.

**Conclusion:** The best the drugs, the better the control of blood pressure, as long as patients take them. Non-adherence is a real problem, depending of several factors, related to patients, to providers and to health system. More than prescribing more medicines, it's important to pay attention to the non-adherence and fight it to a better health.

Conflict of interest

no

## Contribution ID: 628

### Presentation form

Poster

### Supine hypertension with orthostatic hypotension , the dilemma

#### Authors

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**Introduction/Aim:**Supine hypertension–orthostatic hypotension (SH/OH) is a form of autonomic dysfunction characterized by hypertension when patients are supine and a clinically significant drop in blood pressure when they assume an upright posture. Treatment of this group of patients can be very challenging

**Materials and Methods:** in this oral presentation we report a case of 78years old man with a medical history of coronary angioplasty, parkinson disease, prostate adenome with a Supine hypertension ( 180/70mmHg) and orthostatic hypotension (80/50mm Hg)

**Results:** the treatment of OH should be aimed more at improving quality of life and prevention of injury, and the treatment of SH is primarily aimed at decreasing organ damage. treatment of this challenging case needed a correct choice of antihypertensive agents, the choice of the time of administration , general device and life style changes

**Conclusion:** There is still much we do not understand about the syndrome of SH/OH. The treatment should be centered on the patient quality of life and prevent complications

Conflict of interest

no

## **Contribution ID: 640**

### **Presentation form**

Poster

### **Effect of treatment with Continuous Positive Airway Pressure on lipid profile: evidence-based review**

#### **Authors**

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**Introduction/Aim:** Obstructive sleep apnea (OSA) has been associated with dyslipidemia. These patients are often treated with continuous positive airway pressure (CPAP), however it remains uncertain its benefit over cholesterol profile.

**Materials and Methods:** Search for systematic review research (SR), meta-analysis (MA) and randomized clinical trials (RCT), published in the last 10 years, with the Mesh terms: "Continuous positive airway pressure" and "Dyslipidemia". Databases selected were Medline, Cochrane, NHS evidence and BMJ. Articles whose title or abstract were considered relevant were selected. The recommendation strength was evaluated with the SORT scale by American Family Physician.

**Results:** Out of the 399 articles found, we selected 3 MA and 2 RCT. Three MA showed an association between the treatment with CPAP and a decrease of total cholesterol (T-CHO). One of them indicated additional benefit in reducing cholesterol low-density lipoprotein (LDL) and another one in reducing triglycerides (TG). Both RCT presented a decrease in T-CHO. Furthermore, one of them showed additional advantage in reducing LDL level and the other one in reducing TG level.

**Conclusion:** All of the five studies analyzed revealed benefit in decreasing T-CHO values in patients with OSA doing CPAP, but reported variable results regarding LDL and TG. Therefore, treatment with CPAP may improve patient's cholesterol metabolism levels (SORT C). More studies are needed with fewer limitations, longer follow-ups and larger samples that may show a possible association between improvement in cholesterol metabolism and a possible decrease in cardiovascular risk.

Conflict of interest

no

## **Contribution ID: 645**

### **Presentation form**

Poster

### **Atrial fibrillation induced by mild hyperthyroidism in a patient with very unpleasant and tiring symptoms**

#### **Authors**

MARILENA CONSTANTIN

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**Introduction:** Primary care is the first contact with the patient's symptoms. Even if investigations are necessary to confirm a clinical diagnosis sometimes follow up the patient is the key in establishing an accurate diagnosis.

**Case presentation:** We report a case of a 75 years old female patient with multiple comorbidities who came to my office for episodes of "general harm" with chest pain, palpitation, very strong nausea and pain on the right abdominal quadrant which started two ago. She had atrial fibrillation, mild untreated hyperthyroidism. She did many digestive investigations. I decided to hospitalized the patient for closing monitor. Her symptoms were induced by an increase of heart rate up to 140 bpm. After many attempts to control the heart rate we decided to give her low dose of corticosteroid which improved her general condition and induced sinus rhythm on ECG. At present she is still asymptomatic.

**Discussion:** This case represented a challenge for us. First we had to establish what caused the patient's symptoms. Second we had to manage the treatment and the side effects of medication. Literature data showed that mild form of hyperthyroidism could induce changes in the quality of life and precipitated atrial fibrillation and ischemic heart disease. Corticotherapy could be a treatment option and it works in our case.

**Conclusion:** This case proves that follow up and close monitor of patient are as important as investigations in establishing the diagnosis. Mild hyperthyroidism could affect the quality of life so treatment is necessary in these cases.

Conflict of interest

no

**Contribution ID: 663**

**Presentation form**

Poster

**Myocardial bridging in an asymptomatic patient**

**Authors**

Joaquim Nunes, Mariana Mina, Ana Santos

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**Introduction/Aim:** Myocardial bridging is a congenital variant of a coronary artery in which a portion of an epicardial coronary artery takes an intramuscular course, leading to systolic compression of the tunneled segment. The reported prevalence varies between 0.5-86% and male predominance has been noted. Although this condition is generally asymptomatic, it can be associated with myocardial ischemia and predispose the patient to atherosclerosis or even sudden death. Our aim is to present an incidental case of myocardial bridging, diagnosed in a primary care appointment.

**Materials and Methods:** Patient medical records and literature review.

**Results:** An 81-year-old asymptomatic male, with a previous history of dyslipidemia, presented to his primary care physician for a general health check-up. His blood pressure was 135/65 mm Hg, and his heart rate was 66 beats per minute. He was eupneic and had normal heart sounds. Laboratory blood tests revealed a total cholesterol level of 207 mg per deciliter. Electrocardiogram showed a left anterior fascicular block and nonspecific ST-T wave changes in the lateral leads. Echocardiography revealed a mild mitral valve regurgitation and a left ventricular ejection fraction of 67%. To rule out coronary artery disease, a coronary computed tomography was performed, revealing an intramyocardial route of the left anterior descending artery. A diagnosis of myocardial bridging was made and the patient was treated with a beta blocker and an antiplatelet agent.

**Conclusion:** We pretend to alert for the diagnosis of this condition, that can be associated with serious cardiac events.

Conflict of interest

no

**Contribution ID: 675**

**Presentation form**

Poster

**Five-year data analysis of patients with connective tissue disease-associated pulmonary arterial hypertension in pulmonary hypertension coordination centre**

**Authors**

Martyna Kirklytė

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**Introduction:** Systemic sclerosis (SSc) is a rare multisystem connective tissue disease, which has a high mortality rate, especially if it presents with concomitant disorders, such as pulmonary arterial hypertension (PAH). Although PAH is a rare

disease, the prevalence of this condition in patients with SSc has been reported to be 7–12%. It is important to proceed with the screening programs for patients with SSc, since early diagnosis and treatment therapies may offer an improved prognosis.

**Material and Methods:** Retrospective study was performed in Pulmonary hypertension coordination centre and Rheumatology centre of Vilnius University Hospital Santaros Klinikos. Indicators that describe cardiac and pulmonary function, inflammatory markers and treatment were analyzed in a study.

**Results:** From 70 patients with SSc in Rheumatology centre database 20% were diagnosed with PAH. In Pulmonary hypertension coordination centre 16 patients with connective tissue disease-associated PAH were studied. Because of non-compliance, 18.75% patients did not receive specific treatment for PAH. Monotherapy with Sildenafil was given to 23.1% patients and 61.6% patients received combination therapy. Comparing assessed tests' (6-minute walk test (m), tricuspid annular plane systolic excursion (TAPSE, cm), diffusion capacity (DLCO%) and brain natriuretic peptide (BNP, pg /mL)) averages before receiving specific treatment and their dynamics during the treatment, statistically significant changes were not observed.

**Conclusion:** Based on literature data and patients' quality of life, specific treatment of pulmonary arterial hypertension is effective, but due to the small amount of patients in a study, statistically significant improvement in functional condition was not observed.

Conflict of interest

no

## Contribution ID: 677

### Presentation form

Poster

### Direct oral anticoagulants Vs Vitamin K antagonists . What do the primary care physicians think?

#### Authors

Jose Ramon Lopez-Lanza, Alvaro Perez-Martin, Miguel Villa-Puente, Maria José Sanchez-Soberon, Silvia Pardo-Del Olmo, Arancha Rojo-Calderon, Eva Bengoechea-Botín, Rosa Grande-Grande, Rocio Lopez-Videras, Maria José Agueros-Fernandez  
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**Introduction:** We currently have 2 options for anticoagulation in patients with AF, direct oral anticoagulants( DOACs) and vitamin K antagonists (acenocoumarol in Spain). We wanted to know what the doctors of primary care (PC) think about both alternatives.

**Methods:** Anonymous/voluntary surveys given to doctors at 8 medical centres in Cantabria(Spain), on the criteria used when prescribing anticoagulants for AF. The variable analysed included beliefs about bleeding risk and efficacy.

**Results:** 59 doctors answered, 54.2% used 1st option DOACs, 23.8% acenocoumarol and 22% started any of them indistinctly. They know that the indication for DOACs is in Non-valvular atrial fibrillation (NVAf) 84.7%. They consider that 67.8% are equally effective, and 27.1% believe that DOACs are more effective. 66.1% think that intracranial haemorrhages are lower with DOACs and

that 27.1% have the same risk, while digestive haemorrhages think that they are less with DOACs 35.6% and the same risk 33.9%.

**Conclusions** :The majority of doctors in PC use the DOACs of 1st option indicating it in the NVAf, because although most do not think that they are more effective than acenocoumarol, if they believe that there are less intracranial bleeding and the same digestive bleeding.

Conflict of interest  
no

## **Contribution ID: 679**

### **Presentation form**

Poster

### **Anticoagulant interactions. Beliefs and truths**

#### **Authors**

alvaro Perez-Martin, Jose Ramon Lopez-Lanza, Maria José Sanchez-Soberon, Eva Bengoechea-Botin, Rosa Grande-Grande, Miguel Villa-Puente, Arancha Rojo-Calderon, Silvia Pardo-Del Olmo, Rocio Lopez-Videras, Maria José Agueros-Fernandez  
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**Introduction:** Anticoagulants, both old vitamin K antagonist (acenocoumarol in Spain) and direct oral anticoagulants (DOACs), have multiple interactions. We wanted to know what Primary Care (PC) doctors know about them.

**Methods:** Transversal study carried out in 8 PC centres in Cantabria(Spain) using self-administered surveys The surveys were anonymous and voluntary. The variables analysed included knowledge of interactions of anticoagulants with both food and some drugs.

**Results:** 59 physicians answered, 62.7% believe that both acenocoumarol and DOACs have an antidote. Interactions with acenocoumarol are well known in the case of vitamin K and alcohol (93.1%), but if we asked directly about recommendations to their patients about vitamin K foods that interfere with acenocoumarol, 78.9% acknowledged talking to patients about green leafy vegetables, but 91.5% did not talk about the existence of vitamin k in kiwi or 93.2% in some legumes. Regarding DOACs 40.7% do not know if there are foods that interact. Only 34% think that DOACs interact with NSAIDs and 54.3% know the interaction with azoles.

**Conclusions:** Excess of confidence in the existence of antidote of DOACs, Adequate knowledge of food interactions with acenocoumarol, but very poor with respect to DOACs with both food and drugs. More training in DOACs is needed to avoid problems in their use.

Conflict of interest  
no

## **Contribution ID: 684**

### **Presentation form**

Poster

## The importance of the family doctor in the therapeutic management of the complex patient

### Authors

André Rainho Dias<sup>1)</sup>, Nadina Sousa<sup>1)</sup>, Ana Margarida Gonçalves<sup>1)</sup>, Bruno P. Carreira<sup>1)</sup>, Beatriz Meneses<sup>2)</sup>

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**Introduction:** This clinical case demonstrates the importance of good family doctor relationship in the delivery of quality health care, in adherence to therapeutic and health promoting care.

**Case Description:** A 66-year-old female patient with asthma and thyroid pathology, resorted to consultation with complaints of palpitations for short periods of time. Echocardiogram and holter were performed, showing paroxysmal atrial fibrillation, without structural cardiac changes and good ventricular function. The patient was referred to Cardiology, having initiated anticoagulation and rhythm control, however, the cardiologist sent two recipes, propafenone and flecainide, and the patient did not perceive the correct one. Due to the difficult accessibility to the hospital consultation, she resorted to a private cardiologist for a second opinion, who prescribed amiodarone.

Due to different prescriptions, poor satisfaction in both consults and doubts about the most suitable treatment, the patient resorted to a consult with the family doctor, to validate, clarify and advise which therapy was right for her.

Given the patient's history of asthma and thyroid pathology, she was told that both propafenone for its beta-blocker potential and amiodarone for thyroid toxicity would not be the most suitable. Flecainide was then prescribed for rhythm control and the anticoagulation was maintained.

**Conclusion:** This case illustrates the importance of family doctor in the overall holistic knowledge of the patient, with particular emphasis on establishing a good doctor-patient relationship. The creation of a bond of trust is fundamental to obtain good indexes of patient satisfaction with the medical consultation and thus better clinical results.

Conflict of interest

no

### Contribution ID: 722

#### Presentation form

Poster

#### Without haste but without pause

#### Authors

Josefa Medina Roque, Raquel Moreno Perez, Purificacion Alguacil Martinez, Gloria Calero Gonzalez, Roberto Ramirez Ramirez, Erika Mendez Owen, Odalys Almarales Alvarez, Antonio Garcia Mendoza

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**Introduction:** The Canary Islands have the highest mortality due to acute myocardial infarction (AMI) in Spain and the highest population fraction attributable to diabetes.

**Material and Methods:** We present the case of a 54-year-old female patient with elevated cardiovascular risk who went to the Health Center for precordial discomfort, intense sweating associated with the exercise of going down a hill, that disappears with a vasodilator treatment. We used the Diamond and Forrester criteria to classify anginal pain.

**Results:** Physical examination: Cardiopulmonary auscultation: rhythmic heartbeats without murmurs, preserved vesicular murmur. Electrocardiogram: narrow QRS sinus rhythm without signs of acute ischemia. She is sent to the Reference Hospital and entered for study. -Electrocardiogram: no changes. -Analytical: Cardiac markers (maximum detected troponin 89). -Ecocardiogram: global systolic function of normal left ventricle. Diastolic dysfunction grade one. Trivial mitral insufficiency. Posterior and inferior basal hypokinesia. -Cardiac catheterization: Left coronary without lesions. Previous descending plate of 20% at medium level. Circumflex dominant 40% plate at the proximal level and irregularities at medium and distal level. Right coronary of poor development. -Diagnosis: Infarction without ST elevation. Two-vessel coronary artery disease. Ventricular function preserved. Discharge and control by cardiology.

**Conclusions:** Anamnesis, clinical, electrocardiogram and complementary tests support the evaluation of chest pain. Seneca already said: "Without haste but without pause", in full technological age, in Primary Care, we work multitasking mode with lack of means. The establishment of the infarction code (CODICAN) fundamental for patient management must be accompanied by the necessary resources.

Conflict of interest  
yes

## **Contribution ID: 735**

### **Presentation form**

Poster

### **BEST POSTER: Risk of contraceptive treatment**

#### **Authors**

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**Introduction:** 32 year old female patient, who refers abdominal pain in epigastrium since she started oral contraceptive treatment the last week.

**Materials and Methods:** Physical examination was normal except of pain in epigastric area. Chest X-ray and electrocardiogram did not show any

abnormalities. The scanner coupled with Doppler ultrasonography showed thrombosis of the inferior vena cava.

**Results:** On these radiological findings, an immunological work-up was requested, which showed the presence of antiphospholipid antibodies. A temporary vena cava filter was installed and she was successfully treated initially with thrombolytic and later anticoagulant therapy. Thrombosis of the inferior vena cava is a rare clinical expression of primary antiphospholipid syndrome. Thrombophilic state leading to venous thrombosis can be inherited or acquired. The most prevalent inherited hypercoagulable states are factor V Leiden mutation, prothrombin gene mutation, lupus anticoagulant, defects in protein S, protein C, and antithrombin, and dysfibrinogenemia. The most frequently acquired risk factors are immobility for more than 48 hours in the past month, surgery, malignancy, infection in the past three months, current hospitalization, and pregnancy. A number of drugs have also been associated with an increased risk: oral and transdermal contraceptives, hormone replacement therapy, glucocorticoids, and others. In the outpatient setting, adjustment of modifiable risk factors (oral contraceptives, immobilization, and major physical activity), compression stockings, and long-term anticoagulation are the treatment of choice.

**Conclusion:** An early diagnosis of a vena cava inferior thrombosis is essential because this is a severe disease that is associated with high rate of mortality

Conflict of interest

no

## Contribution ID: 743

### Presentation form

Poster

### A cause of atypical dyspnea

#### Authors

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**Introduction/Aim:** The most frequent cardiac tumors are metastases. Myxomas are the most frequent primary cardiac tumors. Its incidence is higher in women and usually appear between the third and sixth decade of life. Its most common location is at the level of the left atrium. Although these tumors are histologically benign, they can lead to potentially serious complications and even sudden death. The classic triad consists of obstructive cardiac symptoms, systemic or pulmonary embolic phenomena and constitutional symptoms.

**Materials and Methods:** A 55-year-old woman with hypertension, attended primary care visits due to dyspnea at moderate efforts for a few weeks, without other accompanying symptoms. On physical examination a diastolic murmur was heard at the mitral site. The analytical results show a normocytic-normochromic anemia and in the ECG no significant alterations are observed. A chest x-ray is requested, showing an image not well identified in the left atrium of large dimensions, with cardiomegaly. It is referred to the cardiology service where they perform echocardiography and cardiac MRI that diagnoses a left pediculated atrial mass suggestive of myxoma.

**Results:** The patient enters the cardiac surgery service is operated on atrial mass where the myxoma is confirmed by pathological anatomy.

**Conclusion:** it is important to suspect this entity in young patients, mainly women, who present with symptomatology of acute heart failure and do not have cardiovascular risk factors, in which the patient's clinical symptoms can not be explained by other more frequent entities such as hypertensive or ischemic heart disease.

Conflict of interest

no

## **Contribution ID: 790**

### **Presentation form**

Poster

### **Myxoma and Dyspnea**

#### **Authors**

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<sup>3)</sup>*Centro de Salud La Gangosa, Distrito Poniente de Almería, Almería, Spain*

**Introduction:** A 66 year old man with no history of interest, who refers dyspnea with minimal effort, without other symptoms of interest. Physical examination anodyne.

**Material and Methods:** The following additional tests were performed: Normal hemogram, basic biochemistry and coagulation. Transaminases, cholesterol, total bilirubin, alkaline phosphatase, thyroid hormones and tumor markers without alterations. Thoracic Xray with cardiomegaly. No electrocardiographic changes. Given the clinical findings, the patient was referred to cardiology consultation.

**Results:** The patient was diagnosed of Atrial Myxoma and was referred to thoracic surgery service. The tumor had surgery and the patient is currently being treated with heparin and is awaiting for the results of the pathology.

**Conclusion:** Myxoma is the most common primary benign cardiac tumor. In 90% of cases, the myxoma usually occurs unilaterally. The left atrium is the most common site in 75% of cases, followed by right atrium and ventricles. Right atrial myxomas can remain undiagnosed indefinitely due to nonspecific symptoms that accompany them.

Conflict of interest

no

## **Contribution ID: 793**

### **Presentation form**

Poster

### **Hipertension**

#### **Authors**

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**Introduction:** It is a 53-year-old woman without drug allergies, with a personal history of obesity, hypertension, DM2 and dyslipidemia without usual treatment. No IQ He goes to the emergency department for right lower limb pain (MID), functional impotence and sudden onset of loss of strength while at rest.

**Materials and Methods:** BEG, CYO, well hydrated and perfused. Afebril, sat 97%, TA 180/120 FC 68lpm BMI 30kg / m<sup>2</sup>. ACR: rhythmic tones, no murmurs, no wheezing or rhonchi. Abdomen soft, depressible, not painful, no megalia. MII: no edema, no signs of DVT, conservation of pulses.ROTS, strength and sensitivity diminished MID. Analgesic treatment is decided.At the time we return to explore it, without presenting improvement, refers coldness in MID and absence of pulses pedio and tibial.Ante severity of the picture Angiotac abdominal thorax is requested: Extensive aortic thoracoabdominal dissection from aortic arch and acute occlusion of common iliac artery, iliac external and right common femoral.

**Results:** Stanford aortic dissection type B.Conclusions;Aortic dissection is a medical emergency as a consequence of a tear in the wall of the aorta. Surgical treatment carries a 3% mortality if the intervention is not deferred and reaches 20% if it is deferred.It is observed in people of 50-70 years and is twice as prevalent in men as in women. Once again, the importance of prevention (primary, secondary and tertiary) and the control of cardiovascular risk factors from the primary care level are demonstrated, since it is essential for the management and reduction of diseases with high mortality rates.

Conflict of interest

no

## **Contribution ID: 811**

### **Presentation form**

Poster

### **Treating heart failure at primary care**

#### **Authors**

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**Justification:** Heart failure (HF) is one of the main causes of avoidable hospital admission and higher healthcare costs. Our reference hospital is 10 kilometers away

**Objectives:** Improve the accessibility to complex treatments in Primary Care offering a service of intensification of treatments and performing complementary explorations.

Decrease resource consumption due to HF decompensation.

Improve the clinical management of patients with HF.

Avoid going to the reference hospital

**Methodology:** Material and methods: retrospective descriptive study. Subjects: all patients diagnosed with HF with clinical decompensation, who attend PC offices during one year with:

Inclusion criteria:

1Decompensated NYHA I-III patients who do not respond to oral treatment.

2 Score> = 2

Exclusion criteria:

1IC debut or NYHA IV

2 serious illness associated

Intervention: 3 follow-up visits maximum. In all the visits, assessment of the patient and control of : Weight, blood pressure , cardiac frequency and saturation

1st visit:

If needed: ECG and chest X-ray.

Deplective treatment

2nd visit:

Blood sample prior to depletion

3rd VISIT:

Deplective treatment\*

\* Deplective treatment: Furosemide 20 mg e.v. in bolus, maximum 60 mg ev according to medical evaluation

**Results:** We studied 100 patients with decompensated HF, 52 women, (average age 64,39) and 48 men, (mean age 66,34 years) Of these, 40 patients were referred to the emergency department and 60 were treated at primary care offices.

**Conclusions:** With the start-up of the treatment intensification service, we managed to get 60% of patients with decompensated HF to continue treatment and control in the primary care setting.

Conflict of interest

no

## Contribution ID: 853

### Presentation form

Poster

### Diabetes mellitus drug therapy - the reality of a file from the center of Portugal

#### Authors

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**Introduction:** Diabetes Mellitus (DM) is a chronic disease that affects a very significant number of people, being an individual, family, and public health problem. Despite therapeutic advances, we are still far from achieving satisfactory results, as demonstrated by data from the International Diabetes Federation. Type 2 DM is expanding worldwide. In the Portuguese population aged 20 to 79 years, its prevalence is 12.4%, and it is a cause of high morbidity and premature mortality.

**Materials and Methods:** To know the therapeutic of all the diabetics in a file and if they are controlled. The A1C goal for diabetics up to 75 years is <7% and for patients with more than 75 years is <8%, based on ADA recommendations.

**Results:** Of the 96 diabetics studied, 58 (61%) are controlled. As for the number of drugs: most are in monotherapy (n=51%), 27% with double therapy, 18% with triple therapy, 3% with no drug therapy and 1% with 4 medicines. Metformin is part of the therapy of 79% of diabetics and insulin therapy of 34%. 26% are medicated with DPP-4 inhibitors, 8% with SGLT-2 inhibitors and 4% with GLP-1 RAs. Of the

uncontrolled, 39% had dual therapy, 32% had triple therapy, 26% had monotherapy and 3% had quadruple therapy.

**Conclusion:** A patient-centered approach should be used to deal with these patients. It takes a lot of effort and time for health professionals to be able to lifestyle managements of these patients, and to intensify drug therapy where appropriate.

Conflict of interest

no

## Contribution ID: 858

### Presentation form

Poster

### Association between arterial hypertension and educational level in a sample of general population of Toledo (Spain). RICARTO study

#### Authors

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**Introduction/Aim:** to study the relationship between the educational level and the prevalence of arterial hypertension (AH) in a sample of the general population of Toledo (Spain).

**Methodology:** Cross-sectional epidemiological study carried out in Health Centers of the Sanitary Area of Toledo. Individuals  $\geq 18$  years were randomized according to health card. Main measurements: the educational levels considered were: less than primary; primary, basic general education (BGE) or compulsory secondary education (CSE); baccalaureate, professional training (PT) and University. The diagnosis of AH was based on an average of systolic/diastolic blood pressure (BP)  $\geq 140/\geq 90$  mmHg, respectively, obtained by averaging the values of three measurements of BP obtained in one visit with the oscillometric device, evidence of antihypertensive pharmacological treatment, or when observing a diagnosis documented in the clinical history.

**Results:** 1,694 subjects were analyzed (mean age  $48.6 \pm 15.8$  years, 56.0% women 95% CI: 53,7-58,4). 69.5% (95% CI: 59.7-77.5) of hypertensive women have educational level less than primary, 34.1% (95% CI: 29.1-39.1) primary, BGE or CSE; 17.3% (95% CI: 12.9-22.4) PT or Baccalaureate and 7.1% (95% CI: 4.1-

11.2) in University ( $p < 0.001$ ); in men the percentage was 70.2% (95% CI: 59.3-78.9) in which the educational level was less than primary, 44.6% (95% CI: 38.7-50, 4) primary, BGE or CSE, 33% (95% CI: 26.8-39.6) PT or Bacalaureate and 28.9% (95% CI: 22.0-36.4) University ( $p = 0.429$ ).

**Conclusions:** In our studied population it is observed that AH is inversely related, statistically significant, to the educational level in female.

Conflict of interest

no

## Contribution ID: 863

### Presentation form

Poster

### Management of arterial hypertension: what else? - a study in a portuguese primary health care setting

#### Authors

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**Introduction/Aim:** Arterial hypertension (AH) is the leading cause of cardiovascular and cerebrovascular disease and mortality worldwide, with its control most often unsatisfactory. The main goal of this study was to compare the clinical, medical, social and family characterization between individuals with AH according to their blood pressure control.

**Materials and Methods:** Observational study in a randomised sample of patients suffering from AH with ICPC-2 classification, in a Portuguese primary care setting of twenty five general practice physicians of three clinics in mid-2018, through the analysis of epidemiologic, social, family and pharmacologic therapeutic data, which were gathered for descriptive and inferential analysis.

**Results:** In a universe of 8750 patients with AH, we studied a representative sample size of  $n=387$  (95% interval confidence, 5% error margin,  $n=369$ ). Uncontrolled AH was present in 56,1%. The variables with significant difference were living alone ( $p=0,024$ ) or in a nuclear (2 persons) family ( $p=0,011$ ), a lower social class ( $p=0,018$ ) and simultaneous anti-inflammatory drugs prescription ( $=0,018$ ). Non-significant higher cardiovascular risk was found in patients with uncontrolled AH ( $p=0,116$ ). Binary logistic regression revealed that living alone or in a nuclear family, as well as being in a low social class, associated with worst scores, with this model accounting for 9,6% of the chance of having uncontrolled AH.

**Conclusion:** In light of these findings, and besides correct therapeutic implementation, medical activity in the general practice and other medical settings should take under consideration the social and family context of each patient, for optimal blood pressure control.

Conflict of interest

no

## Contribution ID: 944

### Presentation form

Poster

### Asymptomatic hyperuricemia – treat or not to treat?

#### Authors

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**Introduction/Aim:** Assessment of serum uric acid is frequently done in Primary Health Care, although not scientifically recommended. The subsequent therapeutic approach is often a clinical challenge, particularly in the case of asymptomatic hyperuricemia (AH). The aim of this study was to review the evidence of the treatment of AH.

**Materials and methods:** A search was conducted on MEDLINE and evidence-based medical sites for articles published between January of 2015 and December of 2018 in English, Spanish or Portuguese using the keywords “hyperuricemia” and “asymptomatic conditions”.

**Results:** Some studies argue that hyperuricemia is not a benign condition and recommend a urate-lowering therapy (ULT) for the prevention of renal dysfunction and for the prevention of cardiovascular events (CV). One study noting that a serum uric acid level above 9 mg/dL carries a 3-fold risk for kidney disease. However, some systematic reviews defended that interventional trials with sufficient statistical power and relevant primary endpoints are needed to determine whether ULT benefits can exceed the side effects of the medication.

**Conclusion:** Very limited scientific data are available on the pharmacologic treatment of AH, with limitations and controversial results. Further studies are needed to determine the minimum threshold of hyperuricemia required to experience benefits.

Conflict of interest

no

## Contribution ID: 968

### Presentation form

Poster

### Phantom tumor of the lung

#### Authors

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**Introduction:** A 78-year-old male patient comes in for increasing their baseline dyspnea. Personal history: hypertension, smoker, chronic obstructive pulmonary

disease with moderate obstruction, chronic atrial fibrillation and heart failure with ejection fraction of left ventricle preserved. He describes a progressive increase in dyspnea in the last week even moderate-minimal efforts, increasing their orthopnea. He denies cough, expectoration, heart palpitations, chest pain or feeling dysthermia.

**Materials and Methods:** BP: 155/70 mmHg. Temperature: 36.7°C. HR: 88 bpm. 94% baseline pulseoximetry. Tachypneic slightly at rest. CA: arrhythmic heart sounds with aortic breath. PA: widespread hypophonesis with little bibasal crackles. Lower limbs without edemas, well perfused and symmetrical arterial pulses. EKG: Atrial fibrillation with adequate ventricular response. Chest x-ray: cardiomegaly. Both cardiophrenic angles occupied. Increased density level in minor fissure of the right lung with biconvex morphology, not present in previous x-ray. **Diagnosis:** Acute heart failure, possible "vanishing or phantom tumor of the lung". Diuretic treatment was intensified, with clinical and radiological improvement.

**ifferential diagnosis:** Lung carcinoma. Pulmonary infarction. Round pneumonia. Pulmonary tuberculosis. Middle lobe atelectasis.

**Conclusion:** A vanishing or phantom lung tumor is an interlobar pleural effusion simulating a lung mass and can lead to diagnostic errors. It is suspected that its pathogenesis is related to pleural congenital defects or adhesions. It is usually accompanied by suggestive heart failure clinical but we can find it as subclinical radiological sign. Its most typical location is minor fissure of the right lung. Quick and favorable clinical evolution is very useful for the differential diagnosis.

Conflict of interest

no

## Contribution ID: 971

### Presentation form

Poster

### Management of patients with post-myocardial infarction depression

#### Authors

Rodica Narcisa Tanasescu<sup>1,2)</sup>, Loredana Piloff<sup>3,1)</sup>, Anca-Alexandra Matusz<sup>2)</sup>, Mihaela Daniela Balta<sup>1,4)</sup>

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Despite substantial progress in the treatment of infarction, which has led to the significant decrease in mortality and morbidity, a significant proportion of patients did not get all the benefits expected from these revolutionary methods. Post-myocardial infarction depression is common and is an aggravating factor, although it is often undiagnosed and untreated. Our Cardiology Working Group studied the prevalence of post-infarction depression, as well as the strategies recommended for the family doctors in Romania.

**Aims:** to understand the necessity of GPs' practice of screening for depression in people with myocardial infarction.

**Material and method:** An online survey based transversal study was conducted between 15.05.2014- 15.06.2018. 350 Romanian family doctors were included in the

study. Microsoft Excel was used to process the data. The YES version of the Patient Health Questionnaire (PHQ-2) was used for identifying major depressive disorders in primary care.

**Results:** Post-infarction depression has a threefold higher prevalence than in the general population. The risk of developing a new heart attack is four to five times higher in depressed patients after a first myocardial infarction and the risks of sudden cardiac death and suicide are higher. The YES version of the Patient Health Questionnaire (PHQ-2) has proven to be the simplest and most effective; it takes only 1 minute to complete.

**Conclusions:** A structured and systematic assessment of depression in all post-infarction patients is imperative. Systematic depression testing is a simple solution that should become a current professional obligation and will improve the post-infarction prognosis.

Conflict of interest

no

## Contribution ID: 982

### Presentation form

Poster

### Chronic kidney disease and cardiovascular risk

#### Authors

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**Introduction:** Impaired renal function is an independent cardiovascular risk factor; low glomerular filtration rate (GFR) is associated with increasing mortality, more cardiovascular events and more hospitalizations. On the other hand patients with chronic kidney disease have multiple cardiovascular risk factors that influence the prognosis of kidney disease.

**Aim:** We want to assess renal function in elderly people and to identify factors associated with chronic kidney impairment progression and cardiovascular events

#### Materials and Methods:

**Results:** We selected patients over the age of 70 from the family doctor's office. and recorded clinical and biochemical parameters have been recorded in their case-notes. Patients were monitored during many years by the family doctor and we recorded the cardiovascular events and complications that occurred.

**Conclusion:** Patients with CKD died sooner through cardiovascular complications than by terminal renal failure. Therapeutic interventions may limit the progression of the CKD and may decrease cardiovascular risk and events.

Conflict of interest

no

## **Contribution ID: 985**

### **Presentation form**

Poster

### **Aspects of Atrial Fibrillation Management in Family Medicine Practice**

#### **Authors**

Loredana Piloff<sup>1,2)</sup>, Rodica Narcisa Tanasescu<sup>2)</sup>, Anca-Alexandra Matusz<sup>3)</sup>, Mihaela Daniela Balta<sup>2,4)</sup>

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Atrial fibrillation is a major problem in the family doctor's survey because of the frequency, severity and implications of this clinical entity.

Atrial fibrillation is the most common cardiac arrhythmia. The prevalence in the general population is estimated at 2% and 5% at the age over 70, but the data are surely understated.

The patient with atrial fibrillation (AF) has a twofold risk of death from cardiovascular disease, an increased risk of stroke and a significantly impaired quality of life.

Standardized surveillance includes: early diagnosis, monitoring, multidisciplinary approach.

Full diagnosis of the patient is essential in initiating and monitoring therapy.

The role of the family doctor is essential in the diagnostic phase for identifying as early as possible, but also in the long-term surveillance.

In the first stage cardiologist- GP team will guide intervention to: rate control, coagulation indication, rhythm control and treatment of the basic heart disease. The long-term supervision is increasing the share of the family doctor. The objectives are: thromboembolic accident prevention, symptoms progress, rhythm and rate control.

Monitor patients with AF should be performed according to standardized guidelines with indications tint depending on the strength of the recommendation, but individualized approach appears to be a real challenge for a sensitivity analysis for both the cardiologist, but equally for the family doctor.

Knowing and following a standardized algorithm for diagnosis and treatment of atrial fibrillation is an important element in medical practice family doctor and requires constant updating.

Conflict of interest

no

## **Contribution ID: 1047**

### **Presentation form**

Poster

### **Precordial pain: difficulties in the primary care**

#### **Authors**

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A precordial pain requires accurate differential diagnosis since it could result from a cardiac or non-cardiac cause. Whenever a cardiac cause is suspected, it should be distinguished between common underestimate etiologies such as myocarditis/pericarditis from others.

Male, 29 years, no relevant comorbidity, with a moderate burning not radiated retrosternal deep inspiration pain. There was no syncope, palpitations, travel or infectious history, nor respiratory or gastrointestinal symptoms.

A physical exam showed no signs of dehydration, anemia, cyanosis, dyspnea, hepatomegaly or abnormal jugular vein turgescence. The extremities were perfused with a symmetrical regular broad pulses and no edema. Hemodynamic stability was certified: 91/71 mmHg blood pressure, 60 cardiac bpm, 20 inspiratory cpm, 100% oxygen saturation and normal body temperature. First and second rhythmic cardiac sounds were not associated with friction or murmurs. Pulmonary auscultation verified no adventitious sounds, superficial respiratory pattern and normal expiratory time. Exams revealed CK-MK, troponin I and PCR high levels. Electrocardiogram, chest X-ray, blood count, myoglobin were normal. Echocardiogram presented with a significant left ventricular motility change.

A high level of suspicion is needed in the primary care setting since it needs a markers level confirmation. A general agreement about a 3 to 6 months physical activity interdiction. Although NSAIDs or aspirin are usually used, the more effective therapy stills doubtful. Colchicine may serve as adjuvant. Corticosteroids are considered a second line. The patient was admitted for hospital management. Empirical low dose colchicine and ibuprofen was maintain (4 and 12 weeks, respectively).

Conflict of interest

no

## **Contribution ID: 1066**

### **Presentation form**

Poster

### **An embarrassing mass**

#### **Authors**

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**Introduction (Current history):** A 22-year-old man consults his primary care physician for continuous abdominal pain in the hypogastrium that started insidiously two days ago and now it has reached of an intensity of 8/10, it is accompanied by diarrhea without pathological products and no relief of the abdominal pain after the deposition. No other symptoms.

#### **Physical examination**

On examination, soft abdomen, depressable, painful hypogastrium. No masses, no megalias. It is prescribed analgesic and soft diet.

**Objective:**

**Evolution**

Appointment is scheduled in five days, when the patient comes back and says that although he has no longer had diarrhea, the pain in the hypogastrium has increased and a bulge has come out in that area, so an abdominal ultrasound is done in consultation and a vascularized mass is seen which is compatible with pelvic thrombosed varicose veins, so the patient is sent to the Emergency Department.

There they examine him and he is admitted with heparin at an anticoagulant dose. In the hospital, it is found that there are no acquired factors triggering thrombosis, which is why Sintrom is prescribed. Later, the patient comes back to the primary care physician and he requests a study of coagulation, in which objective: no thrombophilias but presence of: lupus anticoagulant, IgM anti-cardiolipin antibodies, with anti-β2-glycoprotein antibodies, so the patient is diagnosed with antiphospholipid syndrome.

**Results (DIFFERENTIAL DIAGNOSIS)**

-SYSTEMIC LUPUS ERYTHEMATOSUS

-THROMBOFILIA

**Conclusions:** Before a young patient without acquired factors for the development of a DVT, congenital factors should be ruled out.

Conflict of interest

no

**Contribution ID: 1070**

**Presentation form**

Poster

**Atypical headache – when the hospital consultation doesn't arrive on time**

**Authors**

José Costa, Joana Amorim  
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**Introduction/Aim:** Highlight the importance of identifying red flags in headaches and the need for proper communication between primary care and hospitals

**Materials and Methods:** Description of clinical case

**Results:** A 42 year old female with prior history of intervention to an aneurysm in the left posterior cerebral artery in 2005, presents herself in January 2017 in a primary care consultation with complaints of chronic, several months, headache. Describes pain in the parietal area, with an almost daily frequency and sometimes so intense that wakes her up from sleep. During the acute period dizziness, photophobia, phonophobia and sometimes nausea are present. Denies aura and can't identify any trigger. Self-medicates with NSAID with minimal relief. Takes oral contraceptive daily, with no relation to episodes. No significant findings in physical examination. The physician decides to request a consultation with a Neurology specialist.

In April 2017 the patient is found unconscious by coworker and the emergency services are called. At the emergency room a ruptured brain aneurysm with

subarachnoid hemorrhage is diagnosed and the patient goes into surgery. The outcome of the surgery is good and after a few weeks the patient is discharged with mild headache and no neurologic impairment.

Currently studied by Neurosurgery and Ophthalmology with suspected Terson Syndrome and Fibromuscular Dysplasia.

**Conclusion:** It's important to be able to differentiate headache that has red flags to prevent more serious outcomes and this ability is particularly relevant for primary care physicians that are very often presented with this symptom.

Conflict of interest

no

## Contribution ID: 1071

### Presentation form

Poster

### A break contained in time

### Authors

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### Introduction (Current history)

Medical history: arterial hypertension, without treatment

A 65-year-old man shows up with left coxalgia radiating to the lumbar area and root of both extremities during the walk, that cause functional impotence three days ago. In Primary Care, anti-inflammatories it is prescribed every 8 hours for five days without clinical improvement.

Exploration: Pain on palpation of the left iliac fossa and pain on palpation of the hypogastrium with impotence in the external rotation of the left hip; and cyanotic coloration of both feet.

Supplementary tests:

Lumbar rx: signs of spondylosis with clamping D12 / L1.

Eco-Doppler probe: Absence of left pedio pulse with bilaterally altered ankle / arm index (<0.9).

Performs preferential consultation to Vascular Surgery

**Objetive(in primary care):** His primary care doctor sees him again, and given that the patient continues with the same clinic, he requests a lumbar MRI which is done the following day informing that the patient has an abdominal aortic aneurysm (6x5cm) with mural thrombus and presence of left posterior lateral focal discontinuity. , with hematic content suggestive of contained rupture, with extension to iliac bifurcation, so it contacts the patient and sends him to the Emergency Department, where the exploration is verified and the doctors seen the images of the MRI and contact with Vascular Surgery for surgical intervention to put a protesís.

### Results (DIFFERENTIAL DIAGNOSIS)

Hip arthrosis

Hip hematoma

**Conclusions:** If the lumbar pain does not yield with analgesia and lasts over time, assess the performance of diagnostic tests to identify it.

Conflict of interest

no

## **Contribution ID: 1076**

### **Presentation form**

Poster

### **More than a pericarditis**

#### **Authors**

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**Framework:** Pericarditis after AMI is common. One of its rarer forms is Dressler's Syndrome, which can occur 1-6 weeks after the initial damage.

**Case Description:** A 69-year old leukodermal woman with HTA, AMI (2010), thyroid nodules, unstable angina with a recent coronary catheterization with angioplasty.

She recruited GP consultation for general malaise associated with dizziness and nausea.

Two days later, due to worsening of her general condition, posterior thoracalgia and decreased generalized force, she went to the urgencies, where she did analytical control and ECG, that didn't change.

Five days after the first observation, she consults again with the same symptoms. The clinical exam didn't present any relevant changes; analytically and ECG without alterations. An Echocardiogram reveals hypokinesia of the apex, a slight pericardial effusion with a 17mm posterolapical slide. The patient was hospitalized with the diagnosis of Dressler's Syndrome and started treatment with Prednisolone.

**Discussion:** The exact cause of SD is unknown, although an initial lesion of mesothelial pericardial cells combined with blood in the pericardial space and triggers an immune response, resulting in the deposition of immune complex in the pericardium. SD should be considered in all patients who present persistent malaise, chest pain or fatigue after AMI or cardiac surgery. It's mandatory an echocardiogram for its diagnosis and the treatment consists of anti-inflammatory (4-6 weeks) or steroid therapy (4 weeks). It's imperative that the physician recognize the differential diagnoses of chest pain, and be aware of the possibility of post-AMI pericarditis.

Conflict of interest

no

## **Contribution ID: 1090**

### **Presentation form**

Poster

### **Overview of use of anticoagulants in the setting of atrial fibrillation in a portuguese health unit**

#### **Authors**

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**Introduction/Aim:** The aim of our study is to investigate the use of anticoagulants in the context of AF, verify their correct prescription and identify possible errors that can be corrected regarding this medication.

**Materials and Methods:** Data was collected using the MIM@UF and SClinico platforms and registered in a Microsoft Excel database. We used the same software for statistical analysis.

We included all the individuals with an active inscription in our health unit, with an attributed family doctor, aged 40 or more, with K78 codification according to ICPC-2 as an active problem in October 2018. We excluded those with a diagnosis of atrial flutter or without AF documented in the registered exams in the patients' clinical process.

**Results:** We encountered 239 individuals with K78 codification. Of these, 139 had documented AF and 90 had the codification without documented AF. We excluded 10 individuals that fulfilled any of the exclusion criteria. We calculated an AF prevalence of 1,51%. 124 individuals with AF were being treated with a NOAC, 53 were treated with a vitamin K antagonist and 50 had no instituted treatment.

**Conclusion:** We determined that NOACs are the preferred anticoagulant treatment for the prevention of thromboembolic events in the setting of atrial fibrillation in our health unit. We identified some errors in the prescription that will be confirmed and corrected to improve the care provided to the population

Conflict of interest  
no

## Contribution ID: 1095

### Presentation form

Poster

### Dyslipidemia: Are we making the right questions?

#### Authors

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**Introduction:** Cardiovascular disease is still the main cause of death in the world and is responsible for 31% of all deaths. LDL-c should be used as the most important laboratorial test in the evaluation of the lipid profile. Total cholesterol can be used in some clinical settings but, usually, is not sufficient to accurately characterize dyslipidaemia. In diabetic patients with very high cardiovascular risk the LDL-c objective is <70mg/dL.

**Aim:** Description of a population of diabetic patients with very high cardiovascular risk defined by the diagnosis of diabetes mellitus and the presence of another risk factor (dyslipidemia, obesity, arterial hypertension or tobacco smoking).

**Materials and Methods** Transversal, observational and retrospective study of 420 diabetic patients with follow-up in a primary care facility and very high cardiovascular risk. Data was analysed using IBM SPSS Statistics V23®.

**Results:** The average age was 68 years, with a slight predominance of males (50.2%).

Approximately 76% had a total cholesterol value inferior to 190 mg/dL but only 22% had LDL-c inferior to 70mg/dL.

Considering patients with LDL-c values above the objective, only 17% were prescribed with high potency statin and only 2% with a statin and ezetimibe association.

**Conclusion:** In primary care, LDL-c is not routinely monitored in laboratorial tests because it can be accurately calculated by the Friedwald formula.

This project aims remind medical professionals to set individual objectives with each patient and aim for the achievement of it in order to prevent major cardiovascular complications.

Conflict of interest  
no

## Contribution ID: 1104

### Presentation form

Poster

### What a hypoglycaemia can mask

#### Authors

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<sup>2</sup>)SACYL, Valladolid, Spain

**Aim:** To remark the need of going beyond the main symptom, especially in diabetic population where semiology is poor and sometimes atypical

**Material and methods:** A 50 year-old gentleman came to our clinic because of drowsyness and disorientation; he has previous medical records of type I Diabetes, permanent urinary catheter because of neurogenic bladder, high blood pressure and miocardial infarction several years ago. A capillary glycaemia was determined during anamnesis, showing 18mg/dl. Normal levels were instantly restored after administration of glucose 50% previous peripheral endovenous catheterization. Conscience level was restored up to Glasgow Coma Scale of 15. No symptomatology was referred during anamnesis. No pathological findings on physical examination

**Results:** Peripheral oxygen saturation 90%. Breathing rate 21.EKG: ST abnormalities with depression on V4,V5,V6 (significant changes when comparing to previous EKG). Laboratory tests: no leukocytosis, but high-sensitivity Troponine I of 4900 pg/L, revealing and Non ST Elevation Myocardial Infarction (NSTEMI). Chest x-ray: compatible with acute pulmonary edema. Patient was admitted to Intensive care Unit, and underwent non invasive mechanical ventilation. Coronary computed

tomography showed severe calcification of three vessels. After 5 days he went to cardiological ward, and discharged after 7 days.

**Conclusion:** The ORIGIN study concluded that severe hypoglycaemia is associated with an increased risk of cardiovascular events in people with high CV risk and dysglycemia. This findings, summed up to the high prevalence of atypical semiology of acute coronary síndrome, should prevent us from underestimate this Association, especially when hypoglycaemia is the guide symptom

Conflict of interest

no

**Contribution ID: 1107**

**Presentation form**

Poster

**Unexpected complication of a viral gastroenteritis**

**Authors**

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**Aim:** Remark the need to suspect serious complications behind common viral infections when a compatible symptomatology is discovered.

**Material and methods:** A 67 year-old woman with personal history of omplete AV block who needed a pacemaker implant consulted for progressive Thoracic pain irradiated to the left scapula and the whole left upper extremity, since 3 hours before. No vegetative response was presented. She reported a viral gastroenteritis with moderate diarrhoea during the last 24 hours. Some relatives had had the same viral infection. Physical examination was nonspecific, with capillary glucose levels, blood pressure an both Heart and breath rate normal.

**Results:** EKG: sinus rythm, Left bundle branch block (already known), Negative T from V1 to V3 (new finding). First Lab tests were normal, with high sensitivity Troponin I 10.7 ng/ml, but serial troponins revealed a progressive rise (second troponin 87.2 ng/ml, third troponin 174.2 ng/ml). With the diagnosis of acute miocarditis, anti-anginal therapy was initiated, and the patient was admitted to the Intensive Care for observation. Subsequents troponins were declining to normal levels; no cardiological findings on coronary arteriography and echocardiography. The patient was discharged after 7 days with no sequelae.

**Conclusion:** Viral infections of any location are usually simple and self-limiting processes; However, in some cases this illness can be derived either from a vital risk, or with the possibility of developing definitive sequelae. Therefore, they should not be underestimated in terms of diagnosis and follow-up.

Conflict of interest

no

**Contribution ID: 1113**

**Presentation form**

Poster

**Association between hypertension and dyslipidemia in a sample of general population of Toledo (Spain). RICARTO study**

**Authors**

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**Introduction/aim:** hypertension is one of the main comorbidities associated with dyslipidemia. The study aimed to identify the association between dyslipidemia and hypertension

**Methodology:** Cross-sectional epidemiological study carried out in Health Centers of the Sanitary Area of Toledo (Spain). Individuals  $\geq 18$  years were randomized according to health card. Patients with a diagnosis of hypertension and dyslipidemia (DLP) were analyzed. The variables were adjusted by age and body mass index.

**Results:** 1857 subjects were analyzed (mean age  $49.6 \pm 15.8$  years, 56.1% women 95% CI: 53.8-58.3). the prevalence of dyslipidemia was 55.7% (95% CI: 53.3-57.8) and 33.9% of the subjects (95% CI: 34.4-42.5) were diagnosed of hypertension. In women with dyslipidemia 38.3% (95% CI: 34.4-42.5) had hypertension. ( $p < 0.001$ ). On the other hand, 47.2% (95% CI: 42.3-51.7) of men with dyslipidemia met diagnostic criteria of hypertension ( $p < 0.001$ ).

**Conclusions:** in the studied population, the subjects with a diagnosis of dyslipidemia, hypertension presents a higher prevalence, statistically significant, mainly in males.

Conflict of interest

no

**Contribution ID: 1132**

**Presentation form**

Poster

**The importance of the Opportunistic screening for atrial fibrillation with the pulse taking**

**Authors**

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Man 60 year-old, obese with a history of hypertension and dyslipidemia, medicated with perindopril 5mg and rosuvastatin 10mg came to our consultation with complains compatible with supraspinous tenosynovitis, and we introduced naproxen 500mg.

In pulse taking, we detected arrhythmic pulse that was confirmed by cardiac auscultation. The patient was hemodynamically stable with BP 115/79mmHg, HR 117 bpm and CHA<sub>2</sub>DS<sub>2</sub>-VASc 1, HAS-BLED 2 (NSAIDs and Alcohol). The patient initiated bisoprolol 5mg for frequency control and did an ECG for diagnosis, which was in sinus rhythm. Therefore, there wasn't diagnosis of atrial fibrillation(AF) and the patient had CHA<sub>2</sub>DS<sub>2</sub>-VASc 1, HAS-BLED 2 so we didn't initiated anticoagulation and awaited the result of remaining complementary diagnosis. Posteriorly the patient returned with an echocardiogram report that revealed left atrial dilatation of 48ml and in the holter presented paroxysmal AF with frequent ventricular extrasystoles during AF periods despite being medicated with Bisoprolol 5mg, the analytical control was normal. On the physical examination, presented BP 145/89mmHg and HR 68bpm, asymptomatic, and already had discontinued Naproxen 500mg.

So the diagnosis of paroxysmal AF was confirmed and, despite a CHA<sub>2</sub>DS<sub>2</sub>-VASc 1 and HAS-BLED 1, we medicated with Rivaroxaban 20mg daily, because it was a male patient. We also optimized the antihypertensive therapy with atorvastatin+perindopril+amlodipine 20/5/5mg and requested an urgent cardiology consultation.

This case reveals the importance of the Opportunistic screening of the pulse taking and the dilemmas of the of anticoagulation prescription.

Conflict of interest

no

## **Contribution ID: 1145**

### **Presentation form**

Poster

### **Diagnosis of acute coronary syndrome-Case presentation**

#### **Authors**

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**Aim:** To emphasize the importance of timely diagnosis and treatment of patient with acute coronary syndrome(ACS).

**Method:** Data obtained from patient's medical documentation.

**Case presentation:** Male, 76 years old, smoker, with chronic hypertension. While working in the field, he felt chest pain of 6/10 intensity, with profuse sweating and pallor of the skin. In emergency medical service Mladenovac TA was 60/40 mm Hg;

ECG: sinus bradycardia 38/min, ST elevation in D2, D3 and aVF, ST depression in V2 and V3. He was urgently transported to a regional hospital with 1000 ml of normal saline and oxygen of 5 l/min. New ECG: bradycardia 45/min, ST elevation in D2, D3, aVf, R/s in V2, ST depression in V2, V3, ST depression with negative T in D1, aVL. TA was 80/60. He received 180 mg of ticagrelor, 300 mg of aspirin, 1/2 atropine sc, and was transported to emergency center in Belgrade. Percutaneous angioplasty was performed, 2 hours after the onset of pain, with placing of two stents. After the intervention ECG: sinus rhythm of 55/min, QS and slight ST elevation in D1, R/S in V1-V3. Pain was gone, there were no new changes in ECG.

**Conclusion:** The patient with ACS and pPCI had satisfactory outcome. This case emphasises importance of continuous education, adhering to guidelines. Patients with chest pain started less than 6 hours ago and ST elevation on ECG should be sent immediately to the catheterization hall.

**Key words:** acute coronary syndrome, treatment.

Conflict of interest

no

## **Contribution ID: 1208**

### **Presentation form**

Poster

### **Anticoagulation in atrial fibrillation: a shared decision making case**

#### **Authors**

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**Introduction/Aim:** Atrial Fibrillation (AF) remains one of the major causes of stroke, heart failure, sudden death, and cardiovascular morbidity in the world. Rate control and stroke prevention with antithrombotic therapy remains the cornerstones of AF treatment.

**Materials and Methods:** Review of the patient's file; clinical history.

**Results:** A 59 years old male patient with a past medical history of hypertension, obesity and non obstructive hypertrophic cardiomyopathy accompanied by a cardiologist, consulted his family physician for lower urinary tract symptoms, nocturia and sensation of incomplete voiding. At observation arrhythmic heart sounds were detected and a possible diagnosis of AF was made. A 24 hours rhythm register revealed AF with controlled ventricular response. With the diagnose of AF made, blood tests with full blood count as well as serum electrolytes, kidney and thyroid function were requested, and an elevated thyroid stimulating hormone was discovered. The decision to anticoagulate was shared between the patient and his family physician after explaining the benefits and the risks of each anticoagulant medication. Then based on clinical history, elevated risk of stroke and systemic embolism (CHA2DS2-VASc score 1) and low risk of bleeding (HASBLED score 0), the patient and his family physician decided to anticoagulate with dabigatran, a non-vitamin K antagonist oral anticoagulant. The favorable price and the existence of a specific reversal agent available were decisive factors for the patient's choice.

**Conclusion:** Patient-doctor dyad and shared decisions in family medicine are fundamental for treatment success and compliance.

Conflict of interest

no

## **Contribution ID: 1220**

### **Presentation form**

Poster

**BEST POSTER: Relationship between blood pressure levels and ischemic stroke, myocardial infarction, and mortality in very elderly Koreans taking antihypertensives**

### **Authors**

Do Hoon Kim

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**Introduction/Aim:** In the very elderly, “the lower the better” hypothesis has constantly been contradicted by randomized control trials and various cohort studies, but inconsistency in results led to unclear blood pressure treatment targets. This study aimed to assess the relationship between baseline blood pressure (BP) and ischemic stroke, myocardial infarction, and all-cause mortality in very elderly people treated for hypertension.

**Materials and Methods:** This large population-based retrospective cohort study was based on the national claims database of the Korean National Health Insurance System, which covers the entire Korean population. 374 250 participants aged  $\geq 75$  years taking antihypertensive agents were recruited, excluding patients with a history of previous ischemic stroke or myocardial infarction.

**Results:** Systolic BP (SBP) followed a J curve for ischemic stroke and a U curve for all-cause mortality, with nadir ranges of 120 to 129 mmHg and 140 to 149 mmHg, respectively. While increasing diastolic BP (DBP) generally resulted in higher HRs for ischemic stroke, HRs for myocardial infarction and all-cause mortality significantly increased only when DBP was  $\geq 80$  mmHg and  $\geq 90$  mmHg, respectively. The SBP/DBP combination analysis showed that even with SBP  $< 130$  mmHg, higher DBP  $\geq 90$  mmHg had higher HRs for all three outcomes compared to the reference group (130 to 149 /  $< 80$  mmHg).

**Conclusion:** There were no further benefits or even harm below certain BP levels for ischemic stroke, myocardial infarction, and all-cause mortality in very elderly hypertensive patients.

Conflict of interest

no

## **Contribution ID: 1240**

### **Presentation form**

Poster

**Prevalence of early repolarization in children and adolescents without congenital or acquired heart disease**

### **Authors**

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**Introduction/Aim:** The aim of this study was to determine the prevalence of early repolarization in healthy children who have not structural or acquired heart disease.

**Materials and Methods:** Hospital records of 7400 patient has been analyzed retrospectively. We examined ECG of 1676 children, from birth to 17 years old, in whom standard clinical investigation failed to reveal any congenital and acquired heart disease or dysrhythmia. ER was defined by  $\geq 0.1$  mV J point elevation in at least two contiguous inferior or lateral ECG leads. Age, gender, Sokolow index, heart rate, gestational week, family history of cardiac disease and cardiac symptoms were compared between children who has ER or not.

**Results:** ER pattern was present in 87/909 males (9,6%) and 113/767 females (14,7%)( $p=0,0013$ ). Mean age of children with or without ER pattern are 10,15 vs 6,63 ( $p<0.001$ ) and 41,5% of all ER was seen in adolescent. Heart rate was  $106 \pm 31$  bpm in children without versus  $86 \pm 18$  bpm with ER ( $p= 0,026$ ). Sokolow index was  $22,4 \pm 9$  mm in children with versus  $18,2 \pm 7,9$  mm in children without ER ( $p <0,0001$ ). The vast majority of ER was detect in inferior leads(66%), like rapidly ascending ST segment(91,5%) and slurring (96%) J wave patern.

**Conclusion:** Prevalence of ER pattern of this population is 11,9% and ER is related to female gender, an older age, a slower heart rate, a higher Sokolow index and number of cardiac symptoms, but not to gestational week or family history.

Conflict of interest

no

## Contribution ID: 4

### Presentation form

Poster

### Take my breath away - chest pain in the young adult

#### Authors

Claudia Silva

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**Introduction/Aim:** Thoracalgia is an important cause of recurrence to health services. Most of the cases are due to musculoskeletal causes, with benign and self-limited course. However, it is necessary to exclude other organic causes.

**Materials and Methods:** We collected the clinical history directly from the patient and the laboratory results from her clinical process.

**Results:** We report a clinical case of a 22-year-old girl, who appealed multiple times to health services complaining of moderate progressive thoracalgia and subsequent dyspnea, with no relevant personal history, besides taking oral contraceptives. On the first attendance at primary care, this patient presented symptoms compatible with anxiety, being medicated with an anxiolytic. However, the symptoms worsened

and after several misdiagnosis she couldn't even rest in bed. Finally, the analytical study showed elevation of D-dimers and an angio-CT scan confirmed the diagnosis of pulmonary thromboembolism (PT), starting an anticoagulant.

**Conclusion:** The family doctor is often the first contact for most young patients with chest pain. PT is a rare cause of thoracalgia among young patients. Although early treatment is highly effective, PT is often underdiagnosed. With this case we pretend to underline the importance of a thorough multidisciplinary approach and exploration when confronted with signs and symptoms that can be caused by multiple diseases with quite different prognosis.

Conflict of interest

no

## Contribution ID: 40

### Presentation form

Poster

### The use of broncodilators in a region of Spain over 1 year

#### Authors

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**Introduction/Background:** bronchodilators are more used, there are more options for that.

**Objective/Methodology:** To study the prescription of broncodilator medication and its repercussions on spending, in an region of Spain over one year. The analysis of all the prescriptions made for broncodilator medication over the year 2017 in Cantabria (Spain), assessing the final repercussion on spending and its evolution over the year. To calculate pharmaceutical consumption, we used spending, the total number of prescriptions in this group.

**Results:** Broncodilator medication makes up 7.1% of the total spending, at 12,531,795.54 euros. The costs were: Salmeterol (0.43% of spending and 0.41 of all prescriptions); Formoterol (0.53% and 0.4%); Indacaterol (2.2% and 1.5%), olodaterol (0.1% and 0.09%), salbutamol (1.4% and 17.9%); ipratropio (0.2% and 1.4%); tiotropio (12.9% and 9.2%), acclidinio (1.9% y 1.4%); glicopirronio (1.9% and 1.4%); umeclidinio (0.9% and 0.6%), salmeterol+fluticasona (14.2% and 12.02%), formoterol+budesonida (22.3% y 15.1%), formoterol+beclometasona (22.3% y 6.6%), formoterol+fluticasona (1.9% and 1.2%); formoterol+acclidinio (3.6% and 0.8%); vilanterol+fluticasona (5.6% and 3.8%), vilanterol+umeclidinio (1.5% and 0.7%); salbutamol+beclometasona (0.005% and 0.02%), salbutamol+ipratropio (1.4% and 3.3%); glicopirronio+indacaterol (10.2% y 4.1%); olodaterol+tiotropio (3.6% and 1.5%).

**Conclusions:** Broncodilators are a much used medication, making up 7% of total pharmacological spending. Formoterol+budesonida, tiotropio, glicopirronio+indacaterol and formoterol+beclometasona are the ones that use up most resources, in 6th, 21st, 29th, and 31st position in total pharmaceutical spending.

Conflict of interest

no

## Contribution ID: 57

### Presentation form

Poster

### Variability of laryngeal height between COPD patients and general population: a new highlight

#### Authors

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**Aim:** To analyze the natural evolution of laryngeal height and differences between COPD patients and general population, in order to demonstrate variations in laryngeal height as a clinical finding in COPD diagnosis.

**Materials and Methods:** Observational prospective Study. Period January 2017-December 2018. Study sample: 100 patients diagnosed of COPD, matched by age and sex with 100 non-COPD population. Variables: age, weight, BMI, medical records, spirometry parameters (FEV1%, FVC %, Tiffenau), máximo laryngeal height (milimeters), minimum laryngeal height, mean laryngeal height, laryngeal descent (difference between máximo and minimum height).

**Results:** A Group: COPD patients. B Group: non-COPD patients. 77% male. Mean age 70.29 years (44-89), 25 % of each sample > 75 years. Maximum laryngeal height A: 48.52mm (32-93), B: 56.96mm (44-81). Minimum laryngeal height A: 37.17mm (21-85), B: 44.83mm (31-67). Median laryngeal height: A: 39.50mm (27.50-89), B: 46,50 (38-74). Global Laryngeal descent mean: A: 11 mm (6-19), B: 17mm (37-92). Obesity (BMI > 30): A: 29%, B: 17%). Less laryngeal descent in obesoes with COPD (7,26 mm in COPD versus 9,56 mm in general population, p= 0.032) and in patients with age > 75 years in group A (p=0.047); no statistically significant associations founded in group B.

**Conclusion:** We have found differences in laryngeal height between COPD patients and general population, which worsens with obesity and among the elderlies. These findings supports the idea of using this clinical finding when diagnosing COPD in selected population.

Conflict of interest

no

## Contribution ID: 83

### Presentation form

Poster

## Emergency department consulting for respiratory symptoms: interactions with primary care

### Authors

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**Aims and background:** Respiratory diseases are a common reason for outpatient treatment in both GP practices and Emergency Departments (ED). It remains unclear to what extent ED patients might rather have primary care treatment demands. In the EMACROSS study (Emergency and Acute Care for Respiratory Diseases beyond Sectoral Separation), we evaluated the medical and demographical characteristics as well as the utilization motives of respiratory patients visiting ED.

**Material and Methods:** EMACROSS is a mixed methods study and part of the publicly funded Berlin-based healthcare research network EMANet. The study consists of a prospective cohort (recruitment in 2017/2018, two-stage questionnaire survey), an analysis of secondary hospital data and a qualitative module (patient and GP interviews).

**Results:** Recruitment was successfully concluded at n=498 in November 2018. Data of 427 patients have already been analysed (male/female 54/46%; mean age 55). 88% have a regular GP. We present detailed medical and demographical characteristics of the cohort with a special focus on the impact of GP attachment and on interactions between primary care and ED visits. For certain subgroups, our data suggest unmet primary care demands in ED patients, while this is less clear for others.

**Conclusions:** Patients with respiratory symptoms visiting ED consider themselves genuine emergencies; convenience plays a minor role. Interim analyses suggest unmet primary care demands in a share of ED patients, e.g. patients without regular GP care. Further analyses are in progress and results will be available by the time of the congress.

Conflict of interest

no

### Contribution ID: 124

### Presentation form

Poster

### Thymic cyst as a diagnostic challenge

### Authors

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**Introduction:** Thymic cysts are rare, benign, mostly congenital anomalies and represent 1-3% of all mediastinal masses, most frequently found in the front mediastinum. They can be congenital or acquired, as part of various immunological and malignant diseases. About 60% of patients with thymic cysts are asymptomatic and if symptoms are present, they are not specific, such as cough, dyspnoea and chest pain.

**Case report:** A 48-year-old patient in March 2018 came with a high temperature, persistent dry cough, and coughing up blood. Radiography and computerized tomography showed a clearly limited change to the right paratracheal, with a diameter of 64 x 53 mm, clear edges, without invasion and continuity on the surrounding tissue. The initial bronchoscopy indicated compression of the trachea, and the other seven lymph nodes were explored with a nonspecific finding, as well as five milliliters of yellowish liquid content were obtained. Meanwhile, the patient's respiratory infections, coughing and expectoration of blood clots were gone and he felt good. Video-assisted thoracoscopic surgery performed a complete resection of the change while preserving the thymus. The change was clearly separated from the environment, encapsulated, with a thin wall. Pathohistological, no malignant cells were found, the wall consisted of fibrocystic tissue with fragments of the thymic tissue. It was a benign, simple, congenital thymic cyst.

**Conclusion:** Each patient with a suspicion of thymic cyst should be referred to a multidisciplinary team with experience in mediastinal pathology. Surgical resection of our patient was conducted for diagnostic and therapeutic purposes.

Conflict of interest

no

## **Contribution ID: 131**

### **Presentation form**

Poster

### **Health Literacy and eHealth among asthma patients – results of a cross sectional survey**

#### **Authors**

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**Introduction/Aim:** Studies have shown that low Health literacy (HL) is related to poorer use of health services and poorer asthma self-management, both of which lead to poorer outcomes. We aimed to investigate HL and eHealth literacy (eHL) among two groups of asthma outpatients, those with prior asthma education and those without.

**Material/Methods:** A cross-sectional survey was conducted with a sample of adult asthma patients (n=129). Half of them had received asthma patient education prior to the study (n=64). The study collected demographic data, questions on HL (HLS-EU-Q16) and eHL (eHEALS). Analysis conducted on study data included frequencies, proportions, chi-square tests and Bland-Altman plots.

**Results:** In the main analysis respondents' mean HL values were almost identical in both groups, 11.9 (SD 3.1) among trained and 11.8 (SD=3.5) among untrained

patients, demonstrating a problematic level of HL. Bland-Altman plots of the 6-item and 16-item versions of the HLS-EU suggest only limited agreement between the versions. In terms of eHL, trained patients showed a mean of 3.0 (SD=1.1) and untrained patients a mean of 3.2 (SD=1.0). Analysis of HL and eHL showed no difference between groups.

**Conclusions:** No difference between groups was found, suggesting that trained patients did not benefit from asthma education regarding HL and eHL. Maybe disease specific questionnaires might be more helpful. The 6-item and 16-item versions of the HLS-EU were not easily interchangeable, limiting its use in a busy outpatient practice.

Conflict of interest

no

## **Contribution ID: 141**

### **Presentation form**

Poster

### **Hypersensitivity pneumonitis with frequent hemoptysis**

#### **Authors**

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**Introduction:** Hypersensitivity pneumonitis is a complex pulmonary syndrome mediated by the immune system and caused by inhalation of antigens to which the patient has been previously sensitized. From the clinical point of view hypersensitivity pneumonitis can be divided into acute/subacute and chronic phenotypes. It is characterized by an insidious onset of cough, dyspnea, fatigue, and weight loss that develop over several weeks to a few months.

**Case report:** A 52-year-old patient came in February 2017 with high temperature, chest tightness, dyspnea, persistent cough, hemoptysis and weight loss of more than 6 kilograms. Radiography and computerized tomography showed poorly defined small diffuse centrilobular bilateral ground-glass opalescent nodes. Inspiratory crackles were detected by physical examination. Routine laboratory tests were regular. Bronchoalveolar lavage fluid analysis and lung biopsies by video-assisted thoracoscopic surgery indicated the presence of diffuse lymphocytic infiltrates and giant cells with non-necrotizing granulomas and cellular bronchiolitis. Hypersensitivity pneumonitis diagnosed. She was given 35 mg deflazacort, bronchodilators to widen the airways and etamsilat pills. We did not identify the causative agents, including home, workplace and recreational environmental factors.

**Conclusion:** Making the correct diagnosis has critical therapeutic and prognostic implications. Patients with hypersensitivity pneumonitis should be referred to expert centers, as the overlap with other forms of interstitial lung disease may be deceiving. The mainstay in managing this illness is to avoid the causative antigen, though complete removal is not always possible.

Conflict of interest

no

## Contribution ID: 173

### Presentation form

Poster

### Pulmonary Toxicity of Amiodarone: a review of the evidence

#### Authors

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Amiodarone is widely used for suppression of tachyarrhythmias. However, it has adverse effects on several organs, with thyroid being most frequently affected. Pulmonary toxicity is also considerable, with pulmonary manifestation being more common in interstitial pneumonitis (IP).

This review pretends to analyze the latest knowledge on the relationship between amiodarone intake and the development of IP.

For this purpose, systematic reviews (SR), clinical trials (CT) and retrospective studies (RS) were searched for the last decade in the English and Portuguese languages of the terms MESH: "amiodarone" and "lung diseases, interstitial"

We obtained 17 articles, of which 4 SR and 1 RS were selected, taking into account the defined objective.

IP usually occurs in patients with a daily dose of amiodarone greater than 400 mg being the effect dose-dependent and cumulative with the duration of treatment. If IP is identified, amiodarone should be discontinued and contraindicated. Further therapeutic measures are the use of corticosteroids, with recent studies also highlighting the possible protective effect of the use of renin-angiotensin-aldosterone-modifying drugs. It is important to note the importance of controlling the tachyarrhythmia for which amiodarone was being used.

Results demonstrated that is important awareness of the family physicians accompanying patients taking amiodarone for early identification of the appearance of IP and recurrent evaluation of the benefit/risk ratio for the continuation of amiodarone. It is thus an important topic in the context of general and family medicine, since it is more important to treat the patient than treating an isolated disease.

Conflict of interest

no

## Contribution ID: 215

### Presentation form

Poster

### Salty sweat – a predestined diagnosis

#### Authors

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**Introduction:** cystic Fibrosis (CF) is an autosomal recessive disease which affects mucus and sweat producing cells, involving multiple organs. However CF is usually

diagnosed in childhood, a considered number of adults are diagnosed every year. This is the most fatal genetic disease among children.

**Case report:** a 12- year- old, Brazilian female, presented with weight loss, intermittent abdominal discomfort and steatorrhea, over a period of 4 months. No past medical or surgical history was noted, but she referred to an uncle with CF. There was no history of jaundice, diarrhea, vomit, dyspnea or cough. Clinical examination revealed a pulmonary auscultation with rude vesicular murmur and a palpable liver, 2 cm below the right costal margin. No other major changes were registered. Based on the patient's history, we requested an analytical study, an abdominal ultrasound and a sweat test. The later revealed high chloride levels. A diagnosis of CF was considered, leading the patient to be referred to a pediatric Doctor specialized in CF.

**Discussion:** since early diagnosis of CF can avoid morbidities and unnecessary hospitalizations, it is importante for clinicians to recognize CF symptoms.

Conflict of interest  
no

## **Contribution ID: 232**

### **Presentation form**

Poster

### **BEST POSTER: Asthma vs COPD - from clinical perception to diagnostic confirmation**

#### **Authors**

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**Introduction/Aim:** Chronic Obstructive Pulmonary Disease (COPD) and Bronchial Asthma are prevalent pathologies, responsible for innumerable hospitalizations, often avoidable if diagnostic, preventive and therapeutic control measures are taken in Primary Health Care.

The objective of this study is to relate the clinical suspicion to the spirometric result, in patients submitted to spirometry in the Tagus Estuary ACES.

**Materials/Methods:** Data were obtained from WinspiroPro software from January 5th to August 10th 2018, from spirometry performed at the request of the ACES physicians for diagnostic confirmation. 501 spirometries, from 242 females and 259 males, aged between 8-91years, were evaluated. Spirometry was performed using a Cardiopneumology technique, based on Guideline No. 005/2016-09/28/2016 issued by the General Health Directorate.

**Results:** Of the 501 spirometries performed, 111 were diagnosed with an obstructive pattern (18% compatible with asthma, 77% with COPD, 5% inconclusive due to lack of collaboration in the bronchodilation test), 17 with mixed pattern and 8 with restrictive pattern.

Of the 48 patients sent with "suspected asthma", only 6 had the diagnosis of asthma confirmed. Of the 25 patients sent for "asthma in follow-up", only 4 had results compatible with this diagnosis and 6 were compatible with COPD and were incorrectly medicated.

**Conclusion:** The evaluation of these data allows us to conclude that clinical perception for the diagnosis of COPD and Asthma is not always easy to identify and that spirometry is an extremely important diagnostic aid in assessing the severity of the disease and its control in order to guarantee a correct clinical and therapeutic orientation.

Conflict of interest  
no

## **Contribution ID: 257**

### **Presentation form**

Poster

### **Spontaneous pneumothorax. About a case**

#### **Authors**

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**Introduction:** Spontaneous pneumothorax is more frequent in young patients, smokers and men. It is defined as the accumulation of air in the pleural space without a clear cause. The primary NE is thought to be caused by a rupture of a bulla. It usually affects more thin men, smokers between 20 and 40 years. The clinical presentation is usually sudden chest pain, which worsens with deep inspiration, cyanosis, tachypnea. On auscultation, a decrease in vesicular murmur or its abolition is observed.

**Background - Objective:** A 20-year-old man with no known drug allergies, smoker of 20 cigarettes a day for 8 years, who went to the emergency room due to chest pain in the right hemithorax of 1 hour of evolution, accompanied by sudden dyspnea. Denies traumatic antecedent.

**Methods:** Description of a clinical case and review of the literature.

**Results:** Complementary explorations: ECG: sinus rhythm, without ST alterations and without changes in repolarization. Rx chest: Pulmonary centripetal retraction, forming a pulmonary stump image. Upon arrival in the emergency room placement of pleural drainage tube and before the appearance of the second episode admission for surgery.

**Conclusions:** The treatment should not be delayed and consists in extracting the air from the pleural space, through a thoracocentesis, allowing the expansion of the lung. It may take several days to specify a hospital admission until the lung is fully expanded. Small pneumothoraces usually resolve spontaneously. Some recur and require thoracic surgery for correction.

Conflict of interest  
no

## **Contribution ID: 261**

### **Presentation form**

Poster

## Clinical procedure - Epistaxis

### Authors

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**Introduction/Aim:** Epistaxis is the entire hemorrhagic process that originates in the nasal fossae. It is relatively common, being usually benign and self-limited or easy to control. It is essential for the family doctor to diagnose and treat epistaxis and also to refer to secondary health care for cases that are severe or refractory to treatment. This procedure aims at the definition of a protocol of clinical performance before a patient with epistaxis.

**Materials and Methods:** A bibliographic search was carried out in PUBMED and Dynamed database with the term MeSH "Epistaxis". Another literature on the subject was also consulted according to the bibliography presented.

**Results:** To evaluate a patient with epistaxis, it is essential to conduct a directed anamnesis, determine the hemodynamic status of the patient and locate the bleeding point in order to identify an anterior or posterior epistaxis. General measures are essential and should be the first to be taken in the management of active epistaxis. It is mandatory to reassure the patient and ensure hemodynamic control when necessary. Specific measures should be taken according to the cause identified and the seriousness of the situation. The protocol will also address preventive measures and referral criteria.

**Conclusion:** This protocol is an instrument that allows a standardized and consensual clinical practice in the evaluation and treatment of a patient with epistaxis, thus giving greater speed, reliability, normalization and safety to patient care.

Conflict of interest

no

## Contribution ID: 281

### Presentation form

Poster

## Development of an inhalation medication formulary for both asthma and COPD; collaboration between primary and secondary care

### Authors

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**Introduction:** There is a wide range of inhalation medication available with different active substances within the same category and a large number of different inhalation devices. Causing difficulty for doctors in prescribing inhalation medication. Resulting in suboptimal choices, different devices within the same patient or an

inefficient device for the concerning patient. Causing poor inhalation technique which has been proven to result in insufficient asthma control, more exacerbations and hospitalization and excessive costs.

**Aim:** Development of an easy to use regional inhalation medication formulary with the consent of primary and secondary care givers, for both asthma and COPD.

**Methods:** First the key care givers in asthma and COPD care from both primary and secondary care in the region of Utrecht, the Netherlands were brought together. Second a list of criteria in accordance with national guidelines was conducted to be considered in choosing substance/device combinations for the formularies. Next a formulary was developed for both asthma and COPD with lines, for different patient types, of comparable devices per treatment step. The resulting formulary with preferent choices was translated to the electronic prescription systems used in primary care.

**Results:** The above resulted in both an asthma and COPD inhalation medication formulary which is easy to use and has the consensus of the key care givers in both primary and secondary care in the region.

**Conclusion:** It is possible to develop an inhalation medication formulary with founded choices. Next challenge is adequate implementation and conformation of health insurance companies to these formularies.

Conflict of interest

no

## **Contribution ID: 303**

### **Presentation form**

Poster

### **Elaboration of a questionnaire of beliefs on inhaled treatment in patients with COPD (CCTI).**

#### **Authors**

Paula Colacicchi, Irina Rivera Rios, Patricia Polo Barrero, Carlos Maria Navarro Guitart, Marina Méndez Ramos, Francisca Muñoz Cobos, Jose Maria Santacruz Talledo

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**Introduction/aim:** Therapeutic adherence of patients with chronic obstructive pulmonary disease (COPD) is poor, our aim is to design a questionnaire that can help us solve this.

**Materials and methods:** Design a questionnaire to detect erroneous beliefs about inhaled treatment in patients with COPD.

Transversal descriptive study. Urban health center.

1) Initial questionnaire: judgments obtained from a qualitative study with interviews to patients and contributions from the bibliography. 2) Reviewed by general practitioners, pulmonologist, emergency physician and pharmacy professionals who usually treat patients with COPD (facial validity). 3) Piloting in patients with COPD with continued inhaled treatment, selected I EPOC process listing (n = 20, 10% of sample calculated for validation: n = 200 for alpha 95%, power 80%) group interviews. Limitations: selection biases, classification errors.

**Results:** Preparation of initial questionnaire: 20 sentences (Version 0). Review by 7 professionals: general practitioner (2), family nursing (1), pulmonology (1), emergency medicine (2), pharmacy (1). Incorporation of corrections (Version 1). Piloting for patients with COPD (n = 23) in three group interviews with 9, 4 and 10 participants each. 78,3% male, with a mean age of 72  $\pm$  3 years. 13% of the total unschooled, 30,4% elementary school, 21,7% high school, 21,7% university education. The mean in years of inhaled treatment was 6,62  $\pm$  2,01. The mean of correct answers were 11,09+ over a total of 20 items.

**Conclusions:** The CCTI questionnaire can detect erroneous beliefs about inhaled treatment in patients with COPD.

Conflict of interest

no

## Contribution ID: 329

### Presentation form

Poster

### Just a dry cough?

#### Authors

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**Clinical history:** A 49 year-old man with a medical history of hypertriglyceridemia, an ex-smoker, who works as a mechanic.

He began to present a dry cough with fever. A chest x-ray revealed a pulmonary mass in right upper lobe and other smaller bilateral nodules of non-specific origin. With initial suspicion of pneumonia, levofloxacin was started. A week after treatment a follow-up chest x-ray revealed migration of pulmonary nodules. Differential diagnosis was made with vasculitis, organizing pneumonia and pulmonary eosinophilia. The patient continued febrile, with weight loss and asthenia and was referred to hospital.

Clinical examination revealed pulse oximeter reading of 96%, normal breathing sounds and no adenopathies. Blood test revealed haematological inflammation parameters. Angiotensin converting enzyme and antigenuria for *Streptococcus pneumoniae* and *Legionella pneumophila* were negative. A computerized tomography scan was requested revealing multiple subpleural and peribronchovascular bilateral areas of consolidation, with bronchial dilatations inside and intrapulmonary adenopathies.

**Diagnosis:** Initial suspicion was of organizing pneumonia.

**Plan of action and treatment:** A bronchoscopy took place with sampling of bronchoalveolar lavage and aspirate that was negative. Transbronchial biopsies revealed nonspecific cell desquamation.

Due to initial suspicion, high doses of corticoids were started with good response and maintained for 2 months with decreasing doses.

**Outcome:** Follow-up was made as an outpatient in the pneumology clinic and in primary care centre. After two months a chest x-ray showed resolution of organizing pneumonia.

**Conclusions:** Report of a clinical case and review of differential diagnosis of migratory pulmonary nodules.

Conflict of interest

no

## **Contribution ID: 380**

### **Presentation form**

Poster

### **BEST POSTER: Consequences of an addiction**

#### **Authors**

Romero Portero Victoria, Herrada Diaz Elena Isabel, Castillo Fernandez Nerea  
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**Introduction/AIM:** Cocaine causes nasosinusal complications: chronic rhinitis, tissue damage, epistaxis, sinusitis, osteitis, septal perforation, saddle deformity and destruction of the septum with loss of olfactory function and taste.

**Material/Methods:** A 35-year-old male, diagnosed of right maxillary sinusitis, was investigated multiple times for nasal pathology (6 months of evolution), presented with headache, gum pain, toothache, facial inflammation and rhinorrhea of oscillating character, afebrile. He blow his nose with scabs. In treatment with all types of anti-inflammatories, antibiotics, corticosteroids and analgesics that only improve the symptoms during short periods of time.

**Results:** Patient was referred to otorhinolaryngology (ENT) where they begin with the investigations: Single cavity in anteroinferior third of the fossa with central perforation of the septum, head necrosis of inferior turbinates, covered with yellowish scabs. Normal fibroscopy. CT paranasal sinuses: Loss of substance of the nasal cartilaginous septum and irregularity of the mucosa of the nasal cavities. Toxic urine: positive benzodiazepines and cocaine. Biopsy of anterior third nasal mucosa: inflammatory fibronecrotic substance. Absence of pathogens and / or neoplastic structures.

**Conclusions:** In Primary Care, in the approach of a case of chronic rhinitis, we can not forget the pathology produced by inhalation of toxins, despite the fact that the incidence of nasal problems for this reason is 4.8%. Nowadays, the situation regarding addictions is a latent problem. We must be alert to help our patients, and identify those who are potentially vulnerable.

Conflict of interest

no

## **Contribution ID: 396**

### **Presentation form**

Poster

### **When tuberculosis must be in the differential diagnosis**

#### **Authors**

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<sup>2)</sup>*Poniente Hospital, El ejido Almeria, Spain*

**Introduction/Aim:** A 21-year-old man presented with a cough, fever of up to 38.6°C and shivering of two days of evolution. It associates right costal pain that increases with inspiration. AP: Chronic severe renal failure due to focal and segmental glomerulonephritis. Kidney transplant in 2007, in treatment with immunosuppressants.

**Materials and Methods:** Eupneic tolerating decubitus. Hyperemic oropharynx. Hypoventilation on right base and right crackles up to middle fields. Chest x-ray: right pleural effusion. Analytical: Urea 93.60 mg / dl, Creatinine 3.24 mg / dl, PCR 28.17 mg / dl, Leukocytes 11600, Neutrophils 9460, percentage of neutrophils 81.60. Thoracic CT scan: Condensing lesion in SRL with infiltrate of inflammatory-infectious characteristics. Right pleural effusion causing subtotal atelectasis of IRL. Diagnostic and evacuation thoracentesis: predominantly mononuclear exudate with elevated ADA. Pleural biopsy: granulomatous inflammation compatible with tuberculosis.

**Results:**

- Clinical judgment: Tuberculosis pleuritis.
- Differential diagnosis: Pneumonia with right pleural effusion, primary or secondary neoplasia, connective tissue disease, hemothorax, chylothorax.

**Conclusion:** Immunosuppression can modify the clinical and radiological presentation of tuberculosis. In the face of an immunosuppressed patient it is important to extend the differential diagnosis from primary care to less frequent pathologies in the general population, such as tuberculosis.

Conflict of interest

no

**Contribution ID: 405**

**Presentation form**

Poster

**Effects of methotrexate**

**Authors**

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**Introduction/Aim:** 38-year-old patient who came to our Primary Care clinic for dyspnea of rest and general malaise for a few days, low-grade fever and some cough with little expectoration. Personal history: diagnosed with Systemic Lupus Erythematosus in 2010 with arthralgias of large joints, Raynaud with normal capillaroscopy and antinuclear antibodies 1/1280. Currently to treatment with metrotexate 10 mg.

**Materials and Methods:** Bad general condition. Taquipnea at rest. SatO<sub>2</sub>: 90%, FC 100lpm. T°: 38°C. TA120 / 60. Rhythmic cardiac auscultation without murmurs. Tachycardic. Pulmonary auscultation with dry crackles in bases. Peripheral synovitis is not observed. Tests: ECG: sinus tachycardia at 100 lpm. Rx Torax: diffuse bilateral

interstitial pattern and alveolar infiltration in bases and midfields. Blood, urine and sputum cultures: negative. Determination of Legionella and Pneumococcal antigens in urine: negative. Serology of atypical pneumonias and viruses: negative. Mycobacterium tuberculosis: negative.

**Results:** Pneumonitis due to Methotrexate.

**Conclusions:** Given the high suspicion of methotrexate pneumonitis, the drug was withdrawn, and a possible infectious etiology was ruled out. Methylprednisolone was administered where a progressive improvement was observed with gradual disappearance of the clinical and radiological alterations. Acute interstitial pneumonitis is the main pulmonary side effect that occurs in patients treated with this drug. Infectious etiology should always be ruled out.

Conflict of interest

no

## Contribution ID: 415

### Presentation form

Poster

### The fonendoscope can result any doubt

#### Authors

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**Introduction/Aim:** A 34-year-old patient who consulted 3 times in the ER due to bilateral acute ear pain and headache without other symptoms. On the first two occasions, an exhaustive neurological examination and otoscopy were performed without revealing any alteration, with the clinic remitted with Enantyum. On the third day, he consulted for the appearance of high fever and persistence of severe headache.

**Materials and Methods:** Neurologically without focus at the time of exploration. No findings, bilateral otoscopy without pathological changes. Complementary examination: blood count and biochemistry within normality, with the exception of CRP that progressively increased. -Rx paranasal sinuses: no pathological changes. -Cerebral CT: Acute intracranial pathology is ruled out. -Rx thorax: infiltrate right upper lobe.

**Results:** Pneumonia Acquired in the community.

**Conclusion:** After consulting 3 consecutive days with the same clinic was evaluated by the otolaryngologist who discards otolaryngological pathology and recommends CT of the brain, which report normal. It is decided to perform lumbar puncture to rule out meningitis. Before doing this test checking clinical history we see that you

have not had a chest X-ray, is performed and the patient is diagnosed with pneumonia. What is relevant in this case is not the pathology, but each patient, in addition to a good anamnesis, it is very important to carry out a complete physical examination to avoid unnecessary and harmful tests for patients, because if at the beginning had been made a Pulmonary auscultation would have heard the crunches and with a chest X-ray would have been diagnosed.

**Key words:** Ear pain, headache, pneumonia

Conflict of interest

no

## **Contribution ID: 427**

### **Presentation form**

Poster

### **Obstructive sleep apnea syndrome and comorbidities in primary care**

#### **Authors**

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**Introduction:** Obstructive sleep apnea (OSA) is frequently associated with other diseases that influence the morbidity and mortality. Detecting the most frequent comorbidities in patients with OSA in primary care can help the active search for undiagnosed cases.

**Materials and Methods:** From July 1, 2001 to December 31, 2018, a total of 609 patients have been diagnosed with OSA in our urban primary care center. We studied the comorbidities associated with OSA: obesity, hypertension (HTA), type 2 diabetes (T2D), dyslipidemia, chronic obstructive pulmonary disease (COPD) and chronic coronary disease. Logistic regression analysis was applied to obtain significant risk factors for prediction of OSA.

**Results:** Mean age 59±12,8 years; 72,7% men. Comorbidities: HTA (55,5%), obesity (43,8%), dyslipidemia(24,8%), T2D (23,48%), COPD (9 %) and chronic coronary disease (6,9 %). By stratifying by gender, we found a significant association between gender and smoking in men (85%,) and gender and COPD in men (91%). Bivariate analysis: significant association between T2D and COPD, T2D and HTA, and smoking and COPD. We created a linear regression model for patients with OSA and COPD. The regression variables were T2D, smoking and HTA, and when introducing the gender, it was significant only with men.

**Conclusion:** The most frequent comorbidities in patients with OSA are HTA and obesity. In men with OSA and COPD, the associated comorbidities are T2D, HTA and smoking. In our daily practice, it will be useful to consider the diagnosis of OSA in male patients having some of the other comorbidities (obesity, HTA, T2D, COPD and smoking).

Conflict of interest

no

## Contribution ID: 442

### Presentation form

Poster

### Does cardiovascular risk affects exacerbations in COPD population with decreased laryngeal height?

#### Authors

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**Objective:** to demonstrate if there is any relationship between presence of one or more cardiovascular risk factors and exacerbations, morbidity and mortality in a COPD population with different laryngeal heights.

**Material and methods:** Observational prospective Study. Period January 2017-December 2018. Study sample: patients diagnosed of COPD, randomly selected. Variables: age, weight, BMI, cardiovascular risk factors: high blood pressure (HBP), dyslipidemia (DLP), smoking history (SMK), obesity (OB), previous cardiovascular disease, diabetes. Exacerbations: In-hospital admission, complications, mortality.

**Results:** 174 patients with COPD were recorded; mean age 72,38 years (44-89). BMI > 30 37,5%. 83.90% with laryngeal height under 4 cm (group A), 16.10% with laryngeal height higher (group B). Cardiovascular factors statistically associated with exacerbations: current smoker: A: 52.4%, B 33,8%, p=0.035); Diabetes: A: 38.9%, B: 20,6%, p= 0.041, obesity (BMI>30): A: 35.8%, B: 15.2%, p= 0.031), Association with In-hospital admission: previous cardiovascular disease (A: 22.4%, B: 16.7%, p=0.029). Complications observed during hospital stay: A: 12,8%, B: 15.6%, mostly respiratory. Cardiovascular factors statistically associated with complications: Diabetes (A: 47.3%, B: 39.5%, p=0.026), and previous cardiovascular disease (A: 23.91%, b: 19.53%, p= 0.048). Mortality A:14%, B: 12.

**Conclusion:** Control of cardiovascular risk factors is one of the main aims in family medicine. When these are found into COPD population, they must be rigorously controlled. In patients with laryngeal height below 4 cm, these risk factors increase in frequency, requiring a more exhaustive control in those patients.

Conflict of interest

no

## Contribution ID: 461

### Presentation form

Poster

### The effect of tuberculosis treatment on quality of life, anxiety and depression

#### Authors

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**Introduction/Background:** Tuberculosis is a chronic infectious disease that has threatened public health since ancient times. Although it is preventable and curable, Tuberculosis continues to be a major global health problem that affects millions of people every year. The disease causes the deterioration of quality of life and, in addition, triggers anxiety in patients because of social challenges. Anxiety disorders and depression are the most common mental disorders associated with chronic respiratory diseases.

**Objective/Methods:** The aim of this study is to observe the health-related quality of life and depression and anxiety symptoms of newly diagnosed patients who were taking four-drug anti-tuberculosis therapy during the treatment period. The Tuberculosis-diagnosed patients who were taking four-drug-tuberculosis therapy and suitable for the study were followed up during the treatment period in the province of Eskisehir. The patients were assessed according to the SF-36 health quality, Beck depression, and Beck anxiety scales at 3 months and at the end of the study (6 months).

**Results:** Significant improvements were observed in all SF-36 components at the end of the study ( $p < 0.001$ ). When compared with the beginning and the end of the treatment, there was a statistically significant decrease in Beck depression and anxiety scores ( $p < 0.001$ ).

**Conclusions:** Improvement in the patients' Beck depression–anxiety and life quality scores without additional psychiatric treatment is an important finding. These scientific outcomes show that, like other chronic diseases, Tuberculosis can cause psychiatric problems.

Conflict of interest  
no

## **Contribution ID: 517**

### **Presentation form**

Poster

### **Vitamin c, zinc and echinacea in the prevention and treatment of the common cold**

#### **Authors**

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**Introduction/Aim:** The common cold is a disease with very high incidence and, although benign and self-limited, is still a cause of school/work absenteeism and doctor's visits. Over-the-counter preparations used either as prophylaxis or treatment are very common, with their effectiveness being debated over the years. The aim of this narrative review is to summarize the evidence regarding the effect of three common supplements on the common cold: vitamin C, zinc and echinacea.

**Materials and Methods:** We searched Pubmed/Medline for review articles, guidelines and meta-analysis published in the last 10 years in English with the MeSH term "Common cold" combined with "Ascorbic acid", "Zinc" or "Echinacea". In total,

we obtained 32 articles, from which we selected 6, based on their relevance and pertinence to the aim of this review.

**Results:** Supplementation with Vitamin C did not show a reduction in the incidence of the common cold, but slightly decreased the number of days with symptoms. However, when tested for therapeutic purposes, it showed no benefit. Supplementation with Zinc may have some prophylactic effect, but the evidence is not robust enough. Zinc started within 24 hours from the start of symptoms seems to reduce the number of symptomatic days. Studies of supplementation with Echinacea reveal a slight prophylactic effect, but of no statistical significance. Treatment with Echinacea did not reduce the number of symptomatic days.

**Conclusion:** Supplementation with vitamin C and treatment with zinc appear to reduce the number of symptomatic days. The other methods showed no benefit.

Conflict of interest

no

## Contribution ID: 518

### Presentation form

Poster

### Implementing a personalized mHealth coaching platform to tackle physical inactivity in COPD – the OnTRACK project

#### Authors

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Patients with chronic obstructive pulmonary disease (COPD) present low levels of physical activity (PA) which are associated with increased risk of hospitalisations and mortality and reduced quality of life. Therefore, improving patients PA is a current

health priority. The OnTRACK project (POCI-01-0145-FEDER-028446) aims to assess the impact of an innovative mobile health (mHealth) platform that will personalise PA coaching by considering individual's preferences and contextual factors.

The platform will include a mHealth app for patients and a dashboard for health professionals (under development). Patients with COPD will be recruited from primary care centres (USF Santiago) and the community and randomised in 2 groups: Experimental (EG) and Control (CG). Both groups will receive educational sessions on PA recommendations. The EG will also receive a smartphone with the mHealth app for 6 months. Patients' favourite activities and barriers/facilitators to PA will be inserted into the dashboard to create a personalised coaching plan. Support via mobile services will be provided to optimise adherence. The impact of the mHealth coaching platform on patients' PA levels, health outcomes (e.g., exercise tolerance, quality of life) and costs will be assessed at 3 and 6 months.

The mHealth coaching platform is expected to improve patients PA. It will enable personalised and sustainable care for all patients, including those living in remote areas, thereby reducing access inequities. Furthermore, the concept of the personalised mHealth coaching platform may be transferrable to other chronic diseases and healthy populations, potentially contributing to influence healthcare policies and systems.

Conflict of interest

no

## **Contribution ID: 542**

### **Presentation form**

Poster

### **Evaluation of the snorer patient in primary health care.**

#### **Authors**

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**Introduction/Aim:** Snoring is a respiratory noise that originates during the night or daytime sleep. The average prevalence in general population is around 32% in men and 21% in women. Moreover, this is related with multiple pathology and comorbidities. The main objective is to understand the profile of snoring patients. Specifically it is to understand the relationship with other pathologies.

**Materials and Methods:** An observational, cross-sectional or prevalence study during the months of October and November 2018 in Guadalcazar (Córdoba). Inclusion criteria: Patients of both sexes, aged 14 years or older, assigned to the health centre of Guadalcazar (Córdoba), whose main reason is pathology related to snoring. Exclusion criteria: having diagnosed upper airway pathology or SAHS.

**Results:** The average age is 55.78 years with a range 46-68 years. 71.43% were women. Regarding the level of studies, 85.71% of patients have primary education and work in construction or cleaning. According to the WHO classification for weight, only 7.14% were in normal weight, 92.8% are overweight. Moreover, 31.75% associate diagnosis of arterial hypertension.

**Conclusion:** Although the majority of studies indicate that highest percentage of snorers are men, in our case, we found a higher percentage were women. This sex difference could be explained by the lower demand of men. This corresponds to a selection bias. The most of patients only have basic studies and therefore their job is related to this level of education. More than, 90% were obese. An intervention could be performed on them, and could be less this pathology.

Conflict of interest  
no

## **Contribution ID: 592**

### **Presentation form**

Poster

### **Comorbidities of our patients with SAHS ( sleep apnea –hypopnea syndrome)**

#### **Authors**

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**Introduction/aim:** Sleep apnea is a disorder characterized by a reduction or pause of breathing (airflow) during sleep. Although a diagnosis of sleep apnea often will be suspected on the basis of a person's medical history, there are several tests that can be used to confirm the diagnosis. The treatment of sleep apnea can be either surgical or nonsurgical. High blood pressure, stroke, daytime sleepiness, congestive heart failure (low flow of blood to the heart), insomnia, and mood disorders can be caused or worsened by sleep apnea. The complications of obstructive sleep apnea include high blood pressure, strokes, heart disease, automobile accidents, and daytime sleepiness as well as difficulty concentrating, thinking and remembering. The main aim of our study is to know the comorbidities of our patients with SAHS, in addition to their general characteristics.

**Material and methods:** Cross-sectional study. Sampling technique: systematic sampling. Population: Patients with a diagnosis of sleep apnea hypopnea syndrome.

**Results:** We analyzed data from 66 patients with SAHS. The average age was 43 years old; 27% were women and 73% men. The 38.5% suffered arrhythmia, 20.5% diabetes mellitus, 50.9% traffic accident, 74.5% arterial hypertension, and 98.8% obesity.

**Conclusions:** Most of patients with sleep apnea hypopnea syndrome also have other chronic health problems. We must therefore improve the diagnosis of sleep apnea hypopnea syndrome, and make preventive measures on blood pressure, or obesity, to reduce the prevalence of this disease

Conflict of interest  
no

## **Contribution ID: 665**

### **Presentation form**

Poster

### **An obese 15-years-old with a severe complication of an unknown asthma.**

## Authors

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**Introduction:** An obese 15-years-old man with allergic rhinoconjunctivitis was admitted in the Emergency Department because of dyspnea, dysphonia and oppressive chest pain after a physical activity. The last week, he felt wheezels and rhinoconjunctivitis clinic without cough. He was tachycardic, with normal blood pressure, temperature of 37,8°C and an hypoxemia (oxygen saturation 90%). Tachypnea, neck and supraclavicular subcutaneous emphysema were shown in the physical examination with generalized wheezels in the respiratory auscultation.

**Material and methods:** Chest X-Ray and the CT revealed signs of subcutaneous emphysema and pneumomediastinum with pneumopericardium without any disorder in parenchymal lung. Blood test showed an elevated inflammation values (18.000/ $\mu$ L, CRP 2,42 mg/dL), 5,6% relative count eosinophil and IgE 3100 mg/dL. The rest of biochemistry were normal. The measurements in spirometry revealed possible asthma (pre-bronchodilator: FEV1 71%, FEV1/FVC 0,7 and post-bronchodilator: FEV1 88%). ECG: Normal.

**Results:** Spontaneous pneumomediastinum and subcutaneous emphysema as a complication of asthma.

**Conclusion:** Spontaneous pneumomediastinum is an uncommon disorder. It is usually benign and self-limiting with only supportive therapy and control of the underlying etiology being needed, but severe cases may require invasive measures. Asthma exacerbations have been described as a cause of them. It occurs when air leaks through small alveolar ruptures to the surrounding bronchovascular sheath. Recurrent SPM occurs in less than 5 percent of cases and such recurrences are typically also benign. Our patient was initially treated in intensive care units with bronchodilator, corticosteroids and oxygen with a favorable evolution.

Conflict of interest

no

## Contribution ID: 730

### Presentation form

Poster

### Community-acquired pneumonia in frail elderly

#### Authors

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**Aim:** Reviewing a case of community-acquired pneumonia in frail elderly as an example of atypical presentation.

**Materials and methods:** 91 year old woman without drug allergies. Dependent for activities of daily living. Chronic kidney disease. Previously hospitalized for right upper lobe pneumonia and middle lobe bronchiectasis (2016); during her stay mild cognitive impairment was diagnosed. Chronic treatment with mirtazapine, pregabalin, acetylsalicylate, fluticasone/formoterol.

She presents with instability of lower limbs and mild disorientation, without respiratory symptoms. Her basal condition worsens with asthenia, muscle weakness and psychomotor slowdown (Fried criteria). With suspicion of acute neurological syndrome she is referred to hospital.

**Results:** Normal physical examination (including neurological). Apyretic. Laboratory: 31000 leukocytes/mcl (92% neutrophils). Haemoglobin 10.2 g/dl. Glucose 254 mg/dl. Creatinine 2.94 mg/dl. Urea 155 mg/dl. CRP 217 mg/l. Arterial blood gases: pH 7.43; pO<sub>2</sub> 32 mmHg; pCO<sub>2</sub> 32 mmHg. Bicarbonate 21.2 mmol/l. Pneumococcal and Legionella antigens in urine: negative. Sputum culture: negative. Control sputum culture: *Candida glabrata*. Blood and urine cultures: negative. Chest X-ray: bilateral interstitial pattern, increased left perihilar density. Chest CT: left lower lobe consolidation, cystic images (probable superinfection of bronchiectasis) and left pleural effusion.

**Conclusion:** Pneumonia is a leading cause for hospitalization in frail elderlies. It can be misdiagnosed due to insidious debut and atypical picture (hyporexia, somnolence, confusion and general impairment) without significant respiratory symptoms. Pneumonia causes high morbimortality due to aging-associated changes and chronic diseases. Proper diagnosis and management is important for General Practitioners to improve prognosis and survival.

Conflict of interest

no

## Contribution ID: 795

### Presentation form

Poster

### Angioedema - algorithm for primary health care

#### Authors

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**Introduction/Aim:** Angioedema is a self-limited oedema, located in subcutaneous or submucosal tissue, resulting from fluid leakage in interstitial tissues. Angioedema is clinically distinguishable from other types of oedema by its initiation (in minutes / hours) with spontaneous resolution (hours to few days), asymmetric distribution and involvement of the face, lips, larynx and intestine and by the lack of tendency to affect areas of "gravitational dependence". It may be divided according to its cause or mechanism in: Histaminergic, Non-Histaminergic or Idiopathic Angioedema.

**Materials and Methods:** Bibliographical review in databases and scientific publications with the keywords: Angioedema, Angiotensin Converting Enzyme

Inhibitor Induced Angioedema, Hereditary Angioedema, Angioedema Algorithm, Diagnostic and Therapeutic approach.

**Results:** Histaminergic angioedema occurs by activation of mast cells and is mediated mainly by IgE antibodies. Most patients report urticaria with pruritus, papules, hyperaemia and pain. These episodes usually resolve within 24-48 hours and can be treated with antihistamines or corticosteroids. Non-histaminergic angioedema occurs due to bradykinin activation. This type of angioedema is less frequent, but more severe and lasting longer (2-5 days). Angioedema secondary to ACE inhibitors is the most common in this class. The pathophysiology of idiopathic angioedema is unknown but is believed to be mediated by histamine, as it responds to antihistamines and corticosteroids.

**Conclusion:** Considering that angioedema can be potentially fatal if not treated in a timely manner. The authors proposed to perform an algorithm for primary health care, in order to manage acute cases of angioedema and to know when reference to hospital services.

Conflict of interest

no

## Contribution ID: 810

### Presentation form

Poster

### The importance of exploration and background

#### Authors

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#### Introduction/Aim:

Patient Age: 49

Sex: male

Ethnicity: caucasian

Disorder: Patient is brought by the emergency services due to feeling of self-limited dizziness with suspected stroke.

Case history:

NKA

Former smoker of 7 years of evolution, sporadic drinker.

Diseases known: Pulmonary embolism (PE) and Deep vein thrombosis (DVT) 7 years ago.

Medication: aspirin 100mg a day.

No history of surgery

**Materials and Methods:** The patient went originally to his health center five days ago for presyncopal episode with vomiting and vegetative courtship diagnosed as stomach flu. Subsequently begins with left calf pain that increases with walking. He went to the general hospital where we see him for the first time for dizziness of hours of evolution, specially related by movement, afebrile, with no other alterations.

Exploration of left leg swelling and tenderness in the calf. Homan's sign test negative.

We request analytics with D dimer, chest x-ray and electrocardiogram.

**Results:** Blood test results: DIMERO D 17673.

We request and AngioTac with results of bilateral PE without radiological signs of overload of right cavities.

The patient is admitted to charge of the department of Internal Medicine and Pulmonology for follow-up.

The patient is treated with anticoagulants and is evaluated by cardiology and pulmonology with good evolution. He will be studied by Hematology to rule out blood alterations.

**Conclusions:** It is extremely importante as a Primary Care doctor to pay attention to the patient 's clinic and its history to guarantee its best care.

Conflict of interest

no

## Contribution ID: 820

### Presentation form

Poster

### Hemoptysis that does not improve

#### Authors

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<sup>2)</sup>CS El Palo, Hospital Regional Carlos Haya, Málaga, Spain

#### Introduction/Aim:

Patient Age: 73

Sex: male

Case history:

Former smoker of 2 daily packages. Sporadic drinker.

Personal history of lung cancer (father)

Medical history: HTN, Obesity, atrial fibrillation, severe OSAS, TB (in 1964).

Medications: Apixaban, doxazosin, bisoprolol, candesartan-hydrochlorothiazide.

Disorder: Hemoptysis of fifteen days of evolution.

**Materials and Methods:** The patient goes to his MD for hemoptysis of fifteen days of evolution, without fever. A test is performed to rule out TB that is negative. It gets worse and goes to the emergencies.

Blood test and chest x-ray are performed. Hemoglobin of 9.2 and creatinine of 3.42 is observed, which does not improve with fluid therapy.

Physical exploration: acceptable general state, crackles in left hemitorax and bilateral rhonchi. Signs of peripheral venous insufficiency.

**Results:** X-ray shows alveolar infiltrate in the chest and the blood results shows signs of renal failure. The patient is admitted to charge of nephrology.

CT of the chest is requested, showing calcified adenopathies at the hilar and subcarinic level and bilateral pleural effusion. Bilateral alveolar pattern is seen, alveolar hemorrhage is suspected.

Inter-consultation was performed with Internal Medicine and Pulmonology, which requested various tests during admission with a renal biopsy where deposits of C3 were found and it was finally diagnosed with C3 glomerulonephritis presenting favorable evolution during admission.

**Conclusions:** The most frequent pathologies such as hemoptysis can lead to less suspected pathologies, we should always have a wide view to offer the patient the best medical care possible.

Conflict of interest

no

## **Contribution ID: 824**

### **Presentation form**

Poster

### **Bilateral lung masses: an unusual diagnosis**

#### **Authors**

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**Introduction:** Silicosis is an irreversible fibrotic lung disease caused by inhalation of crystalline silicon dioxide, which induces a series of inflammatory reactions that trigger a chronic or acute fibrotic change in the lungs. In Portugal, exposure to respirable crystalline silica dust is still a major occupational health problem. Preventive attitudes can reduce its incidence and minimize the harmful effects of environmental exposure.

**Methods:** gather/review/search the available evidence about Silicosis and its use in clinical practice: definition, classification, risk factors, clinical manifestations, diagnosis, treatment and prevention.

**Results:** 51-year-old male, works as a mason, smoker (40 pack-year), hypertensive and dyslipidemic; comes to his family practitioner complaining of exertional dyspnea (medium efforts), cough with mucous sputum with one month of evolution. He also referred weight loss (3 Kg in 4 months). On physical examination, he presented with diminished lung sounds, bilateral rales and wheezing. To better characterize this symptoms a chest-roentgenogram was performed, which revealed bilateral lung nodules; chest-CT showed bilateral lung masses, affecting the superior lobes, gross calcifications; multiple calcified mediastinal adenopathies – this is compatible with pseudotumoral silicosis. The patient initiated an association of Budesonide/Formoterol 160+4.5ug. He was advised to cease his job and to quit smoking.

**Conclusion:** The diagnosis of silicosis needs carefully documented records of occupational exposure and radiologic features. To date, there is no curative treatment; however, comprehensive management strategies help to improve quality of life and slow deterioration. Regular medical examinations should be available to all workers who may be exposed to crystalline silica.

Conflict of interest

no

## Contribution ID: 837

### Presentation form

Poster

### Chronic obstructive pulmonary disease: is different in women?

#### Authors

Amparo Hervás, Josep Maria Vilaseca, Laia Gené, Nuria Sanchez, Emma Magraner, Ana Peña, Daniel Cazar, Laia Montañola, Laura R-Martinez, Francisco Garrido

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**Introduction:** Chronic obstructive pulmonary disease (COPD) is a prevalent and potentially preventable cause of death. Recently, there has been an increase in its prevalence in women. We aim to analyze the influence of gender on the features of COPD that may allow us to provide more personalized attention to patients with COPD in primary care (PC).

**Materials and methods:** Cross-sectional, descriptive and multicenter study. Inclusion criteria: patients with active diagnosis of COPD in 2018. Data collection from clinical records of two urban PC centers.

**Results:** There was no significant difference in the age of diagnosis between male and female (mean age = 65.25 years). However, male presented a more severe impairment of forced expiratory volume in 1 second (FEV1) ( $p=0.0167$ ). When stratifying by levels of FEV1, no differences were found between genders. The smoking rate was higher among males ( $p= 0.003$ ). There were no differences regarding Pneumococcal 23 and flu vaccination stratifying by sex. There was a significant difference ( $p= 0.045$ ) in body mass index (BMI) between men and women (BMI<21 more frequent in women). Regarding to other comorbidities, hypertension and diabetes were more frequent in men ( $p< 0.001$ ), whereas depression and anxiety were more frequent in women ( $p< 0.001$ ).

**Conclusion:** In women with COPD, we found a less smoking rate, predominance of BMI <21 and the associated comorbidities were depression and anxiety. We did not find differences in reference with the diagnostic age or the stratification risk by FEV1.

Conflict of interest

no

## Contribution ID: 911

### Presentation form

Poster

### Asbestosis: a preventable disease with the abolition of asbestos use

#### Authors

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Asbestosis is a type of interstitial pulmonary fibrosis, caused by breathing in asbestos fibers over a long period of time. Such levels of exposure typically only occur in those who work with the material. All types of asbestos fibers are associated with concerns. It is generally recommended that currently existing asbestos be left undisturbed.

**Objectives:** gather/review/search the available evidence about asbestosis and its use in clinical practice: definition, classification, risk factors, clinical manifestations, diagnosis, treatment and prevention.

**Results:** 83-year-old male, worked in an asbestos factory, hypertensive and permanently hypocoagulated atrial fibrillation; comes to his family practitioner complaining of exertional dyspnea, cough with mucous sputum with months of evolution. On physical examination, he presented with diminished lung sounds, bilateral rales and wheezing. To better characterize this symptoms a chest-roentgenogram was performed, which bilateral nodular hypotransparations; chest-CT showed marked distortion of the pulmonary parenchyma, with areas of reticulation, subpleural predominance, and honeycomb pattern, predominating in the lower lobes, also mediastinal adenomegalias are visible - aspects that in the clinical context are related to asbestosis. The patient initiated an association of Salmeterol/fluticasone 50+250ug, immunization against pneumococcal pneumonia and annual influenza vaccination.

**Conclusion:** The diagnosis of asbestosis needs carefully documented records of occupational exposure and radiologic features. To date, there is no curative treatment; however, comprehensive management strategies help to improve quality of life. Medical examinations should be available and asbestos use should be banned from all over the world, to prevent disease.

Conflict of interest  
no

## Contribution ID: 942

### Presentation form

Poster

### Young male with acute chest pain

#### Authors

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**Introduction:** We present a case of 25-years-old male, who is a ten cigarettes per day smoker and ex-cannabis smoker. The patient attends with sudden onset of dyspnea, cough and acute left-sided chest pain that worsens with breathing movements since the last two hours.

**Materials and methods:** Physical findings includes: hemodinamycally stable, tachypneic at 27 resp/min. On auscultation, diminished breath sounds and hyperresonant percussion on the left hemithorax. **Results:** ABG: Normocapnic

hypoxemia without acidosis. Imaging test showed the white line of visceral pleura with moderate left lung collapse, the distance between visceral pleura line and the chest wall was bigger than three centimetres.

Thereby, with a possible diagnosis of Primary Spontaneous Pneumothorax (PSP), the patient is

sent to an emergency unit in need of a chest tube insertion and drainage with Pleur Evac system, the treatment. **Conclusion:** The incidence of primary spontaneous pneumothorax is increased in men between twenty and forty years old, smokers and patients with family history. It is important for the Primary Care Professional to recognise its typical presentation because it is a potentially severe disease. Therefore, early diagnosis and management of PSP avoids complications such as a tension pneumothorax.

Conflict of interest

no

## Contribution ID: 948

### Presentation form

Poster

### Pneumomediastinum in a young man

#### Authors

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**Introduction:** A 27-year-old man with a history of daily cannabis consumption, allergic rhinitis and intermittent bronchial asthma, attended consultation with a productive cough for 3-4 days, associated with progressive dyspnea and changes in the tone of his voice in the last 24 hours. He reported increased cannabis use during the last weekend, and denies fever, chest pain or syncope.

**Materials and methods:** Physical examination: good general condition, no fever, short of breath at rest, tolerating lying flat. SatO<sub>2</sub>: 92%. Auscultation: crackling sounds and heart sounds on the anterior region of the chest. Scattered rhonchi and subcutaneous crackles at the level of the supraclavicular and cervical gaps. Radial pulses symmetrical and both were present. **Results:** Chest x-ray showed well aerated lung parenchyma. No masses or consolidations were seen. Free air in the mediastinum and subcutaneous emphysema was found. The patient was admitted under the care of the Lung Specialist Team for 5 days and treatment consisted of oxygen, rest and asthma management. The diagnosis was given as pneumomediastinum and subcutaneous emphysema in the context of bronchospasm or cannabis use.

**Conclusion:** Spontaneous pneumomediastinum should be one of the differential diagnoses to be suspected in a young male who is consulting for chest pain or dyspnea. Generally, the chest x-ray is sufficient to establish the diagnosis, and there should not be any need of additional diagnostic studies. In the majority of cases, the evolution of the patient is good with symptomatic treatment and a short period of observation, with recurrence being exceptional.

Conflict of interest

no

## **Contribution ID: 965**

### **Presentation form**

Poster

### **Chronic cough - about a clinical case**

#### **Authors**

Dineia Toscano, Luís Pardal

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**Introduction/Aim:** Chronic cough could be defined as a cough lasting more than 8 weeks. It is common in the community and can cause significant morbidity. The most frequent diagnoses in primary care are asthma, gastro-oesophageal reflux and angiotensin-converting enzyme inhibitor use.

**Materials and Methods:** We describe a case of a male patient, 64 years old, non smoker, with the diagnosis of overweight, essential hypertension and benign prostatic hyperplasia. Medicated with olmesartan 20mg + hydrochlorothiazide and tamsulosin 0,4mg. The patient comes to an appointment because of a cough with almost seven months of evolution, everyday, during all day. He also complains with fatigue. He denies any other symptom (expectoration, weight loss, heartburn or dyspepsia). He also denies any change in his life. At the objective examination we could find no disturbance. To start the study, and since he has had that cough for a while and is 64 years old, we choose to ask for a lung CT, a spirometry and a blood test.

**Results:** He comes to the appointment with the CT result that shows "voluminous transhiatal hernia in the posterior mediastinum with gastric, intestinal and mesenteric contents of about 14 cm, with compressive effect of the hernia on the parenchyma of the lower lobe of the right lung."

**Conclusion:** We choose to reflect in this case because it surprised us, since the patient had no heartburn or dyspepsia. In our practice, we should always try to look first for the most frequent diagnoses for the given symptom.

Conflict of interest

no

## **Contribution ID: 988**

### **Presentation form**

Poster

### **Coma in patient with chronic obstructive pulmonary disease**

#### **Authors**

Romero Portero Victoria, Herrada Diaz Elena Isabel, Sánchez Infante Marina

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**Introduction/AIM:** Acute respiratory acidosis with coma is a state of drowsiness that endangers the prognosis of life. It's a disorder of the acid-base balance, that consists in the decrease of the blood pH as a result of the increase of the CO<sub>2</sub> levels

in the blood that obeys to a decrease of the alveolar ventilation. If it occurs chronically, the organism would try to counteract by hyperventilation and homeostatic metabolic changes (increase in serum bicarbonate by the kidney). If it happens acutely there's no time for the kidney to act, affecting the pH more seriously.

**Material/Methods:** A 67-year-old man diagnosed with COPD, who arrives with respiratory infection accompanied by altered neurological status (Glasgow 3) and with significant respiratory difficulty. He's brought by his son who tells us that he had started hours earlier to have a weird behaviour, like incoherent speech. On examination we observed spontaneous ventilation, central cyanosis, bradypnea, abdominal breathing, auscultation with rhonchi and bilateral sibilants, right hypoventilation, jugular engorgement. Patient in coma with right and left pupils non-reactive. Miotic. Chest Rx bilateral pneumonia. Analytical with PCR 31, 19500 leukocytes and PCO<sub>2</sub> of 79 mmHg in arterial gasometry.

**Results:** Coma secondary to acute hypercapnia with respiratory acidemia in COPD patient exacerbated in the context of bilateral pneumonia.

**Conclusions:** The coma produced by the acute retention of CO<sub>2</sub> is a serious pathology that must be monitored in any exacerbated COPD patient. With a good clinic history and very simple tests we can avoid that this pathology evolves in a fatal way.

Conflict of interest

no

## Contribution ID: 1008

### Presentation form

Poster

### Persistent fatigue in patients with sleep disorders: a case report

#### Authors

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**Introduction:** To describe the study of a persistent fatigue case.

**Description:** We report a 58 year-old female with a medical history of depression and anxiety in treatment with citalopram 20 mg/day and lorazepam 1 mg, if needed, for the past 20 years. Smoker. She claimed for persistent fatigue that was not alleviated by rest and causes substantial reduction in daily activities. For the past 6 months she had consulted because of tensional headache, sore throat and insomnia. Her weight and appetite was stable, and she had no gastrointestinal, musculoskeletal, neurologic or cardiovascular complaints. She denied situational stress or having symptoms of depression. Her physical examination was remarkable. Body Mass Index 18. Heart, lung, abdominal, musculoskeletal and neurologic examinations were normal. We decided to start a chronic fatigue syndrome study. Laboratory tests, including a complete blood count, comprehensive metabolic panel, thyroid-stimulating hormone, C-reactive protein and electrolyte measurement were normal except for high hemoglobin levels (15.2 mg/dl). Measurement of 24-hour urinary free cortisol excretion was normal. Serologic testing for HIV infection, hepatitis C and B, Epstein-

Barr Virus and Cytomegalovirus were negative. Electrocardiogram and chest X-ray were normal too. During consultation the patient's son complained about loud snoring. He recorded a video during sleeping that showed breathing interruptions and awakenings due to gasping with obstructive respiratory events. We referred the patient to a polysomnography study that revealed a severe obstructive sleep apnea syndrome. After eight weeks of therapeutic Continuous Positive Airway Pressure fatigue was reduced and energy increased.

**Conclusion:** Complaints of fatigue are frequent with obstructive sleep apnea.

Conflict of interest

no

## Contribution ID: 1075

### Presentation form

Poster

### Interstitial pneumonitis due to chronic antibiotic use

#### Authors

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**Introduction/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.

**Materials and Methods:** ECG: normal; Analysis: biochemistry, hepatic profile, iron balance, hemogram, rheumatoid 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.

**Results:** Diagnosis: interstitial pneumonitis by nitrofurantoin. Differential diagnostic: acute gastroenteritis viric/bacterial, disbalance of cardiac failure, urinary infection.

**Conclusion:** 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 a 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.

Conflict of interest

no

## Contribution ID: 1101

### Presentation form

Poster

### Predictive scores are helpful but no conclusive

#### Authors

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**Aim:** To remark the importance of a good anamnesis and examination when we only have nonspecific symptoms and predictive scores of mayor disease are negative.

**Material and methods:** A 61-year-old man came to the Emergency room because of a nonspecific chest pain, focused on both pulmonary bases. Medial history: hiatal hernia, Brugada syndrome, and sleep apnoea/hypopnoea síndrome. No fever or other symptoms were presented. Wells predictive score for pulmonary embolism 0. Physical examination was normal, only mild rhonchi in left hemithorax. No signs of deep vein thrombosis. Chest x-ray showed a left lower lobe consolidation with minimal pleural effusion. He was diagnosed of pneumonia, started on antibiotic therapy, and discharged. He worsened and came back after two days. He commented at this point a recent overseas flight (Chile, changing the Wells score from 0 to 1.5)

**Results:** Lab tests showed hipoxemia (pO<sub>2</sub> 63mmHg), no hypercapnia and oxygen saturation of 92%. D-dimer was highly elevated. No leukocytosis were found. C-reactive protein was elevated (160mg/L), and the chest x-ray showed a bilateral consolidation. A computed tomography was performed (pulmonary embolism suspected due to recent flight): Bilateral pulmonary embolism on segmentary arteries of both lower lobes, complicated with pulmonary infarction. Anticoagulation and antibiotic therapy were started, with progressive improvement. He was discharged with normoxemia and no chest pain.

**Conclusion:** Despite a low probability of pulmonary embolism score, it should be ruled out, especially if clinical findings doesn't correlate with the semiology, and risk factors are presented.

Conflict of interest

no

## Contribution ID: 1127

### Presentation form

Poster

## How can we study obstructive sleep apnea in primary health care?

### Authors

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**Introduction:** Obstructive Sleep Apnea is a very prevalent respiratory disorder with important repercussions. Sleep problems are frequently treated in primary health care (PHC). In this way, it's important to discriminate the functions of existing questionnaires.

**Methods:** Classical literature based on research in database PubMed medical sites based on evidence using key words: "obstrutive sleep apnea", "primary care". The inclusion criteria were articles in English and Portuguese in the last 10 years.

**Results:** Sleep disorders are among the 10 main reasons for medical appointments and 20 most diagnoses in PHC. The Epworth Sleepiness Scale (ESE) is a simple and validated instrument to assess daytime sleepiness in clinical context of sleep disorders. This consists of a questionnaire with 8 daily situations where they ask the patient to give a score from 0-3, reflecting probability of falling asleep. The Berlin Questionnaire (QB) is a method of screening for OSA, includes 10 items into 3 categories related to rhonopathy and apnea, daytime sleepiness and arterial hypertension (HTN)/ obesity. Information about gender, age, height, weight, neck circumference and race is also requested. The Stop Bang consisting of 8 yes/no questions, considering: snoring, apnea, daytime tiredness, therapy for hypertension, BMI > 35kg/m<sup>2</sup>, age > 50, cervical perimeter, male. According to the amount of yes answers, the patient progressively presents higher probability of OSA.

**Conclusion:** ESE questions daytime sleepiness, while QB and Stop-Bang are OSA "screening" tools. Although QB remains the most accurate questionnaire in the prediction of OSA diagnosis, it isn't an adequate screening tool for a high-risk population under specific consultation, but may be used in PHC.

Conflict of interest

no

### Contribution ID: 1146

### Presentation form

Poster

### Different causes of dyspnea

### Authors

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**Aim:** Presenting a different approach in the management of the dyspnoea. Reporting a case.

**Materials and Methods:** A 40-year-old female patient came to our clinic due to dyspnoea and non-productive and everyday more persistent cough. The patient had neither fever, nor personal background. The patient had a good medical condition, eupnoeic and normal cardiac rhythm and bibasilar crackles similar like Velcro

fastening sound. The patient has followed a treatment consisting of inhalers and which did not ameliorate the pathology. She came again to the clinic due to the worsening of her medical condition, fever and asthenia with same exploration than before. She was performed a thorax radiography that was normal and a blood test that showed eosinophilia, immunity normal. Then, she was treated with prednisone and was referred to a further pneumology study.

**Results:** The patient's husband stand that in the last few months, she started to take care of chickens and pigeons. A scanner test showed a minor centrilobular and bilateral diffuse pattern of undefined micronodule, specially in upper and mid lung, findings that suggest a hypersensitivity pneumonitis. After 3 weeks of prednisone and calcium, the patient experimented and improvement. She was recommended to stop the contact with birds.

**Conclusion:** Not every dyspnoea symptoms correspond with a dyspnoea pathology, and not dyspnoea symptoms are always treated with inhalers and antibiotics. Medicians must be careful with the whole clinical background of the patients. Therefore medical records are the cornerstone.

Conflict of interest  
no

## Contribution ID: 1210

### Presentation form

Poster

### Once again, a young patient with chest pain

#### Authors

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**Introduction:** A 22 years old male of no allergies, a smoker, with history of migraine headache and of adjustment disorder treated with sertraline. He consulted for sharp chest pain with sudden onset dyspnea after dry cough. He had flu the week before but no high temperature.

**Methods/ results:**On physical examination blood pressure was 115/69 mmHg, increased heart rate of 110 bpm, oxygen desaturation with the cough or deep breathing. Diminished breath sounds on right hemithorax, with normal cardiac auscultation. EKG was also normal.

A plain chest radiograph confirmed pneumothorax in the right side with displacement of trachea to the other side.

**Conclusion:** Primary spontaneous pneumothorax occurs in the absence of known lung disease; established risk factors include male sex, smoking and family history of pneumothorax.

This case demonstrate not only the importance of clinical suspicion after a complete patient history, a full physical exam but also the need for medical imaging to reach diagnosis.

As simple as following these steps can help us prevent some serious conditions

Conflict of interest

no

## Contribution ID: 178

### Presentation form

Poster

### Probiotics role in the constipation treatment

#### Authors

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**Introduction/Aim:** Constipation can affect up to 1/4 of the general population, covering all age groups and causing a great impact on patients' quality of life. It is intended to review the available evidence regarding probiotics benefit in the constipation treatment.

**Methodology:** Search for systematic review research (SR), meta-analysis (MA) and randomized clinical trials (RCT), published in the last 5 years, with the Mesh terms: "Constipation" and "Probiotics". Databases selected were Medline, Cochrane, NHS evidence and BMJ. Articles whose title or abstract were considered relevant were selected. The recommendation strength was evaluated with the SORT scale by American Family Physician.

**Results:** 10 articles were selected from the 61 founded (5 MA, 3 RCT, 2 SR). Although in two MA probiotics have been shown to be ineffective in the constipation treatment it was verified a reduction in the laxative enemas use and children's abdominal pain recurrence in one of these MA. In the other three MA probiotics improved intestinal transit time. While in a SR significant differences weren't found between probiotics and placebo in the other it was showed benefit of probiotics as additional treatment for chronic constipation. With probiotics, bowel movements frequency was shown to be improved in RCT, being effective in the incomplete defecation complaints, pain/discomfort and abdominal distension.

**Conclusion:** Probiotics may be a therapeutic weapon to add to the constipation treatment (SORT C). However, more studies are necessary, because of samples heterogeneity and distinct results found depending on the bifidobacterium strains investigated.

Conflict of interest

no

## Contribution ID: 214

### Presentation form

Poster

### The silence of an oral tumor

#### Authors

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**Introduction:** oral cavity cancer is the 6th most common cancer in the world. It mainly affects men over 45 years of age and its development is connected to smoking and alcoholism.

**Case report:** a 52-year-old Portuguese male with a smoking history and chronic alcohol abuse, presented a left cervical mass with 3 months of evolution and oral hemorrhage, without weight loss. He denied any history of disease or surgery and was not on any medication. Physical examination revealed a lesion on the left border of his tongue, with about 5 cm in diameter, and bilateral cervical adenopathy. An upper GI endoscopy did reveal normal, in contrast to an echography of the neck where a globular submandibular gland of probable reactive nature was observed. Subsequently, a CT scan of the neck has shown an infiltrative lesion centered on the left border of the tongue, with deep extension and invasion of the oral cavity floor. A diagnosis of tongue cancer was considered, and the patient was referred to maxillofacial surgery. He underwent an excisional biopsy of the lesion, which confirmed a squamous cell carcinoma. This clinical case was later discussed in a multidisciplinary study group where it was proposed for the patient to initiate chemotherapy and radiotherapy.

**Discussion:** spinocellular carcinoma represents about 90% of all tumors in the oral cavity, predominantly affecting the tongue. Most of the lesions are painless, which result in a late diagnosis. Family Doctors should perform opportunistic screening routines in individuals with risk factors.

Conflict of interest

no

## **Contribution ID: 256**

### **Presentation form**

Poster

### **Lynch syndrome. About a case**

#### **Authors**

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**Introduction:** Lynch syndrome is a syndrome of autosomal dominant inheritance that encompasses 3-5% of all colo-rectal cancers. It is caused by the mutation of specific genes.

There is an increase in the incidence of Colorectal cancer, and also of other tumors (3-25 times higher than in the general population): endometrium, ovary, ureter and renal pelvis, stomach, small intestine, gallbladder, besides other less frequent. Also non-malignant lesions (café-au-lait spots, etc.) The diagnosis is based on the Amsterdam II Criteria.

**Background - Objective:** A 37-year-old woman who was an ex-smoker for 5 years, Crohn's disease, a sister who died of colon neoplasia at 40 years of age.

Surgical interventions: cesarean section, total colectomy due to fistulizing-stenosing ileocolic Crohn's disease with the appearance of Colorectal cancer in treatment with chemotherapy.

**Methods:** Description of a clinical case and review of the literature.

**Results:** A 37-year-old woman with a history of colon neoplasia and positivity for MLH1, MSH2, MSH3 and PMS2, in a control abdominal-pelvic CT showed a complex adnexal mass with characteristics of active neoplasia. Single analytical alteration CA 19.9 220 U / ml and VSG 32 mm / 1 hour. The patient is cited preferably for surgical indication.

**Conclusions:** In the presence of a young patient with colon neoplasia and positivity in immunohistochemistry for microsatellite instability and a family history of Colorectal cancer, Lynch Syndrome should be diagnosed. From Family Medicine we must do preventive medicine to avoid the appearance of subsidiary neoplasms to curative treatment.

Conflict of interest  
no

## **Contribution ID: 417**

### **Presentation form**

Poster

### **Constipation in adulthood - Approach in primary health care**

#### **Authors**

Sofia Guerreiro, Susana Pelicano

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**Introduction/Aim:** Constipation affects 8-15% people worldwide, being a frequent complaint in primary health care appointments; it's important as family doctors to be prepared to evaluate, diagnose, treat and know to refer properly to a gastroenterology specialist.

**Materials and Methods:** Classical review based on guidelines of societies of gastroenterology - American gastroenterological association and World Gastroenterology Organization.

**Results:** A careful anamnesis and physical examination are essential for the diagnosis of constipation.

Many of episodes of constipation are functional. However, before starting treatment, it is necessary to think about differential diagnosis (anatomical, inflammatory, endocrinological, iatrogenic, among others). It is equally important to identify alarm signals.

The treatment should be directed to the etiological cause. In the case of functional constipation, it requires an integrated approach that should include interventions in diet, physical exercise, intestinal training and stress management. Regarding pharmacological therapeutic, there are fecal volume expansion laxatives, osmotic laxatives and stimulant laxatives. The choice of drug should be discussed with the patient and adjusted as necessary.

In last years, new therapies considered as second line have emerged, which have shown beneficial effects in the treatment of functional constipation.

After non-functional causes have been excluded and in cases where there is no response to therapy, referral to secondary care may be necessary.

**Conclusion:** Most cases of constipation can be targeted and treated in primary health care.

In this sense it is important to standardize procedures in the diagnostic and therapeutic approach in the adult with constipation.

Conflict of interest

no

## **Contribution ID: 509**

### **Presentation form**

Poster

### **The patient who revisits**

#### **Authors**

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**Aim:** Patient who comes to Primary Care for generalized, abdominal pain, without associated nausea or vomiting for a week. Appendectomy . She previously consulted in the emergency room where they performed radiography and abdominal ultrasound indicating that they were normal, discharging her. She continues with pain despite treatment indicated in the emergency department (omeprazole and levogastrol). Exploration: very distended abdomen, tympanic and with abdominal defense. We reviewed complementary tests observing dilated small intestine loops on abdominal radiography, without the presence of gas in a rectal ampulla. In abdominal ultrasound, this dilation of the small intestine with free fluid was already described. We refer again to hospital emergencies due to suspicion of intestinal obstruction.

**Materials and Methods:** AbdomenX-ray: same as previous. Normal blood analysis, except PCR in 5. Interconsultation with a surgeon who, after exploring the patient, indicates that she does not have surgical pathology. However, the patient continues with severe abdominal pain, so it is decided to remain under observation with analgesia during the night. The next day is assessed again by surgery that this time decides urgent surgical intervention for intestinal obstruction. Debridement is performed without incidents. She stays in hospital for 10 days with good progress and is finally discharged.

**Results:** Intestinal obstruction due to flanges. Differential diagnosis: intestinal sub-occlusion. Acute peritonitis. Ovarian pathology.

**Conclusion:** It is important to evaluate thoroughly the complementary tests we request. Before a patient who continues with pain, we should avoid precipitates hospital discharges although other specialists do not consider treatment on their part.

Conflict of interest

no

## **Contribution ID: 528**

## Presentation form

Poster

### Signet ring cell gastric adenocarcinoma

#### Authors

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**Introduction:** A 75 year old man, former smoker, with history of hypertension, diabetes, obesity and successful eradication of Helicobacter Pylori infection 5 month ago. He presents epigastric pain from 4 month ago.

**Materials and Methods:** Physical exploration and supplementary tests: abdomen without alterations. Fibrogastroscopy: gastric adenocarcinoma diffuse, type signet ring cell (T1N0M0). Blood test: Carcynoembrionic and CA 19,9 antigens: normal. Abdominal Scanner: No gastric alterations. The patient was sent to surgery, and surgical intervention was decided. Differential diagnosis: hiatus hernia, gastric ulcer, chronic gastritis.

**Results:** Clinical judgment: signet ring cell gastric adenocarcinoma. Tractament: total gastrectomy . Pathological anatomy: mixed adenocarcinoma, intestinal and diffuse type, non-cohesive with focal differentiation. The resection showed no residual microcosms of residual disease.

**Conclusion:** gastric cancer is the second cause of death worldwide, after lung cancer. Its incidence has decreased in recent years which are related to the discovery of other risk factors, such as Helicobacter Pylori, diet, and environmental factors. The incidence of this kind of cancer changes depending on geographic areas, with high incidence in Asia, especially Japan, West of South America, and Eastern Europe. It is more frequent in men ( 2:1), and older than 65. Geneticist: A Group, (> than 20%), Pernicious Anaemia (3-18%). Associated syndromes: Peutz Jegher, adenomatous gastric family polyposis, hereditary non-polyposis colorectal cancer. Precursory lesions: Metaplasia and intestinal dysplasia, Menestrier's disease, and oesophagus Barrett which are considered premalignant lesions.

Conflict of interest

no

## Contribution ID: 558

### Presentation form

Poster

### Beyond intolerances and gastrointestinal malabsorptions

#### Authors

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**Objective:** The relevance of including all chronic diarrhoea causes on its diagnostic approach, a frequent daily consultation.

**Material and methods:** A 61-years old woman, without relevant medical records, toxic addictions or epidemiologic backgrounds came to Emergencies with abdominal pain: Progressive and continuous epigastric pain with mild weightless, less hunger, diarrhoea without alarm signs and nausea without vomit, during 4 months. No consults to her family doctor about by attributing to bad family dynamics and anxiety.

Blood pressure, heart rate, temperature and glucose levels were normal. Localized epigastric pain without analgesic response and small deep mass were found in palpation. No peritonism signs. No pathological signs on the rest of examination.

**Results :** Lab test were normal but haemoglobin lower than previous. Abdominal echography showed a peripancreatic mass (5,8x5,2x8cm) compatible with gastrointestinal stromal tumour (GIST) in antral zone. Patient was admitted to complete study: body-TAC which showed, furthermore, pulmonary nodules. Biopsy was negative to *Helicobacter pylori*, CD117 and CD34 (not found in 10% of GISTs). She was sent to Oncology for evaluation.

**Conclusion:** GIST is considered as unusual kind of tumour but prevalence is higher than we think. Incidence in Spain is 457 cases-year, specially in women older than 50. Frequently appears in stomach (55-70%) and small intestine (20-30%), with epigastric pain, weightless and diarrhoea. Usually, Kit receptor mutations in nerve cells are responsible of chemical changes and cellular proliferation. Healthy habits and consult to family doctor when observe something abnormal is important to prognosis and treatment, better with surgery

Conflict of interest

no

## Contribution ID: 585

### Presentation form

Poster

### Side effects of the chronic use of proton pump inhibitors

#### Authors

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**Introduction/Aim:** Proton pump inhibitors (PPIs) are pharmaceuticals commonly used and globally considered safe. However, there are reports of correlation with adverse effects regarding its chronic use. Our aim is to determine the known side effects related with the chronic use of PPIs.

**Materials and Methods:** Search within PubMed on 12 October 2018 of clinical trials and review articles over the last 5 years using a combination of MeSH terms (Drug-Related Side Effects and Adverse Reactions; Proton Pump Inhibitors) and keywords (chronic ; long term) and within Cochrane Library, with Proton Pump Inhibitors and Drug-Related Side Effects keywords. Relevant cross references were obtained. The following inclusion criteria were used: Population: Adults (≥18 years of

age); Intervention: Long-term treatment with PPIs; Comparison: Without treatment/placebo/short treatment with PPIs; Outcome: Side effects.

**Results:** We obtained 18 articles. Four review articles met the inclusion criteria. The following was reported as possible side effects: enteric infections, hypomagnesaemia, fracture risk, pneumonia, kidney disease, deficit of vitamin B-12, iron deficiency, myocardial infarction, dementia, rhabdomyolysis, thrombocytopenia, stomach polyps, precancerous gastric lesions or gastric carcinoma. Three articles report the association between *Clostridium difficile* infection and the long-term use of PPIs. The remaining side effects have shown weak association or contradictory results. **Conclusion:** There are few results with correlation evidence between the chronic use of PPIs and the occurrence of adverse effects. There is an urgent need to conduct randomized prospective studies to clarify the association with the different side effects.

Conflict of interest

no

## Contribution ID: 595

### Presentation form

Poster

### Effectiveness of the use of colonoscopies in primary care center

#### Authors

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**Introduction:** Colorectal cancer (CRC) is the third most commonly diagnosed malignancy and the fourth leading cause of cancer death in the world. The role of primary care physicians (PCPs) in the diagnosis and management of gastrointestinal disorders, including screening for CRC has been recognized as very important.

**Materials and Methods:** The objective is to analyze, through a retrospective analysis, the results of the colonoscopies requested during 2017 in our primary care center that manages an urban population of 32621 inhabitants.

**Results:** A total of 317 colonoscopies were performed for different reasons to the concerning patients: 161 male (50.8%) and 156 female (49.2%), and their mean age was 63.6 years. Surprisingly, the variable sex contains 50% of both genders and the variable age follows a normal distribution. The most common reasons for requesting a colonoscopy were personal or familiar history of poliposis/CRC (37.5%), anaemia (11%) and rectal bleeding (18%). The findings were polyps (37.5%), normal colonoscopy (21.1%), diverticulosis (19.2%) and haemorrhoids (11.7%). CRC was found in 10 patients (3.2%). Only 21% of the colonoscopies performed showed a normal result, whereas 79% had any sort of condition.

**Conclusion:** The use of colonoscopy by PCPs is clearly cost-effective. There was no difference between genders regarding to the probability of having an abnormal result in the colonoscopy. With the combination of clinical suspicion and the screening program colonoscopy, 3.2% of patients who had a colonoscopy received a positive

result for CRC. We do not have an explanation to why gender is equally distributed, and why age follows a normal distribution.

Conflict of interest

no

## Contribution ID: 646

### Presentation form

Poster

### Non-alcoholic fatty liver disease. Biopsy-proven histopathological comparison in patients with and without type 2 diabetes

#### Authors

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**Introduction/Aim:** Prevalence of non-alcoholic fatty liver disease (NAFLD) is 30% for general population, 50% in patients with type 2 diabetes mellitus (T2DM). Mortality of NAFLD patients with T2DM is three times higher than nondiabetic. Among the non-invasive tools, the NAFLD fibrosis score (NFS) is reliable to predict advanced liver fibrosis. The aim of this study is to compare severity of NAFLD assessed by liver biopsy and with the NFS in T2DM patients versus non diabetics.

**Material and methods:** Cross sectional study with 217 NAFLD patients (36 with and 181 without T2DM). Inclusion criteria: > 18 years NAFLD biopsy-proven. Measures: demographic and clinical data, anthropometric assessments, laboratory blood test, metabolic syndrome, liver biopsy and NFS calculation.

**Results:** T2DM patients presented higher percentage of non-alcoholic steatohepatitis (NASH), advanced degree of steatosis and liver fibrosis. Patients with concomitant fibrosis and NASH had a higher percentage of T2DM than patients with isolated fibrosis or NASH. Patients with advanced fibrosis in liver biopsy had higher values of NFS; 92 of these patients were correctly diagnosed by NFS index.

**Conclusions:** More aggressive NAFLD was present in T2DM patients compared with non-diabetic (higher prevalence of NASH and fibrosis). Liver fibrosis in patients with T2DM can be detected with non-invasive index as NFS. Advanced degrees of NAFLD are present in T2DM, in terms of NASH and advanced fibrosis. T2DM patients should be monitored paying attention to the possible progression of NASH and/or advanced fibrosis. Non-invasive indices are an important tool to evaluate these patients.

Conflict of interest

no

**Contribution ID: 694**

**Presentation form**

Poster

**Problems in the management of inflammatory bowel disease in primary care**

**Authors**

Carlos Seica Cardoso, Luís Almeida  
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**Introduction:** Although "General", when the diagnosis is made with the same technique, one perceives a specificity and a differentiation required in a Family Physician.

**Material and Methods:** Case study. The information was consulted in the integrated network system of the patient (SCLínico) that contains both the clinical records made in Primary Care and in the Hospital where the patient had the follow-up.

**Results:** A 24-year-old woman that came to consultation with diarrhea, nausea and vomiting that started one month ago. It had already been observed when symptoms began and due to lack of improvement, she went to Emergency. It was assumed Acute Gastroenteritis (AGE), but due to a normocytic anemia, it was requested a colonoscopy. That's when I observe the patient, who comes with a letter of requesting the exam. The patient is pale, with complaints of asthenia, abdominal pain and maintenance of diarrhea. Negative blood loss and rectal examination was normal. In the new contact comes only the mother, bringing the result of the colonoscopy that reveals "throughout the mucosa very inflamed extension suggesting Inflammatory Bowel Disease", and presenting microcytic and hypochromic anemia. The patient was sent to gastroenterology, where she repeats the colonoscopy and it's empirically prescribed mesalazine. The results of the biopsies revealed Ulcerative Colitis.

**Conclusion:** On the one hand we have a delayed diagnosis in a hypothetical AGE with almost a month of evolution associated with important systemic symptoms. On the other, the impossibility of prescribing inflammatory modulators in primary care with an ordinance.

Conflict of interest

no

**Contribution ID: 818**

**Presentation form**

Poster

**Recurrent volvulus in the elderly**

**Authors**

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**Introduction/Aim:** A 81 years old man, institutionalized for 5 years, without allergies, dyslipidemia, diabetes, and with a history of colon devolvulation in 2014

and two in 2017. He consults for abdominal pain and constipation (resistant to laxatives) for three days, preceded by vomiting for 5 days. No expulsion of gases.

**Materials and Methods:** In the exploration, distended and tympanized abdomen, diffuse pain, decreased hydro-aerial noises. Rx abdomen: sigmoid volvulus. Other complementary tests were normal.

**Results:** Clinical judgment: Volvulus in sigma.

Differential diagnosis: Ogilvie's syndrome, toxic megacolon.

**Conclusion:** Sigma volvulus treated with endoscopy has a recurrence of around 60% and is even greater in the second episode, where scheduled surgery is recommended (as was the case in our patient). It usually occurs in older patients with a history of previous constipation, who also present more risk, since they do not have the typical clinical presentation and they delay the attendance to emergencies 4-5 days, where a commitment to the sigma irrigation has already been produced and as result: gangrene, peritonitis and sepsis. In these patients who are recurrent, with cognitive impairment, dependent, it causes controversy to subject them to an intervention.

Conflict of interest

no

## **Contribution ID: 821**

### **Presentation form**

Poster

### **Suspected Inflammatory bowel disease**

#### **Authors**

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**Introduction/Aim:** A 27-year-old woman, with no relevant medical history, who consulted for diarrhea for a month (10-12 stools a day), with no nocturnal respect, with blood remnants and accompanied by abdominal pain and vomiting. No fever, no arthralgias, or other associated systemic manifestations. One year ago the same self-limited clinical picture. Lost of 3-4 kg. Stool culture were studied at the beginning being negative.

**Materials and Methods:** Analytical performed in the emergency department with C reactive protein: 18mg/dl, 14,000 leukocytes. Rx thorax and abdomen normal.

#### **Results:**

-Clinical judgment: Crohn disease

- Differential diagnosis: Ulcerative colitis, infectious colitis, irritable bowel syndrome.

**Conclusion:** The outbreak was controlled with IV corticosteroids, and oral and topical 5-ASA. The importance of being alert to long-term diarrhea in young patients, even in emergency, we can suspect it. Also Crohn's disease is increasing in incidence and prevalence worldwide.

At first, this patient was cataloged as an ulcerative colitis, only the histology gave the definitive diagnosis of Crohn. One report suggested that an evolution to CD diagnosis was more possible in patients initially diagnosed with ulcerative colitis who presented with non-bloody diarrhea or weight loss. Approximately 15% of patients with IBD,

the difference between CD and ulcerative colitis can not be made, and are classified as indeterminate colitis.

The request for antibodies, like ASCA and pANCA, has little specificity to differentiate ulcerative colitis from crohn. On the other hand measuring fecal calprotectin can help us to evaluate the progression of the disease and treatment.

Conflict of interest  
no

## **Contribution ID: 825**

### **Presentation form**

Poster

### **Mediastinal emphysema, a rare cause.**

#### **Authors**

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Fuengirola, Spain*

**Introduction/Aim:** A clinical case to point out the importance of physical evaluation in every patient. **A rare case**

**Materials and Methods:** History:

15 years old female patient with no previous medical history consults in the Emergency Department because for the past 2 days she has been pain in the upper part of her chest and neck.

Fiscal examination: Good general state, well hydrated, normal respiratory rate. Cardiorespiratory auscultation normal. Crepitus skin in the neck.

Blood tests normal.

Xrays shows mediastinal emphysema.

CT scan shows < 1 cm disruption of medial esophagus

Further history searching for the origin of that disruption reveals that the patient has an eating disorder and provoques her own vomiting. The patient was interned in the general surgery department for observation, antibiotic therapy and did not require any intervention.

**Results:** Diagnose: Mediastinal emphysema secondary to Boerhaave syndrom.

**Conclusion:** Mediastinal emphysema is a potentially deadly disease usually associated with bulimia, consisting in a rupture of the esophagus due to the incoordination of esophageal muscles during forced vomiting. It represents a 10% of the total esophageal ruptures and has a 35% mortality. This case brings out the importance of good clinical exploration and orientation of the clinic related by the patient

Conflict of interest  
no

## **Contribution ID: 845**

### **Presentation form**

Poster

**BEST POSTER: Malignant consequence of a benign disease**

**Authors**

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<sup>2)</sup>Department of Emergency, Hospital Torrecárdenas, Almería (Spain), Hospital Torrecárdenas, Almería., Almería, Spain

**Introduction/Background:**A 32 years old patient with celiac sprue who did not comply with the dietetic measures correctly came to the hospital emergency department due to a 2-day history of abdominal pain that intensified in the last hours. No fever at home. Associate nausea without vomiting.No intestinal transit alterations: habitual constipation.

**Objective / Methods:** Physical exam.BP:100/60 mmHg.HR:110 bpm.SatO2:97%.BMT:120 mg/dl. Regular general condition, conscious and oriented, paleness and sweating.Eupneic.Cardiac auscultation:normal.Pulmonary auscultation:without alterations.Abdomen:in table.Very painful to palpation in a generalized way.Peritoneal irritation.Complementary test:Hemogram and biochemistry:leukocytosis with neutrophilia.Significant elevation of RCP. Normal coagulation and venous gasometry.Chest x-ray:Subdiaphragmatic air is observed.Abdominal x-ray:psoas lines are not visualized.The intestinal walls are objectified, compatible with intestinal perforation.Abdominal CT scan:small bowel perforation is visualized, at the level of a jejunal loop, with perilesional edema.Given the results of the complementary tests, and with suspicion of abdominal tumor, it is decided to intervene urgently to the patient.Intraoperatively, an abdominal small bowel tumor located in a jejunal loop was found, which includes two loops and is perforated in them.Intestinal resection was performed with terminal-terminal reconstruction.

**Results:**Lymphoma T of high degree of malignancy.

**Conclusion:**Intestinal lymphoma is the most serious consequence of transgression of the diet, and occurs as a result of stimulation of the immune system to react to gluten.It affects 1% of people suffering from celiac disease.The most frequent symptoms are: abdominal pain, weight loss, diarrhea.It is necessary to suspect a T lymphoma in a celiac patient that deteriorates despite correct treatment compliance.

Conflict of interest

no

**Contribution ID: 908**

**Presentation form**

Poster

**The certainty and well-interpreting of imaging tests and what the patient family should know**

**Authors**

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**Aim:** To present an approach in the management of the interpretation of imaging tests and communication with the family.

**Materials and Methods:** A 33-years-old man with a history of uncontrolled UC (ulcerative colitis), who followed ordinary and biological treatment. A year ago, a colonoscopy-biopsy was normal. Now, he develop abdominal pain and fever for 2 weeks; he had hepatomegaly condition of 4 cm. Blood test results were normal. Point-of-care ultrasound showed uncountable lesions in the liver causing an irregular shape. He was suggested to be admitted to the hospital in order to get a precise diagnosis.

**Results:** Tumoral markers were negative. A scanner showed lesions that were not compatible with abscesses, and a large intestine biopsy showed inflammatory cells with necrosis in which there were not detected any area of neoplasia or abscess. The patient condition did not ameliorate and start worsening after 2 weeks of antibiotic and antifungal treatment. Patient's family could not understand this medical condition worsening. After another TC, he was diagnosed with a neoplasia on the transverse colon T3N1M1. Then, a colonoscopy-biopsy showed a neuroendocrine carcinoma. The antibiotic treatment was stopped and CTx started. After a week, he deceased.

**Conclusion:** The medical interest of this case clinic does not lie in the proper medical diagnosis, but for the bad interpretation of an imaging test and the communication of the results with the patient's family and how it can change the medical diagnosis, even though the prognosis it would be the same, an irreversible medical condition.

Conflict of interest

no

## **Contribution ID: 1001**

### **Presentation form**

Poster

### **Electrocardiogram changes in electrolyte imbalance: A case report**

#### **Authors**

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**Aim:**To describe a case of electrocardiogram changes due to hypokalemia in a patient with diarrhea.

**Description:**We report a 49 year-old female with a medical history of hypertension, dyslipidemia, smoker and lumbar disc herniation with L5-S1 nerve root irritation.She consulted with a bad pain in the S1 nerve that radiated down the sciatic nerve with no response to painkillers.She was prescribed pregabalin 25 mg at night.After two days the patient consulted with a 2-day history of diarrhea, vomiting, weakness and leg cramps.The patient reported to have had more than 20 watery stools without blood or mucus over the previous 24 hours.Physical examination revealed:heart rate 120, blood pressure 135/81 and oxygen saturation by pulse oximetry 98%. Her skin was cool and dry, oral mucosa was moist.Cardiac exam revealed tachycardia.Lungs, extremities and neurologic examination were unremarkable.The abdomen was slightly painful on palpation with no other alteration. We sent her to our emergencies

wing where they completed the study. Her electrocardiogram showed a ST segment depression. The patient was taken to the hospital. Laboratory testing showed serum creatinine 1.21 mg/dl, urea 32 mg/dl, potassium 2.7 mmol/L, sodium 141 mmol/L, C-reactive protein level 25.7 mg/dl. Hemogram, serum amylase, glucose, transaminase levels, creatine phosphokinase-MB (CPK-MB) and troponin I were normal. Rehydration and electrolytic balance were restored with intravenous fluid therapy. The symptoms stopped, potassium got normal levels and the electrocardiogram showed normalized ST segment.

**Conclusion:** Diarrhea is a common cause of hypokalemia. The electrocardiogram in hypokalemia is often misdiagnosed as being the result of ischemia.

Conflict of interest

no

## Contribution ID: 1038

### Presentation form

Poster

### Abdominal pain in an appendectomised patient

#### Authors

Marta Moya De La Calle<sup>1</sup>, Angela Maria Arevalo Pardal<sup>2</sup>, Susana Sanchez Ramon<sup>1</sup>, Rosa Iban Ochoa<sup>1</sup>, Beatriz Martin Perez<sup>1</sup>

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**Introduction:** Omental appendix are pediculated adipose tissue that can simulate an acute abdominal pain when inflaming or being torsioned. During differential diagnosis it is a condition that must be taken into account.

**Material and methods:** A 44-year-old male already appendectomised comes for abdominal pain, which cannot be controlled with pain killers. The pain is located in right abdomen, colic pain; it started diffuse and was radiating to the lower back, not hypogastrium. No fever, nausea or vomiting, or intestinal habit alteration were found. On general examination, abdomen was soft, depressible, painful on the right flank, punctual defense at that level and doubtful right fist. Negative Murphy. No megalias or palpable lumps, no skin lesions. Blumberg positive.

**Results:** blood and urine tests: normal. Abdomen X-ray normal. Abdominal ultrasound: suspicion of epiploic appendicitis that is confirmed in computed tomography CT. Analgesic and antibiotic therapy was prescribed, and the patient was discharged and referred to his general practitioner. No complications were found, and the pain was controlled and finally disappeared a month ago.

**Conclusion:** Epiploic appendicitis, often called "the other appendicitis", remains unknown, as a rare cause of severe abdominal pain that goes to the Emergency Department and its etiology is not identified. Curses with a lot of pain but without systemic involvement. Complications are infrequent, (intestinal obstruction and intussusceptions due to adhesions to the abdominal wall or other viscera, and the formation of abscesses if there is an infection of the fat necrosis).

Conflict of interest

no

## Contribution ID: 1133

### Presentation form

Poster

### Pneumatosis intestinalis: an entity or a consequence

#### Authors

Daniela Abrantes

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**Introduction:** The presence of gas within the wall of the intestine is known as Pneumatosis intestinalis (PI).

In the majority of the cases it is an incidental finding but in other cases it can be an abdominal emergency.

It is difficult to know exactly its incidence asymptomatic condition.

**Methods:** A classic literature review was carried out with the term mesh "pneumatosis intestinalis". A bibliographic review of articles published in scientific databases and international sites.

**Results:** In less than one third of the cases, PI is an idiopathic condition, while the remaining are secondary to a wide variety of illnesses.

The pathogenesis is poorly understood, and is probably considered as having a multifactorial cause. There are many theories that explain the pathogenesis of PI that can, sometimes, coexist: the mechanical theory, the bacterial theory and the biochemical theory.

Most patients are asymptomatic and the condition can be a finding. The others can present with abdominal pain, obstruction, abdominal distention, flatulence, loss of appetite, among others.

PI may be diagnosed by imaging exams such as, radiography, abdominal ultrasound and endoscopic methods.

The management of this condition depends on the severity of symptoms and the possible need of an emergent procedure.

**Conclusion:** With the existence of better primary health care, conducting screening tests, the incidence of this pathology may increase. Although PI is a condition that is usually benign, it can have serious complications and physicians must be alert.

Conflict of interest

no

## Contribution ID: 1188

### Presentation form

Poster

### Acute abdominal pain could sometimes have another less common cause

#### Authors

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**Introduction:** A 40 years old male, no allergies, presents a moderate abdominal pain in the last 24 hours that did not respond to conservative treatment, with no other symptoms.

He then had a vomit, still with persistent pain so he came back for a second check up. His physical showed a tympanitic abdomen, painful on palpation, with high-pitched bowel sounds, but no palpable masses.

**Methods/results:** Analysis showed leukocytosis, neutrophilia and elevated serum amylase. A plain abdominal radiography helped detect small bowel dilatation. Oriented as possible bowel obstruction, he was sent to hospital. There, a CT scan confirmed the diagnosis of epiploic appendagitis.

Epiploic appendagitis is a benign, self-limiting inflammatory process. A result of an ischemic infarction of the epiploic appendices caused by torsion or spontaneous central venous thrombosis. Recovery is in about 3 to 14 days without need for surgery. Obesity, an increase in abdominal adipose tissue, and strenuous exercise are the main risk factors.

**Conclusion:** As family doctors offering outpatient urgent care, we usually attend prevalent conditions yet we should keep in mind the less frequent differential diagnosis, early detect them and give the best treatment

Conflict of interest

no

## Contribution ID: 22

### Presentation form

Poster

### Vitamin D Intoxication in a hydrochlorothiazide-treated patient

#### Authors

Victoria Sainz de Aja<sup>1)</sup>, Raquel Rodriguez-Medina<sup>1)</sup>, Elena Bello-Baluja<sup>1)</sup>, Paula Fernandez-Trujillo-Comenge<sup>2)</sup>, Agnieszka Kuzior<sup>2)</sup>, Francisco Javier Martinez-Martin<sup>3)</sup>

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<sup>3)</sup>*Endocrinology and Nutrition, Hospitales San Roque, Las Palmas de Gran Canaria, Spain*

**Introduction/Aim:** The use (and abuse) of vitamin D supplements has increased sharply in the last decade. Thiazide diuretics can unmask vitamin D toxicity and cause hypercalcemia with potentially severe consequences.

**Materials and Methods:** Review of the patient's clinical records and of the relevant literature. Results: A 59-year-old woman, treated with hydrochlorothiazide 25 mg qd for hypertension presented untreated osteopenia and severe vitamin D deficiency (plasma calcifediol 9.3 ng/dL), with normal calcium, phosphate and PTH. Treatment with 32000 units of calcifediol once-a-month was prescribed, but the patient misunderstood the prescription and took the monthly dose every day for 6 months. She complained of asthenia, nausea, hyporexia, constipation and abdominal pain; her plasma calcifediol was 189.3 ng/mL, calcium 11.4 mg/dL, with normal phosphate

and PTH; shortened QT interval (330 ms) and multiple non-obstructive calcium renal lithiasis (6 mm maximum diameter), with normal kidney function. Calcifediol was withdrawn, high water intake recommended, and torasemide 5 mg qd was substituted for hydrochlorothiazide. One month later, the patient was asymptomatic, her QT interval was normal, and her plasma calcium was near-normal (10.8 mg/dL) while her plasma calcifediol remained high (116.7 ng/mL).

**Conclusion:** The presence of potentially toxic plasma levels of calcifediol is not uncommon. However, most cases maintain normocalcemia and are asymptomatic, hence vitamin D toxicity is seldom reported. Latent hyperparathyroidism, granulomatous diseases, lymphoma or drugs such as hydrochlorothiazide may precipitate vitamin D toxicity. The combination of high-dose vitamin D supplements and thiazide diuretics may induce severe hypercalcemia.

Conflict of interest

no

## Contribution ID: 23

### Presentation form

Poster

### Supplementation with vitamin D in patients with deficiency was not associated with hypercalcemia, independently of hPTH

#### Authors

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**Aim/objectives:** Assessing the effect of vitamin D supplementation on plasma hPTH and Ca<sup>2+</sup>.

**Methods:** We offered vitamin D supplementation to patients with deficiency. Plasma phosphate, Ca<sup>2+</sup>, hPTH and vitamin 25-OHD<sub>3</sub> were measured at baseline and after 6 months.

**Results:** 62 patients, age 59.2±12.7. At baseline, hPTH was high in 18 patients (116±45 pg/mL), and normal in 44 (49±13 pg/mL). Vitamin D increased significantly (18.3->48,7 ng/mL), with 59 of the patients at target, but no patient above it. Mean Ca<sup>2+</sup> was 9.7±0.8 mg/dL and phosphate 3.4±0.4 mg/dL. The vitamin D supplements were well tolerated. After 6 months, hPTH was not significantly changed in patients with normal hPTH at baseline (45 ±14 pg/mL) and was not high in any of them, but was significantly reduced in patients with high hPTH at baseline (87±34 pg/mL), of which 7 had normal hPTH after vitamin D supplementation. There were no significant changes in Ca<sup>2+</sup> and phosphate (9.9±1.0 mg/dL), the correlation with changes in vitamin 25-OHD<sub>3</sub> was not significant, and none had hypercalcemia or hyperphosphatemia.

**Conclusions:** Vitamin D supplementation was well tolerated, and target was achieved in 95% of the patients, without adverse effects or plasma values above target. Plasma Ca<sup>2+</sup> and phosphate were unchanged, but hPTH was significantly reduced in patients with high baseline values, with 39% of them returning to normal values.

Conflict of interest

no

**Contribution ID: 25**

**Presentation form**

Poster

**BEST POSTER: The association between low vitamin D status and autoimmune thyroid disease in Korean premenopausal women**

**Authors**

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**Introduction/Aim:** This study aimed to analyze the association of low vitamin D status with thyroid autoimmunity and dysfunction in the Korean population, according to sex and menopausal status in women.

**Materials and Methods:** This study was based on the data acquired from the 6<sup>th</sup> Korean National Health and Nutrition Examination Survey. We enrolled 4,356 subjects who have the results of thyroid function, anti-thyroid peroxidase antibody (TPOAb), and serum 25-hydroxyvitamin D (25[OH]D) levels.

**Results:** Positive-TPOAb (TPOAb[+]) with thyroid dysfunction (subclinical and overt hypothyroidism) was more prevalent in the vitamin D deficient group than in the vitamin D insufficient and sufficient groups of premenopausal ( $p = 0.046$ ) and postmenopausal women ( $p = 0.032$ ), although no significant differences were noted in men. The mean serum 25(OH)D level was significantly lower in the TPOAb(+) with thyroid dysfunction group than in the TPOAb(+) with euthyroid and TPOAb(-) groups of premenopausal women ( $p = 0.001$ ), although no significant differences were noted in men and postmenopausal women. Multivariate binary logistic regression analysis adjusted for age, body mass index, and current smoking status showed that vitamin D insufficiency and deficiency were significantly associated with TPOAb(+) with thyroid dysfunction in premenopausal women ( $p < 0.001$ ), although no significant associations were noted in men and postmenopausal women.

**Conclusion:** Low vitamin D status was significantly associated with thyroid autoimmunity and dysfunction in the Korean population, especially in premenopausal women.

Conflict of interest

no

**Contribution ID: 36**

**Presentation form**

Poster

## Diabetic care: an observational study in two nursing homes in the Province of Pordenone, Italy

### Authors

Rosario Falanga

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**Introduction/Aims:** The prevalence of diabetes in the elderly is increasing. The care of the elderly institutionalized diabetic subjects is made complex by the clinical and functional heterogeneity. An appropriate therapeutic diagnostic plan must be personalized and shared with the nursing staff. Research aims: determine prevalence of diabetes, clinical characteristics, drug treatment and assessment of glycemic control among elderly diabetic residents in nursing homes.

**Materials and methods:** In 2018 an observational study was conducted in a cohort of 181 elderly patients average age 87 (65-103), 82% female, living in two nursing homes, including medical record audit and data collection of drug therapy.

**Results:** The prevalence of diabetes was 25%, were studied 46 diabetic patients with a mean age of 87 years, 80% of whom were females. The prevalence of diabetes was higher in males (28%) than in females (24,5%).

10 (20%) of these PTs only in dietary treatment.

18 (40%) PTs in treatment with oral antidiabetics: metformin (11), metformin in combination with sulfonylurea or glinide (4), sulfonylurea (1), glinide (1), DPP4 inhibitors (1). 18 (40%) PTs in treatment with insulin (alone or in combination with oral antidiabetics).

HbA1c analysis was performed: 75% of patients had HbA1c < 7% and 25% between 7 and 8,3%, predominantly higher in males.

**Conclusions:** The prevalence of diabetes in elderly nursing home residents is high. The General Practitioner, supported by the nursing staff, provides most of the care to those patients, guaranteeing a good metabolic control in most of them.

Conflict of interest

no

### Contribution ID: 74

#### Presentation form

Poster

## Faster Aspart insulin in type I diabetic patients with sensor-augmented pumps: Effects on glycemic variability and hypoglycemia vs. previous insulin

### Authors

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**Aim:** Comparing the effect of Faster Aspart insulin (Fiasp®) with previous insulin analogues (aspart, lispro) in type I diabetic patients with sensor-augmented pump therapy.

**Methods:** Patients with Minimed Paradigm® insulin pumps and Guardian® sensors were switched from previous insulin to Faster Aspart. Data from the previous 3 months and 3 months afterwards were obtained from the Guardian® software and compared by Student's paired t-test. Satisfaction data were obtained by analogic scales. Data are given as mean ± s. d.

**Results:** Sixteen patients (age 23 ± 6.8 years, 69% female) were switched to Faster Aspart from lispro (25%) and aspart (75%). Their glycemic variability coefficient (100 x mean glucose/s. d.) was significantly reduced from 41.3 ± 9,2% to 34.2 ± 8.9% (p = 0.0342). Time on glucose < 70 mg/dL was significantly reduced from 3.8 ± 1.3% to 2.9 ± 0.9% (p = 0.0301). Time on glucose > 180 mg/dL was reduced from 6.7 ± 1.9% to 5.5 ± 1.8% (p = 0.0766). HbA<sub>1c</sub> was decreased from 7.3 ± 0.9% to 6.9 ± 0.8% (p = 0.1940). On a 0-10 scale, patient satisfaction was significantly increased from 6.3 ± 1.8 to 7.8 ± 1.4% (p = 0.0133). No unexpected adverse effects were reported.

**Conclusions:** In this open, uncontrolled study, switching from previous insulin analogues to Faster Aspart was well-tolerated and significantly reduced glycemic variability and time on hypoglycemia; patient satisfaction was significantly increased, and trends for lower time on hyperglycemia and lower HbA<sub>1c</sub> were found.

Conflict of interest

no

### Contribution ID: 79

#### Presentation form

Poster

#### BEST POSTER: Do iSGLT2 have a role in the primary prevention of renal and heart failure events in type 2 diabetic patients?

#### Authors

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**Introduction/Aim:** Current guidelines for type 2 diabetes pharmacotherapy recommend preferential treatment with iSGLT2 or GLP-1RA (added to metformin) only in patients with previous cardiovascular events. We tried to find if the balance of evidence suggests that even in patients in primary cardiovascular prevention, iSGLT2 should be preferred to other therapeutic groups.

**Materials and Methods:** Review of the current literature and meta-analysis on iSGLT2 cardiovascular outcome trials.

**Results:** The risk for 3-P MACE (cardiovascular mortality plus nonfatal myocardial infarction and stroke) is consistently reduced by iSGLT2 treatment vs. placebo in secondary prevention patients (risk ratio 0.86, interval 0.80-0.93,  $p=0.0002$ ) but not at all in primary prevention patients (risk ratio 1.0, interval 0.87-1.16,  $p=0.98$ ). However the risk of hospitalisation for heart failure is consistently reduced by iSGLT2 both in primary (risk ratio 0.64, interval 0.48-0.85,  $p=0.0021$ ) and secondary prevention (risk ratio 0.71, interval 0.62-0.82,  $p<0.0001$ ); and the risk of renal events is consistently reduced by iSGLT2 both in primary (risk ratio 0.54, interval 0.42-0.71,  $p<0.0001$ ) and secondary prevention (risk ratio 0.56, interval 0.47-0.67,  $p<0.0001$ ).

**Conclusion:** The current guidelines are justified in limiting the preferential recommendation of iSGLT2 to patients with previous cardiovascular events for the purpose of MACE-3P prevention. However, for prevention of renal and heart failure events, this preference should be extended to patients in primary cardiovascular prevention.

Conflict of interest

no

## Contribution ID: 162

### Presentation form

Poster

**BEST POSTER: A big, hard breast lump in a 26 year old, type 1 diabetic, male to female transsexual**

### Authors

Alba Lucia Tocino-Hernandez<sup>1</sup>, Esperanza Perdomo-Herrera<sup>2</sup>, Tara Rodriguez-Rodriguez<sup>3</sup>, Irene Pombar-Garcia<sup>4</sup>, Agnieszka Kuzior<sup>5</sup>, Ana Delia Santana-Suarez<sup>5</sup>, Manuel Esteban Niveló-Rivadeneira<sup>5</sup>, Paula Fernandez-Trujillo-Comenge<sup>5</sup>, Paula Gonzalez-Diaz<sup>6</sup>, Francisco Javier Martinez-Martin<sup>7</sup>

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**Introduction/Aim:** Breast carcinoma is an exceedingly rare occurrence in transsexual patients. Hereby we present an uncommon metadiabetic complication that can be easily confused with breast cancer, with the aim of raising awareness on this condition.

**Material and Methods:** Review of the Clinical Record of the patient

**Results:** A 26 year old male-to-female transsexual had been treated with antiandrogenic and estrogenic therapy for 12 years, and had often self-medicated with higher than recommended doses. She had type 1 diabetes (debut at 12), but she was often careless with her diet and insulin treatment, omitting most of her prandial insulin doses although rarely the basal insulin. Her HbA<sub>1c</sub> was usually 10-12%, in spite of having access to intensive diabetic education. She had non-proliferative retinopathy, and cheiroarthropathy, but no other known chronic complications. In a routine visit she was anguished about a lump in her left breast, easily palpable, painless, rock-hard, about 3 cm diameter, with no other palpable lesions. Fine needle aspiration cytology was attempted, but the lesion was too hard and no sample could be attained; a TruCut core biopsy was performed and the final diagnosis was fibroinflammatory mastitis (diabetic mastopathy).

**Conclusions:** Diabetic mastopathy is an unusual metadiabetic complication, typically diagnosed in female diabetic patients with a long history of poor metabolic control. It has never been before reported (in our knowledge) in a transsexual patient. It is a benign condition usually not requiring surgery, but clinically indistinguishable from breast carcinoma, which may lead to unnecessary anxiety or intervention.

Conflict of interest  
no

## Contribution ID: 163

### Presentation form

Poster

### Risk of chronic kidney disease according to abdominal visceral fat mass in Korean male: Longitudinal study

#### Authors

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**Introduction/Aim:** There have been many reports that visceral abdominal tissue (VAT) increases the risk of chronic kidney disease (CKD). The purpose of this study was to evaluate the relationship between VAT area by CT and the incidence of CKD.

**Materials and Methods:** We retrospectively reviewed the medical examination records of male participants who performed abdominal CT and reevaluated the follow-up medical examination. We excluded who had CKD or severe diseases at baseline. Amount of VAT was divided into quartiles. The outcome was incidence CKD, defined as glomerular filtration rate (GFR) less than 60 mL / min per 1.73 m<sup>2</sup>. The cox proportional hazards model was used.

**Results:** During average of 6.5 years of follow-up to 5668 subjects, 62 incident CKD cases were identified. After adjustment for variables such as age, initial GFR, hypertension, diabetes mellitus, dyslipidemia, body mass index, and lifestyle, the HR increased significantly in the 3rd and 4th quartiles of VAT(VATq3: HR=3.72, CI 1.27-10.86, VATq4: HR=5.02, CI 1.61-15.60). On the other hand, the amount of subcutaneous abdominal tissue and the incidence of CKD did not show any significant correlation.

**Conclusion:** According to the results of VAT measurement by CT, the risk of CKD increases as the VAT amount increases.

Conflict of interest

no

## Contribution ID: 165

### Presentation form

Poster

### Vitamin d levels of out-patients: deficiency and hypervitaminosis

#### Authors

ANDRIUS BLEIZGYS<sup>1,2)</sup>, JEVGENIJ KUROVSKIJ<sup>1)</sup>

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<sup>2)</sup>Department of Internal diseases (Family medicine) in the Polyclinic, VILNIUS CITY CLINICAL HOSPITAL, VILNIUS, Lithuania

**Aim:** Data on prevalence of vitamin D deficiency in Lithuania are scarce. We assessed vitamin D statuses in different age groups of out-patients regarding the season of the year.

**Methods:** Data on serum 25-hydroxyvitamin D (25OH-D) levels from tests made in 2012-2014 were obtained and a retrospective cross-sectional analysis was performed.

**Results:** 9581 subjects (mean age 33±23 yrs.) were included. The mean 25OH-D levels were higher in males than in females,  $p < 0,001$ . The highest mean 25OH-D levels were in 0-9 yrs. age group, the lowest were in 10-19 yrs. age group and in the group of 70 yrs. and older,  $p < 0,05$ . Regarding months, the lowest mean 25OH-D levels were found to be in January, February, March and April, and the highest – in August and September. Overall, vitamin D deficiency, sufficiency and hypervitaminosis were detected in 67%, 21% and 12% of cases, respectively. The most cases with hypervitaminosis were in the group of children aged up to 2 yrs. Prevalence of vitamin D hypervitaminosis in the latter group was higher than 60%.

**Conclusions:** Clear seasonality and significant sex-related differences of vitamin D statuses were determined. Vitamin D deficiency was very prevalent in almost all age groups and measurements of 25OH-D levels at least during the cold season might be useful. Young children (aged up to 2 yrs.) are of special interest for further research involving other types of 25OH-D assays (like HPLC), since the real prevalence of "true" vitamin D hypervitaminosis in Lithuania's children is still unknown.

Conflict of interest

no

**Contribution ID: 218**

**Presentation form**

Poster

**BEST POSTER: Association of knee osteoarthritis with metabolic syndrome in Koreans aged 50-years or older**

**Authors**

Yun-Mi Song, Songhwa Choi

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**Background:** Recent studies have reported Knee osteoarthritis (KOA) in association with metabolic risk factors. The objective of this study was to evaluate the association between KOA and metabolic syndrome (MetS).

**Methods:** Study subjects were a total of 966 Korean adults aged 50 years or more who participated in a free-of-charge health examination provided to the residents living in non-urban area. We ascertained KOA and MetS following the clinical diagnostic criteria by American Rheumatism Association and by the modified National Cholesterol Education Program's Adult Treatment Panel III, respectively. The association between KOA and MetS was evaluated by multiple logistic regression analysis after adjusting for covariates.

**Results:** The overall prevalence of KOA and MetS were 34.9% and 48.7%, respectively, with higher prevalent rates in women than those in men ( $P < 0.001$ ). The risk of MetS was significantly higher in subjects with KOA than those without KOA (odds ratio (OR): 1.35, 95% confidence interval (CI): 1.03-1.77). Among individual components of MetS, only abdominal obesity showed significant association with KOA (OR: 1.48, 95% CI: 1.12-1.95). When the analyses were repeated by sex, the associations of KOA with MetS ( $P=0.069$ ) and abdominal obesity ( $P=0.022$ ) were evident in women, but not in men.

**Conclusion:** The findings of this study suggest that women with KOA need an evaluation and management for MetS, with special attention to abdominal obesity.

Conflict of interest

no

**Contribution ID: 284**

**Presentation form**

Poster

**Obesity is an independent risk factor of chronic kidney disease in Korean men**

**Authors**

Jina Kim, Seo Young Kang, Hye Soon Park

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**Introduction/Aim:** The prevalence of chronic kidney disease (CKD) is increasing in parallel with comorbidities such as diabetes and hypertension. However the

association between obesity and CKD is unclear. We evaluated the association between obesity and decreased GFR in Korean men.

**Materials and Methods:** We analyzed 1,812 subjects using data from the Korea National Health and Nutrition Examination Survey (KNHANES) VII-1 (2016) after excluding participants with cancer or debilitating chronic diseases. Normal GFR referred to  $GFR \geq 60 \text{ mL/min/1.73m}^2$ , and decreased GFR was defined as  $GFR < 60 \text{ mL/min/1.73m}^2$ . The association between obesity or abdominal obesity and decreased GFR was analyzed after adjustment for demographic variables and lifestyle factors. The odds ratio (OR) and 95% confidence interval (CI) were calculated by multivariate logistic regression analyses.

**Results:** As age increased, the ORs for decreased GFR increased in men. In comparison to the men with  $BMI < 23 \text{ kg/m}^2$ , the OR for decreased GFR increased in men with  $BMI 23-24.9 \text{ kg/m}^2$  (OR 1.32; 95% CI 0.66-2.66) and men with  $BMI \geq 25 \text{ kg/m}^2$  (OR 1.86; 95% CI 1.04-3.22) (P for trend < 0.05). Also, in comparison to the men with waist circumference < 90cm, the OR for decreased GFR increased in men with waist circumference  $\geq 90\text{cm}$  (OR 1.89; 95% CI 1.16-3.08).

**Conclusion:** Decreased GFR was independently associated with obesity or abdominal obesity. Appropriate body weight control is needed to prevent chronic kidney disease in Korean men.

Conflict of interest

no

## Contribution ID: 293

### Presentation form

Poster

### BEST POSTER: Population-based cross sectional study of diabetes mellitus control in a primary health care setting

#### Authors

Almudena Sanchez-Vazquez, Carmen de Fuentes Guillen, Andrés Alcolea Rodríguez  
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**Introduction:** Type 2 Diabetes Mellitus (DM2) is increasingly prevalent and negatively impacting the quality of life of patients. Complications associated to DM2 can be prevented with compliance and strict glycaemic control. They however remain tightly linked to other cardiovascular risk factors.

**Objectives:** In order to improve glycaemic control our primary health care centre (PHCC) conducted a review of our population to establish its characteristics and compare them to the global Catalan population.

**Methods:** Descriptive cross-sectional population based study of adult patients with DM2 (age > 30yrs). Through a review of electronic records, demographical and diseases-related variables were analysed. These included HbA1C values, renal function, blood pressure (BP), lipid profile, tobacco consumption, and diabetic retinopathy or neuropathies. We compared our results to those obtained through a national study conducted in 2016 and covering public Catalan PHCCs sharing the national electronic record database (SIDIAP). Our centre did not participate in the for-mentioned study, as it does not use the SIDIAP.

**Results:** We included 1804 patients. 49.78% were older than 70 and 20% were foreigners. 15% were smokers. We achieved a correct control on 53,68% of HbA1C values, 71,32% of BP, 42,57% of LDL, 57,22% of BMI. We are still analysing our data at the moment of abstract submitting.

**Conclusion:** Our results show a need to improve glycaemic control and implement preventive measures to reduce associated cardiovascular risk factors. They also highlight the utility of electronic records and the need to keep them rigorously updated.

Conflict of interest

no

## Contribution ID: 310

### Presentation form

Poster

### BEST POSTER: Grapes, figs or... Something else?

### Authors

Maria Sousa, Fábio Nunes, José Carvalho, Marília Lima, Rita Nécio, João Vinagre  
*USF Infante D. Henrique, Viseu, Portugal*

**Introduction:** Diabetes Mellitus (DM) is one of the major causes of early illness and death worldwide. Portugal is one of the European countries with a higher prevalence of this disease and its management in Primary Care includes regular DM consultations with a Family Doctor and Nurse. The glycated haemoglobin (HbA1c) is requested at least once in each semester.

**Case report:** 73 year-old female, single, retired, with a past medical history of type 2 DM, hypertension, hypothyroidism and dyslipidemia, chronically medicated with irbesartan, furosemide, simvastatin, levothyroxine, metformin/sitagliptin and gliclazide, followed regularly on DM consultations at her Family Health Center, presented a HbA1c increase from 6.4 to 10% within 3 months, without an apparent cause (she only referred a slightly higher consumption of grapes and figs). She also complained of epigastric pain and nausea for several months. An abdominal ultrasound only revealed diffuse hepatic steatosis; upper endoscopy and colonoscopy were normal; an abdominopelvic computed tomography was requested: "At the level of the pancreatic body, a hypervascular lesion of about 9 mm is visualized in the arterial phase, which may correspond to a neuroendocrine tumor of the pancreas.". Given the evidence of a pancreatic neuroendocrine tumor, an urgent Surgery appointment was requested.

**Discussion:** Pancreatic neuroendocrine tumors are rare neoplasms (1-2% of all pancreatic tumors) that can secrete hormones, such as insulin and glucagon. Risk factors include smoking, diabetes and chronic pancreatitis. This case report highlights the importance of a regular surveillance of diabetic patients, where Primary Care plays a significant role.

Conflict of interest

no

## Contribution ID: 316

## Presentation form

Poster

### Diabetes mellitus type 2 and previous risk assessment

#### Authors

Martha Andreou, Irene Kostoglou, Marina Georgiadou  
*Health Centre of Avdira, NHS, Xanthi, Greece*

**Introduction/Aim:** The purpose of the study is to detect patients with a predisposition for developing Type 2 Diabetes Mellitus (DM 2) who have been admitted to the Health Centre of Avdira

**Materials and Methods:** The subjects were studied within one month. Using a structured questionnaire (Finrisk) we recorded: sex, age, Body Mass Index (BMI), waist circumference, physical activity, diet, arterial hypertension treatment, known impaired fasting glycaemia (IFG), familial history of DM2.

**Results:** In total, 113 people without a known DM 2 were involved. Males were 52.2% and women 47.8%, between 45-64 years (72,5%) obesity had 66.4%, while 67.8% of men had a waist circumference > 102cm and 72.2% of women 80-88cm. Only 20.4% reported physical activity while vegetables and fruits consumed 47.8% daily, arterial hypertension treatment received 62.8%. Pre-existing IFG reported 87.6% while 65.5% had no positive familial history.

**Conclusions:** a) The majority of the participants were of both sexes, aged 45-64, obese and men with abdominal obesity b) positive was that about half of them consumed vegetables and fruits daily c) Co-morbidity reported 62,8% while the majority reported impaired fasting glucose, although they did not have a positive family history of DM 2 d) In our sample were found a statistically significant correlation ( $p < 0.001$ ) between age, BMI, familial history and risk e) The majority of participants (70%) had a mild to moderate increased risk of developing DM 2 over the next 10 years while 22% had a high risk.

Conflict of interest

no

## Contribution ID: 333

### Presentation form

Poster

### A cutaneous manifestation of a systemic disease

#### Authors

Ana Rita Cunha, Conceição Martins  
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**Introduction/Aim:** Systemic diseases can translate into cutaneous lesions that may be the clue to the diagnosis and introduction of appropriate therapies. Family doctors, with their holistic approach, often detect early forms of diseases providing an opportunity to act in different levels of prevention. The aim of this case is to highlight the crucial role of family doctors in preventing major cardiovascular events or its recurrence.

**Results:** A 63-year-old male mechanic presented cutaneous erythematous lesions in the arms, abdomen and legs. He didn't have contact with his family doctor, having not done

any kind of screenings and having not any diagnosis or medications. He consulted a dermatologist who made a biopsy of the lesions, but fifteen days after he had an acute myocardial infarction and was diagnosed with diabetes, hypertension and hypercholesterolemia. The first appointment in primary health care came after this and also the diagnosis of the lesions - necrobiosis lipoidica, a disorder of collagen degeneration with a granulomatous response related with diabetes. The lesions got better with glycaemia control and this patient started to attend to consultations with his family doctor. Measures to achieve blood pressure, glycaemia and cholesterol targets were discussed and psychological and familiar impact was addressed.

**Conclusions:** Necrobiosis lipoidica is a rare condition that can lead to the diagnosis of diabetes. The accompaniment of this patient in primary health care after being discharged from hospital's consultations is fundamental to ensure the maintenance of healthy behaviors and prevent the recurrence of events.

Conflict of interest

no

## **Contribution ID: 364**

### **Presentation form**

Poster

### **Factors, besides diabetes mellitus, that can affect HbA1c**

#### **Authors**

Filipe Cabral, Ricardo Barbosa, João Bernardes

*USF Marco, ACeS Tâmega I, Marco de Canaveses, Portugal*

**Introduction:** Hemoglobin A1c (HbA1c) gives an estimate of the mean serum glucose levels of an individual in the last 3 months. Its determination is often used in the follow-up of patients with Diabetes Mellitus (DM) having direct implications in the therapeutics and prognosis of these patients. However, there are several situations where the level of HbA1c may not truly reflect the glycemic control of these patients. The objective was to review which factors, extrinsic to DM, may affect the value of HbA1c.

**Materials and Methods:** Classical review. Research in the databases of evidence-based medicine published in the last 10 years in English and Portuguese.

**Results:** Situations cause decreased half-life of erythrocytes (such as hemorrhagic states or hemolytic anemias), excess vitamin C and / or E, multiple myeloma, and situations where erythrocyte production is compromised may lead to falsely decreased HbA1c values. In contrast, smokers, uremia, iron deficiency or vitamin B6 and B12 anemia, chronic opioid ingestion, and statin therapy may lead to falsely elevated HbA1c values.

**Conclusion:** HbA1c is a long-term glycemic control indicator based on which important therapeutic decisions are made that have a significant impact on the prognosis of these patients. However, there are numerous conditions that can cause falsely increased or decreased values of HbA1c. It is therefore essential that Family Physicians be aware of the situations and discard them before making a decision solely based on HbA1c levels.

Conflict of interest

no

**Contribution ID: 381**

**Presentation form**

Poster

**When a hyperglycemia is more than diabetes**

**Authors**

Carlota Andrade, Inês Albano, Marcos Baraona, Paulo Simões, Natividad Galán  
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**Introduction/Aim:** Up to 80% of patients with pancreatic cancer (PC) have diabetes (DM). The time elapsed between both diagnoses can help differentiate between DM as a cause or a paraneoplastic manifestation. In the latter case, would it be pertinent to screen these patients for PC?

**Materials and Methods:** Patient case report; literature review.

**Results:** 74-year-old man, with no relevant medical history. He had no follow-up in Primary Care since 2013, until he came on 24/08/2018, presenting repeatedly increased values of glycemia. He was obese and denied any symptoms. Blood tests, electrocardiography, chest x-ray and renal ultrasound were requested. In the following appointments, he was diagnosed with DM, starting lifestyle changes and metformin. On 17/09, he asked for an urgent computed tomography (CT), because suspicious hepatic lesions were detected during renal ultrasound. This CT showed a 12cm mass in the pancreatic tail, compatible with intraductal papillary mucinous neoplasia, contacting multiple organs. He was first referred to General Surgery, later to Palliative Care and died on 06/12/2018.

**Conclusions:** This patient had no regular follow-up which interfered with the outcome. Early detection of PC is critical in decreasing mortality; however, there are obstacles to achieve this. Firstly, screening of the general population is not cost-effective; secondly, validated screening strategies are not yet available. High-risk individuals, including certain diabetics, are good candidates for possible screening. CT is associated with low diagnostic sensitivity, whereas echoendoscopy is not cost-effective. Hyperglycemia may be a clinically useful marker in the early diagnosis of PC.

Conflict of interest

no

**Contribution ID: 410**

**Presentation form**

Poster

**Diabetic patients – primary health care reality**

**Authors**

José Garcia, Teresa Amaral, Cátia Pires, Mariana Silva  
*USF Santa Joana, Aveiro, Portugal*

**Introduction:** According to the National Diabetes Observatory Annual Report, in 2015, the prevalence of Diabetes Mellitus (DM) in the Portuguese population was 13.3%, and in 44% of the individuals, DM was yet to be diagnosed. It was

responsible for 7.3% of the appointments performed in Primary Health Care (PHC) and plays a significant role in mortality, accounting for 4.0% of deaths in 2015.

**Objective:** Analyze the diabetic population of a clinical file regarding its distribution by gender and age, comorbidities and therapeutics.

**Methods:**

Type: descriptive, cross-sectional and observational.

Population: patients with DM from a PHC clinical file.

Variables: gender, age, comorbidities and therapeutics.

Source and treatment of data: SClínico<sup>®</sup> and Excel2010<sup>®</sup>.

**Results:** Of the total of 1721 patients of the file, 121 were diabetic (7.0%), there was a slight predominance of female patients (51.2%) and the mean age was 66 years. Of the extensive set of comorbidities, Hypertension, Dyslipidemia and Obesity were the most prevalent. Of the patients, 75.8% had the last record of HbA1c <7.0%. Most patients were under monotherapy and, for example, 9 did not undergo any pharmacological therapy and 96 were treated with biguanides.

**Discussion:** The prevalence of DM in the study was lower than expected, which could be explained by the fact that it was a young population, and, possibly, underdiagnosed. The high rate of comorbidities evidenced the need to invest resources in the overall approach. Areas for improvement have been identified, as an example was the proportion of patients with poorly controlled DM (24.2%).

Conflict of interest

no

**Contribution ID: 412**

**Presentation form**

Poster

**Diabetic neuropathy in a non-frequent patient**

**Authors**

Ana Margarida Adão<sup>1)</sup>, Claudia Cunha<sup>1)</sup>, Catarina Dias Rosa<sup>2)</sup>, Julieta Pousa<sup>1)</sup>, Maria José Barroso<sup>3)</sup>

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<sup>2)</sup>USF Beira Ria, Aveiro, Portugal

<sup>3)</sup>USF Aradis, Caldas da Rainha, Portugal

**Introduction:** Poor glycemic control is a risk factor for complications in diabetics. Diabetic neuropathy is one of the most prevalent late complications of diabetes. Diabetic neuropathy is preventable if identified early.

**Case Description:** Male, 65, electrical engineer in Angola, married with 2 children (family VII Duval), middle-upper class.

Personal history: overweight, asthma, dyslipidemia, hypertension, smoker.

In May 2017 he went to the family doctor to ask for medication because he will travel again to Angola. The last consultation in the health unit was in the year 2012. After being questioned about the existence of symptoms, he described the sensation of numb feet since with a 6-month evolution, bilaterally, without pain. In the objective examination, there was a decrease in sensitivity in the anterior 1/3 of the feet, bilaterally.

In the diagnostic investigation made in the follow-up of the first consultation, the diagnosis was made of Type 2 Diabetes Mellitus and Diabetic Neuropathy (upper limb electromyography suggestive of symmetric mild to moderate symmetric-motor axonal polyneuropathy).

He is currently being treated with pregabalin, saying that complaints of paresthesia have improved. He is integrated in the diabetes and hypertension surveillance program.

**Discussion:** This clinical case represents a non-frequent patient, with established consequences of diabetes due to a late diagnosis, portraying the challenge of follow-up of non-frequent users with multiple risk factors.

Conflict of interest

no

## **Contribution ID: 439**

### **Presentation form**

Poster

### **False metformin intolerance and the importance of gradual increase of the dose - about a case report**

#### **Authors**

Pedro Vieira, Tânia Caseiro, João Arcanjo

*São Martinho do Bispo Health Center, USF Mondego, Coimbra, Portugal*

**Introduction/Aim:** Metformin is the first-line medication for the treatment of type 2 diabetes. It's a drug with a good safety profile but it's frequently associated with gastrointestinal symptoms like nausea and abdominal discomfort, being some patients falsely considered "metformin intolerants". However, these effects are generally transitory and there are some strategies to prevent them, such as gradual increase of the dose and taking it after meals. This report aims to relate a case of a patient with metformin intolerance, in which reintroduction with gradual increase of the dose led to its tolerance in the initial prescribed doses.

**Materials and Methods:** Case study. The information was retrieved from the electronic medical record of the patient.

**Results:** A 76-year-old female patient, recently diagnosed with type 2 diabetes, that started metformin 850mg twice daily. However, one week after, the patient returns to her family physician with symptoms of heartburn and abdominal discomfort, saying she would never take that medication again. Still, she accepted a proposal of slow reintroduction of the drug, starting with 500mg after lunch during 2 weeks, with posterior increase to 500mg twice daily, after lunch and after diner during another 2 weeks, after which she should resume the initial prescribed dose. The patient had no significant adverse effects and a good glycaemic control was achieved.

**Conclusion:** This case report shows that starting metformin with gradual increase of the dose can improve tolerability and reduce adverse effects, preventing the unnecessary discard of this excellent therapeutic option.

Conflict of interest

no

**Contribution ID: 441**

**Presentation form**

Poster

**Management of adrenal incidentaloma in primary care**

**Authors**

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**Introduction/Aim:** An adrenal incidentaloma is an asymptomatic adrenal mass detected on an imaging exam performed for a reason other than the suspicion of adrenal disease. Most of them are non-functioning adrenocortical adenomas but may also represent conditions requiring therapeutic intervention, like carcinoma, pheochromocytoma, hormone-producing adenoma or metastasis. The aim of this review is to summarize the management of adrenal incidentaloma in primary care.

**Materials and Methods:** A narrative review was made. We searched Pubmed/Medline for review articles, guidelines and meta-analysis published in the last 5 years in English with the terms "adrenal incidentaloma". We obtained 51 results from which we selected 5 articles. The articles were selected by pertinence and relevance to the topic and after analysis of the abstracts.

**Results:** Recent recommendations suggest that all adrenal incidentalomas should undergo imaging procedure, mainly with non-contrast computed tomography. Also, every patient should be assessed for symptoms and signs of adrenal hormone excess and should undergo overnight dexamethasone suppression test, measurement of plasma-free metanephrines or urinary fractionated metanephrines to determine if the lesion is functionally active. If suspicion of malignancy or functionally active adenoma, the patient should be referred to a specialist center. If adrenal mass smaller than 4cm and clear benign features, no further follow-up is required, since there is no potential for malignant transformation.

**Conclusion:** Adrenal incidentalomas should undergo initial diagnostic workup. Most are benign and non-functioning with no potential for malignant transformation, not needing further surveillance. However, suspicion of malignancy or functionally active adenoma should be investigated.

Conflict of interest

no

**Contribution ID: 573**

**Presentation form**

Poster

**A moment's attention - a case of acromegaly**

**Authors**

Tiago Cerqueira, Pedro Ribeiro Tavares, Virgínia Abreu Marques, Leonor Pinto Serra

*USF Rainha Santa Isabel, Coimbra, Portugal*

**Introduction:** Acromegaly is a syndrome caused by somatotropin excess, which classically causes the overgrowth of bone resulting in a visible enlargement of a person's facial features, hands and feet. More importantly, it also causes a

generalized systemic disorder with deleterious effects such as hyperinsulinism, glucose intolerance and hypertension.

**Description:** A 47-year-old male presented to a primary healthcare clinic in November 2017, the day after being diagnosed with pneumonia in an emergency service. He came to request imaging examinations for reevaluation. The patient had a history of hyperhidrosis, hypothyroidism and treatment-resistant type 2 diabetes. The physical examination identified coarse facial features, bulging lips, macroglossia and enlarged hands. These abnormalities led to investigate his Somatomedin C serum levels, which were elevated (902 ng/ml). The patient was referenced to secondary care pituitary tumours' consultation. MRI showed a nodular image occupying the right half of the sella turcica, compatible with pituitary adenoma. The adenoma was completely removed in June 2018.

**Discussion:** Acromegaly may have exuberant signs, but if a consultation has a clear motive, the doctor may ignore the suspicion or assume that the disease is already being followed. Being alert during the consultation beyond the patient's agenda allowed the diagnosis of a syndrome with potentially serious consequences had it not been diagnosed in a timely manner.

Conflict of interest

no

## Contribution ID: 586

### Presentation form

Poster

### Progressive weakness, asthenia and weight loss in a 49 year old man

#### Authors

Maria del Pilar Garcia-Huertas<sup>1</sup>, Paula Maria Fernandez-Trujillo-Comenge<sup>2</sup>, Agnieszka Kuzior<sup>2</sup>, Manuel Esteban Niveló-Rivadeneira<sup>2</sup>, Ana Delia Santana-Suarez<sup>2</sup>, Paula Gonzalez-Diaz<sup>3</sup>, Francisco Javier Martinez-Martin<sup>4</sup>, Delia Maria Marrero-Garcia<sup>5</sup>

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**Introduction/Aim:** While iatrogenic Cushing's syndrome is common, acquired isolated ACTH deficiency is a rare condition. Hypophysitis is the most common cause, and while most recently published cases are associated with immunotherapy, it may also be idiopathic. Hereby we present a case of cortical suprarenal atrophy secondary to idiopathic acquired ACTH deficiency, in order to raise awareness about this condition.

**Material and Methods:** Review of the patient's clinical record and relevant literature.

**Results:** A non-smoker 49-year old man, previously healthy, with no history of significant glucocorticoid intake, complained of progressive weakness in the last 6

months, being presently unable to climb a flight of stairs or to stand from the sitting position without arm support. He also complained of progressive asthenia, frequent headaches, loss of about 10% of his previous body weight, and a feeling of "hangover". He had no sexual dysfunction. His physical examination showed no hyperpigmentation, being otherwise unremarkable. His lab test showed normal Na<sup>+</sup> and K<sup>+</sup> and blood count. Free T4, TSH, LH, FSH, testosterone, aldosterone, PRA and metanephrines were normal. Plasma cortisol was undetectable and ACTH was 2.5 pg/ml (inadequately low). Antiadrenal antibodies were negative. A CT scan showed marked bilateral cortical atrophy of both adrenals, otherwise being normal. A RMN scan of the hypophysis and hypothalamus was normal. The patient's clinical condition improved markedly with standard oral hydrocortisone substitution.

**Conclusion:** Acquired isolated clinical deficiency of ACTH is an elusive clinical condition. In the absence of glucocorticoid intake, hypophysitis must be excluded.

Conflict of interest

no

## Contribution ID: 600

### Presentation form

Poster

### How do we treat our diabetic patients?

#### Authors

Jose Carlos Perez-Sanchez, Lucia Ocaña-Martinez, Pedro Martinez-Lopez, Isabel Maria Camara-Bravo, Irene Roldan-Garcia, Jose Angel Sanchez-Ortiz  
*SERVICIO ANDALUZ DE SALUD, RINCON VICTORIA/MALAGA, Spain*

**Objectives:** Analyze the clinical profile of type 2 diabetic patients and study if there are differences between gender.

**Methodology:** A cross-sectional observational study. The diabetic population of six primary care physician's was analyzed during 2017. We studied all of these variables by sex, age, gender, abdominal perimeter (PA), glycemia (GI), HbA1c, total cholesterol (COL), HDL cholesterol (HDL), LDL cholesterol (LDL), triglycerides (TG), systolic blood pressure (SBP), diastolic blood pressure (DBP), number of drugs and their pharmacological group. We applied the statistical program "R".

**Results:** Sample: 133 individuals; 73 females (55%). The mean age: 62,63±13.45 years. Mean of SBP was 131.91±15.79mmHg, DBP 77.70±10.40mmHg, LDL 126.69±37.33mg/dL. HbA1c <7% in half of patients (the mean HbA1c: 6.87±1.09%). After studying the  $\mu$  of different variables by sex, we detected statistically significant differences ( $p < 0.05$ ) in: PA (males: 107.29±12cm, females: 100.61±11.66cm), glycemia (male: 145.26±58mg/dL, females: 127.26±42.38mg/dL), HDL (females: 48.74±13.74, males 44.25±10.36mg/dL). The average of noninsulin antidiabetic drugs used per patient was 1.42. 70 patients were controlled by metformin alone, 57 patients required the use of combination pharmacological therapy (47 were controlled by two drugs, 6 were by three drugs and 2 were by four drugs).

**Conclusions:** The mean HbA1c in our patients was less than 7%, which is within the objective control. By sex, we only detected significant differences in the glycemia, BP and HDL levels. Metformin is the main antidiabetic drug used in monotherapy.

Conflict of interest

no

## Contribution ID: 605

### Presentation form

Poster

**An Experimental Ultrasound Kidney Screening on the diabetes patients to analyze the clinical-ultrasonographic correlation among modified glomerular filtration rate in Chronic Kidney Disease and renal stiffness with Strain Elastography by the Family Physicians.**

### Authors

MIHAI IACOB, Madalina Stoican, Ana Remes

*Research in Family Medicine, ► EADUS - European Association for the Development of Clinical Ultrasonography in Ambulatory Health Care (Outpatient Health Care). / ► EUVEKUS - Europäische Vereinigung für die Entwicklung von Klinischen Ultraschalluntersuchungen im Ambulanten Gesundheit, TIMISOARA / VIENNA, Romania*

Diabetic Nephropathy(DN) is the leading cause of Chronic-Kidney-Disease(CKD) being characterized, initially by increases in kidney length and renal parenchyma-thickness, followed in late stages, when the DN deteriorates clinically, by persistent or slightly decreases in kidney sizes, and thus there would be not a specific sign of DN. Our aim was to analyze the correlations of both, renal tissue stiffness(Strain-Elastography) and US-morphometry, with clinical-biochemical indicators in patients with DN.

**Materials and Methods:** We did a Kidney-Ultrasound-Screening on 500 patients with diabetes type1and2. Patients were followed up with ultrasonography-screening performed and also laboratory assays twice a year. Renal-cortical-thickness, length(volume), stiffness and estimated-glomerular-filtration-rate(eGFR)values, were analyzed using the Pearson correlation and ROC-curve-analysis to assess the kidney function.

**Results:** Our US-screening, with an accuracy of88%, found renal elasticity (Strain-Ratio-SR)worsened progressively from CKD-Stage3to5( $p < 0.001$ ). The correlation, between elasticity and proteinuria, may be a possible association between kidney-stiffness and early renal fibrosis. The presence of proteinuria is characterized with infiltration of inflammatory cells into the renal-interstitium and replacement of the tubulointerstitium by fibrous scar. The renal stiffness, measured by strain-elastography, with renal ultrasonography, correlates well with proteinuria and rapid renal deterioration in patients with CKD. A statistically significant positive correlation was found between eGFR and both:Strain-Ratio ( $r = 0.66, p < 0,01$ ) with cortical-thickness( $r = 0.85, P < 0,01$ )and degree of kidney-dysfunction.

**Conclusion:** Our US-screening suggests that both, ultrasonographic-cortical-thickness-measurements besides the renal-stiffness(SR)measured by elastography, can be some important imaging techniques for the follow-up care of diabetic patients and could predict the rapid renal function deterioration(CKD).

Conflict of interest

no

## Contribution ID: 639

### Presentation form

Poster

### Diabetic ketoacidosis triggered by nivolumab therapy in a type 2 diabetic patient treated with insulin, metformin and empagliflozin

#### Authors

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**Introduction/Aim:** Diabetic ketoacidosis (DKA) is a rare complication in type 2 diabetic patients treated with SGLT2 inhibitors. Nivolumab may elicit fulminant type 1 diabetes, thyroiditis and other autoimmune endocrine diseases. We hereby present a case of DKA and thyroiditis in a type 2 diabetic patient, suggesting an interaction between nivolumab and SGLT2 inhibitors.

**Material and Methods:** Review of the patient's clinical record and of the relevant literature.

**Results:** A 59 year old patient, diagnosed with type 2 diabetes at 49, was treated with OADS for 8 years, afterwards with basal insulin plus metformin/empagliflozin for 2 years. He had no metadiabetic complications, and required no prandial insulin. He was diagnosed with epidermoid pulmonary carcinoma, stage IIIB (cT2N3M0), and treated with radiotherapy and chemotherapy, followed by immunotherapy with nivolumab. After the third nivolumab session, the patient was admitted in the Emergency Room with hyperglycemia, diffuse abdominal pain, nausea and vomiting, without fever or diarrhoea. DKA was diagnosed (pH 6.92) and standard therapy was prescribed. The evolution was favorable and the patient could be discharged on basal insulin plus metformin, without prandial insulin. After the fifth nivolumab session the patient presented clinical hyperthyroidism with fully suppressed TSH, which was normal 1 month before immunotherapy.

**Conclusions:** The interaction between empagliflozin and nivolumab has not been established, but the ketogenic effect of SGLT2 inhibitors may have facilitated the triggering of DKA by nivolumab in our patient. We conclude that ketogenic drugs such as empagliflozin should be avoided in patients treated with nivolumab

Conflict of interest

no

**Contribution ID: 649**

**Presentation form**

Poster

**Consequences of excess iodine: a clinical case study**

**Authors**

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**Introduction/Aim:** Symptoms of hyperthyroidism can be variable including weight loss, tremors, and palpitations. Etiology varies but ingestion of iodine can be one of the causes. We present a clinical case study of a 37-year-old female patient.

**Materials and Methods:** This patient has a history of generalized anxiety and takes 2mg of ethyl loflazepate as needed. Due to this condition, the patient visits her family doctor regularly during the year. During her last appointment, she complained of tremors that started in the last 2 months, increase in bowel movements, weight loss and palpitations. Medical examination revealed tachycardia, warm sweaty palms and tremors, and thyroid gland examination revealed a 2 cm × 2 cm elastic mass. Blood tests revealed thyroid-stimulating hormone level very low and ultrasound image showed the thyroid gland was enlarged. Scintigraphic findings demonstrated reduced thyroid function and iodine uptake. Propranolol oral tablets were prescribed with a starting dose of one 40 mg tablet taken twice a day. The Family Doctor referred the patient to an Endocrinologist but during a follow-up appointment, the patient mentioned she has been washing vegetables with iodopovidone.

**Results:** After stopping this practice the thyroid hormone values returned to normal in 4 months and the patient stopped having symptoms. Consequently, the appointment with an Endocrinologist was canceled.

**Conclusion:** This case study demonstrates the clinical importance of a Family Doctor to take into account social factors, substances abuse or others in order to look at the patient in a continuous long lasting assessment and providing a proper effective care plan.

Conflict of interest

no

**Contribution ID: 691**

**Presentation form**

Poster

**On some aspects of diabetes care in general practice in Bulgaria – part of a research**

**Authors**

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**Background:** Diabetes is becoming huge worldwide health problem and general practitioners have central role in the complex care for diabetic patients.

**Aim:** To investigate and analyze the knowledge, awareness and behavior of general practitioners for screening, diagnosis and long term care for patients with diabetes and its complications (part of a PhD study).

**Materials and methods:** specially designed questionnaire with 50 questions for general practitioners from all areas of Bulgaria.

**Results:** Between February and June 2015y 208 GPs (5.01% from all GPs in Bulgaria) were enrolled the study. Most of them (71.2%) report that their level of knowledge about diabetes and its complications is sufficient for their everyday primary care practice and they are aware and confident to apply main diagnostic and preventive approaches (76.9%) and 78% claim they stick to guidelines for screening, diagnostic and prevention of diabetic neuropathy and diabetic foot. This fact is associated with qualification and experience of doctors. Despite these 55% of general practitioners still do not accept themselves as central player in diabetic patients care team, neurologist is pointed to be at this role (47%).

**Conclusions:** Bulgarian general practitioners accept themselves as sufficiently qualified to take primary care of their diabetic patients. Specialty general practice and years of experience are important factors for adequate diagnosis, screening and prevention of diabetic neuropathy and diabetic foot in primary care practice in Bulgaria.

Conflict of interest

no

## **Contribution ID: 692**

### **Presentation form**

Poster

### **The use of ursodeoxycholic acid (UDCA) therapy in patients with non-alcoholic fatty liver disease**

#### **Authors**

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**Introduction/Aim:** The case study relates to NAFLD (non-alcoholic fatty liver disease) which is an increasingly diagnosed disease in patients from Western Europe, US and Asia, as well as describes the attempts to improve the condition of damaged liver by ursodeoxycholic acid (UDCA) therapy.

**Materials and Methods:** The severity of liver steatosis before and during the therapy was assessed using the ultrasound examination with a convex probe (by LLR ratio) and correlated with laboratory results of the liver panel, as well as complaints reported by patients. The study is a case study.

**Results:** In some cases, the LRR index improved significantly, which is a direct proof of the reduction of liver steatosis stage, and in almost all of the cases the reported symptoms subsided or significantly decreased.

**Conclusion:** The study confirm the legitimacy of UDCA treatment in cases of fatty liver disease observed in ultrasound. Furthermore, the chosen imaging technique also appears to be an appropriate method for detecting and determining the severity

of liver steatosis and monitoring the progress of treatment in patients diagnosed with NAFLD. A significant factor modifying the effectiveness of the described method is the clinical experience of the person performing the ultrasound examination.

Conflict of interest

no

## Contribution ID: 707

### Presentation form

Poster

### Hashimoto's encephalitis about a case

#### Authors

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**Introduction:** The estimated prevalence of Hashimoto encephalopathy is 2.1 / 100,000 people, 60-70% have seizures, it predominates in women. It runs with relapses and remissions. 30% is associated with other autoimmune diseases such as Diabetes Mellitus, lupus and Sjogren, thyroid function is usually normal.

**Objective:** To present the case of a female 51-year-old patient with encephalitis and its association with Hashimoto's disease.

**Material and Methods:** a 51-year-old female patient, hyperthyroidism secondary to Graves Basedow's disease, positive thyroid peroxidase antibodies, antithyroid treatment. She entered neurology in 2015 due to thyrotoxic crisis versus autoimmune encephalitis.

**Results:** Posterior relapse after steroid suppression. In 2017 generalized clonic tonic episode with subsequent somnolence. Brain Tomography compared with 2015 study without findings. Normal brain magnetic resonance. Convulsive status, sedation and orotracheal intubation with entry into Intensive Care Medicine. Pathological electroencephalogram, right temporal crises, normal thyroid function. After new crisis receives therapy with intravenous immunoglobulin. Normal electroencephalogram and thyrotropin (TSH) suppressed. Hospital discharge with antibiotics due to nosocomial sepsis. A neuropsychological study is requested for cognitive assessment. In 2018 she entered for intraductal mammary carcinoma.

**Conclusions:** The diagnosis requires several criteria: cognitive disorder, neurological signs of acute or subacute onset, exclusion of infectious diseases in cerebrospinal fluid, encephalitis against N-methyl-D-aspartate (RNMDA) receptors: associated with ovarian, lung, breast and testicular tumors, Creutzfeldt -Jakob disease, Alzheimer , dementia with Lewy bodies and others. Anti-thyroperoxidase antibodies present in 100% and good response to steroids. Treatment with prednisone should be reduced slowly to avoid recurrences. Most require steroids for years.

Conflict of interest

yes

## Contribution ID: 741

### Presentation form

Poster

### Do we need an easy-way algorithm for type 2 diabetes treatment?

#### Authors

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**Introduction/Aim:** The proliferation in recent years of numerous algorithms and therapeutic recommendations in the treatment of hyperglycemia in type 2 diabetes (T2D), not always with the same therapeutic message, has caused some confusion in a high proportion of Family doctors/Primary Care Practitioners (PCPs) who develop their activity in Primary Care. Some of them, due to their complexity, are not useful in Primary Care clinical practice, and others have been outdated by new published evidences. The emergence of new treatments with new mechanisms of action and new evidences in cardiovascular (CV) prevention, require a new approach, more comprehensive and less glyco-centric. The aim of our study was to elaborate a new therapeutic algorithm for T2D with non-insulin antidiabetics that facilitates decision-making to PCPs.

**Method:** Over the years 2017 and 2018 a first draft was developed with the following premises: simplicity, design, ease of use, horizontality, vision of chronicity and applicable to most people with T2D avoiding specific special situations. That includes the latest evidences in preventive results, prioritizing the safety of the treatment and considering the results perceived by the patient. During 2018, the algorithm was presented in all the meetings the group members attended, for their public discussion. Finally, in November 2018, the working group approved the current version of the algorithm.

**Results:** The new algorithm will be showed.

**Conclusions:** in our opinion, the algorithm fulfills the purposes for which it was designed, facilitating the decision making of PCPs for the right management of T2D treatment.

Conflict of interest

no

## Contribution ID: 747

### Presentation form

Poster

### The role of general practitioner in prevention of diabetic foot - experience from the resident program

#### Authors

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Introduction: The most frequent risk factors of diabetic foot are neuropathy, peripheral arterial disease and trauma. The prevalence of diabetic foot ulcers in the diabetic population is 4-10%.

Case report: During my stay at the Department of surgery (within the resident program) I was taking care of a 54 years old patient. This patient (in his 44 years) was hospitalised for the first time in 2008 because of a colitis suspicion. He was a smoker (20 cigarettes/day, since his was 16), diabetic on diet (not well compensated) and obese. Ulcer colitis was not proved by biopsy. Patient was discharged with clear recommendations including smoking cessation, weight reduction, and physical activity. In 2018, after 10 years of absolute ignoring of suggested lifestyle changes, he was referred to the hospital again due to severe leg pain with multiple ulcers and fever. It required necrectomy and amputation of the hallux. His BMI is now 41 kg/m<sup>2</sup> and he still smokes 20 cigarettes/day.

Conclusion: The aim is to show that general practitioners are important in consistent education of patients to prevent the occurrence of diabetic foot, or to delay the onset of symptoms and complications as long as possible.

Conflict of interest

no

## **Contribution ID: 753**

### **Presentation form**

Poster

### **Modification of associated risk factors in diabetic patients with high cardiovascular risk, after a formative intervention to professionals**

#### **Authors**

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Objectives: 1. To determine the associated risk factors in our diabetic patients with high cardiovascular risk. 2. To determine whether there is an improvement in the associated risk factors, after training medical professionals.

**Material and Methods:** People with diabetes and high cardiovascular risk were evaluated from the database. A formative intervention of the associated risk factors in patients with diabetes and recommendations regarding objectives and treatment was made in the health centre. After 6 months it was re-evaluated.

**Results:** Average age: 68.42 ± 11.87 years. 44% women. Evolution of diabetes: 10.91 ± 6.42 years. 84.8% had a BMI > 25, 91.3% were hypertensive, 61.6% had

dyslipemia and 16.4% were smokers. Only 29.5% had an MDRD > 90, with 47.5% categorized as stage G2.

Hb A1c 6 months after the intervention decreased to  $7.28 \pm 1.36\%$ , although not significantly. Neither were BMI and systolic pressure. There was a significant improvement in diastolic, LDL and glomerular filtrate. There were no changes in smoking habit.

**Conclusions:** 1. The most frequently associated risk factors are hypertension, overweight obesity, dyslipemia and smoking. 2. After 6 months of intervention, there were no significant differences in Hb A1c, weight or systolic blood pressure. 3. We found significant differences in diastolic blood pressure, LDL and glomerular filtrate. 4. Although the period for evaluating modifications in our patients' risk factors was probably too short, the formative intervention in the form of a reminder to update the guidelines for medical professionals improves the risk profile of our patients with diabetes.

Conflict of interest

no

## Contribution ID: 754

### Presentation form

Poster

### Application of the recommendations of the guidelines to diabetic patients with high cardiovascular risk after a training intervention to professionals

#### Authors

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**Introduction:** We must be efficient in individualizing objectives and adjusting to the indications of the guidelines, in order to achieve objectives of glycemic control, minimizing cardiovascular morbidity and mortality as much as possible.

**Objectives:** To know the adjustment to guideline indications to individualizing treatment after the formative intervention, in our diabetic patients with high cardiovascular risk.

**Material and methods:** In the health centre, a formative intervention was carried out on the risk factors associated with patients with diabetes and treatment recommendations, prioritising the reduction of morbidity and mortality by improving micro and macrovascular complications, based on the latest evidence. After 6 months, the modifications in the recommended treatment were re-evaluated.

**Results:** Total number of patients: 115. Average age: 68.42 ± 11.87 years. 44% women. Time evolution of diabetes: 10.91 ± 6.42 years. Mean Hb A1c: 7.36 ± 1.36%.

Associated risk factors: overweight-obesity: 84.8%, hypertension: 91.3%, dyslipemia. 16.4% were smokers. Only 29.5% had an glomerular filtrate > 90, with 47.5% categorized as stage G2. Heart failure was 16.7%. 31.9% had a cardiovascular event and 14.0% had a cerebrovascular event.

After 6 months of educational intervention, treatment with non-insulinic antidiabetics showed no differences.

### **Conclusions:**

1. None of the treatment modifications reached statistical significance, probably due to the short space of time between intervention and measurement.
2. Surprisingly, there is little use of antidiabetics that have demonstrated their efficacy in reducing morbidity and mortality in diabetic patients with high cardiovascular risk.

Conflict of interest  
no

### **Contribution ID: 755**

#### **Presentation form**

Poster

#### **Cost of treatment of cardiovascular risk factors in elderly diabetic population by gender (escadiane study)**

#### **Authors**

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**Objective:** To study the cost of pharmacological treatment used to control cardiovascular risk factors in patients with type 2 diabetes mellitus (DM2) > 65 years and the prevalence of cardiovascular complications as a function of gender.

**Material and methods:** National cross-sectional, observational, multicentre study. Patients with DM2 > 65 years.

Main measurements: prevalence of cardiovascular risk factors and their cost in patients with DM2.

**Results:** A total of 947 patients (53% women) with an average age of 75.6 ± 7.2 and 76.8 ± 7.3 years respectively ( $p=0.012$ ) were studied. 14% had suffered an acute myocardial infarction (17.8% men vs 10.7% women;  $p=0.001$ ), 11.9% a stroke (13.7% men vs 10.5% women;  $p=n.s.$ ), 11.3% heart failure (10.9% men vs 11.7% women;  $p=n.s.$ ) and 9% peripheral arterial disease (12.1% men vs 6.3% women;  $p=0.001$ ). The highest cost in treatment is oral antidiabetics, mainly due to DPP-4 inhibitors (49.9% of the cost of antidiabetics), followed by basal insulin (29.95%) and without significant gender differences.

**Conclusions:** Most of the pharmaceutical expenditure in patients with DM2 over 65 years of age corresponds to DPP-4 inhibitors, followed by basal insulin. Women have fewer cardiovascular complications than men, use more antihypertensive but less antiaggregant.

Conflict of interest  
no

## Contribution ID: 766

### Presentation form

Poster

### 25-year-old woman who consults for bilateral leg edema

#### Authors

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**Introduction/Aim:**Hyperthyroidism is a multisystemic condition whose prevalence in Spain is 0.8%, where Graves-Basedow disease accounts for 50 to 80 percent of the cases.

**Material and Methods:**This patient has a personal history of allergy to Ibuprofen and Carbocysteine; atopic dermatitis; sensitization to nickel sulfate and dysmenorrhea. She refers a 10-12-month history of non-painful lumps in lateral-external regions of both legs, without change of skin coloration or signs of phlogosis that were biopsied with the result of "subcutaneous fat cell tissue". In the last 2 months she refers blurred vision, agitation, pruritus, brittle nails, fatigability, weight loss and insomnia without loss of appetite(1).

**Results:**Good general condition. Hot skin. No edema or adenopathy. No ophthalmopathy. Non painful goiter, diffuse and uniform with soft consistency and smooth surface. No heart murmurs. Thorax and Abdomen without pathological findings. Extremities: bilateral palmar erythema without acropachy. Non painful, normal colored lumps on external lateral faces of both legs, without pretibial myxedema. Blood analysis: Hemogram and Biochemistry with Rheumatoid Factor, ANA: normal except: Creatin-Kinase: 1791UI/L; TSH:0.030uUL/ml;

T4L:3.44ng/dL; TSI:14.9UI/L; Ac-antiperoxidase:153UI/mL. Neck ultrasound: Thyroid with diffuse hypoechogenicity with pseudoglandular appearance. Discrete vascularization without defined nodules. It is diagnosed of autoimmune Primary Hyperthyroidism(2), currently controlled with treatment (Tiamazol).

**Conclusion:**In any diagnostic process, either in primary care or hospital, it is necessary to carry out a detailed clinical history that, as in the case at hand, takes us along with the complementary examinations to an accurate diagnosis.

Conflict of interest

no

## **Contribution ID: 884**

### **Presentation form**

Poster

### **Agonists GLP-1 treatment's indication and 6 months follow up**

#### **Authors**

Isabel Legazpi Rodríguez, Carolina Comas Palahí, Roger Fitó Tarragó, Victòria Del Pozo Torres, Francesc Planellas Vancells, Soraya Ventura Muñoz, Omar Moh Bachir Nafe, Begoña Muerza Amo, Julita Griñon Toledo, M<sup>a</sup> Àngels Oliveras Ferreros  
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**Introduction/Aim:** Catalan Health Department's Harmonization of Pharmacological Treatment Guidelines in DMII recommend to reserve the GLP-1 agonists for patients with BMI > 30 and re-assess the efficacy at 6 months, suspending them if an adequate metabolic response is not achieved (reduction of 1 % Hba1c and 3% weight loss). Our aim is to review the indication/prescription of agonists GLP-1 in our primary care team of Sant Feliu de Guíxols.

**Materials and Methods:** Descriptive study. Data extraction from our database. A list of patients was created, which included the prescription of some GLP-1 agonist in their electronic prescription. Then we reviewed BMI and Hba1c at the beginning of the treatment and 6 months later. We also checked who was the first prescribing doctor and other concomitant drugs.

**Results:** The most prescribed GLP-1 agonists were liraglutide (65%) and dulaglutide (25%), 45% initiated by endocrinologist, 25% by internist, 30% by private doctor. A 5% of treatments did not meet indication recommendations. 6 months later the metabolic improvement was demonstrated in a 10% of the cases. No treatment was suspended. In 60% of the cases it was the second noninsulin drug prescribed and in 40% the third. The 50% cases were associated with insulin.

**Consulusions:** In our study, none of the GLP-1 agonist was prescribed by his family doctor, and when the treatment did not meet efficacy criteria was not suspended. New prescription management strategies and effectiveness control must be valued.

Conflict of interest

no

## **Contribution ID: 890**

**Presentation form**

Poster

**Obesity body mass index (BMI) > 40 management audit**

**Authors**

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**Introduction/Aim:** Obesity is a public health problem affecting a large percentage of population and increases morbidity and mortality. Different studies show that during last decades in Spain there has been a progressive obesity prevalence increase, especially in morbid obesity cases. It is calculated that the morbid obesity prevalence in Spain is 12 cases / 1.000 people.

**Materials and Methods:** To know morbid obesity (BMI > 40) management in our primary care team of Sant Feliu de Guíxols (Catalonia) Descriptive study. We checked all our patients between 15 and 65 years old with BMI > 40. We looked for associated comorbidities, percentage of referrals to the specialized hospital obesity unit and whether or not there was weight loss in the patients referred.

**Results:** In our reference population (23.534 people) we found a prevalence of 12,4 cases / 1000 people. The presence of comorbidities was: high blood pressure 17.8%, diabetes mellitus II 19.5%, dyslipidemia 20.3%, fatty liver 12.6%, obstructive sleep apnea syndrome 12.7% and cardiovascular disease 4.2%. We referred to the specialized obesity unit a 26.3% of cases, achieving at least a 3% weight loss in 29% of the cases. Medical treatment was performed in 67,7% and bariatric surgery only in 3,2% of the patients.

**Conclusion:** We observed a scarce referral to the specialized obesity unit, a low percentage of benefit in weight loss and little incidence of bariatric surgery cases. New strategies for dealing with morbid obesity should be formulated both in primary care and in specialized care.

Conflict of interest

no

**Contribution ID: 892**

**Presentation form**

Poster

**The vicious cycle of the storm**

**Authors**

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**Introduction:** Methimazole is an antithyroid drug used for hyperthyroidism with many side effects, especially hematologic and liver alterations.

**Materials and Methods:** A 32-year-old woman was referred by her GP to the ER, presenting with fever (39.5°C), odynophagia and she described a 5 day history of

abdominal pain, vomiting, diarrhea, sweating, palpitations and distal tremor. Medical history: Graves-Basedow Disease (2016) being treated with Methimazole with irregular adherence.

**Results:** Physical examination: low fever (37.5°C) with bilateral amygdalar exudate. Rhythmic tachycardia at 160bpm without murmurs, diffuse abdominal discomfort at palpation. The neurological exam presented a drowsy but oriented patient without acute neurological focus. ECG: sinus tachycardia at 160 bpm, echocardiogram and chest X-ray without alterations. Blood analysis: leucopenia ( $L 0.97 \times 10^9$ ) with agranulocytosis and thyroid profile with thyrotoxicosis, TSH 0.008mU/L, T3L 20ng/dL, T4L 12ng/dL. Under the orientation diagnosis of a thyroid storm plus toxic agranulocytosis secondary to treatment with Methimazole she was admitted to the ICU under an isolation regimen (ANC 0/microL). On the first week of admission she showed an improvement in the neutrophil counts, and the colony stimulating factor (G-CSF) was able to be discontinued. The other therapeutic drug that could have been used was PTU but, due to the serious side effect presented (agranulocytosis), any antithyroid treatment is contraindicated because of the risk of cross-reactivity. The definitive treatment was a total thyroidectomy, once levels of T3L decreased. **Conclusion:** Thyroid disease needs continuous ambulatory controls with physical examinations and analysis at least twice a year.

Conflict of interest

no

## Contribution ID: 1025

### Presentation form

Poster

### Screening for risk factors of NAFLD and ALD in outpatient praxis

#### Authors

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**Background:** Non-communicable diseases are responsible for 90% of total deaths and 19% of premature deaths in Slovakia. Major preventable risk factors for premature mortality are overweight, obesity, and alcohol consumption.

**Aim:** Screening for risk factors related to non-alcoholic and alcoholic fatty liver disease (NAFLD & ALD) in Slovak liver outpatients and students.

**Methods:** A total group of 1,385 persons aged 14-91 years included 923 patients (pts) and 462 students (sts). Self-managed anonymous questionnaires (Q) were filled in by them. Nine questions were included relating age, gender, education, BMI, vegetable, fruit, fish, alcohol and coffee intake, smoking, and physical exercise.

**Results:** Overweight/obesity were detected in 59% of pts/12% of sts, insufficient fibre intake in 87% pts/93% sts, insufficient fish intake in 85% pts/sts, and insufficient physical exercise in 68% pts/74% sts. BMI over 25 together with risky alcohol consumption was present in 68% pts. Smoking was present in 19% pts/14% sts and insufficient coffee intake from its hepatoprotective point of view in 35% of pts. A total number of 75% pts/3.7% sts were at risk for NAFLD. In the group of students, the risk for NAFLD was 3.75 times higher in boys compared to girls. Risky alcohol consumption was present in 33% of sts (42% of boys, 25% of girls) and 64% of pts.

**Conclusions:** Anonymous Q is a useful screening tool for searching the risk of NAFLD and ALD. The systematic national screening should help detect patients with risky behaviour and avoid premature deaths.

Conflict of interest

no

## **Contribution ID: 1032**

### **Presentation form**

Poster

### **BEST POSTER: Liver fibrosis screening in patients with metabolic syndrome**

#### **Authors**

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**Background:** Screening for liver fibrosis is important point in the course of metabolic syndrome (MS).

**Aim of the work:** To assess the degree of liver fibrosis by a combination of non-invasive tools.

**Methods and Patients:** In a group of 46 patients with metabolic syndrome (aged 62±12), liver fibrosis was determined by transient elastography (TE), Fib-4 score (Fib-4), APRI index (APRI), NAFLD fibrosis score (NFS) and Forns index.

**Results:** The highest sensitivity in the estimation of mild and severe fibrosis was for TE and in the estimation of mild fibrosis for NFS and Fib-4. Metabolic risk factors were present more frequently in patients with significant fibrosis. Significant correlation between: 1. the level of AST and fibrosis degree according to FIB-4, APRI; 2. glycemia and fibrosis degree according to TE, FIB-4, NFS; 3. age and fibrosis degree according to TE, Fib-4, NFS; 4. platelets and fibrosis degree according to TE, Fib-4, APRI, NFS; 5. ALT and fibrosis degree according to APRI were found. A significant correlation between Fib-4 and TE, APRI and NFS was found.

**Conclusion:** From the used fibrosis scores, Fib-4 had the highest degree of correlation with APRI and NFS. We suggest that a combination of Fib-4 with NFS is the best tool in the assessment of liver fibrosis. The determination of fibrosis will help to specify the prognostic stratification and individualize the patient treatment together with the appraisal of its effectivity.

Conflict of interest

no

## **Contribution ID: 1082**

### **Presentation form**

Poster

### **Different cultures, same diseases, multiple challenges**

#### **Authors**

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**Introduction:** Diabetes mellitus (DM) is a chronic disease with high incidence. Sometimes the diagnosis is not easily accepted, especially when it comes with the need to start insulin therapy at the time of the diagnosis. It is even more challenging if the patient is from a different nationality, due to cultural, religious and linguistic barriers.

**Results:** 43 years old male, muslim, with history of obesity, hypertension and hypertriglyceridemia.

Diagnosis of DM in January 2018, with HbA1c of 12,7% at that time. The first pharmacologic approach consisted in insulin and oral hypoglycemic agents. Even though he was reluctant at first, the patient ended up accepting treatment, after benefits and risks were explained. In a follow-up consult, in april 2018, the patient informed that he wanted to observe Ramadan. Even when elucidated of the risks, he kept the will to observe Ramadan.

Before Ramadan, we designed an individualized treatment program that took in account the food restriction during the day, the pharmacologic treatment and the risk of hypoglycemia.

The Ramadan period elapsed without any complications, the patient reported good tolerance to fasting and good capillary glycemia values.

**Conclusion:** Observing Ramadan is considered one of the five pillars of the Islamic faith and is mandatory to all healthy Muslims after puberty. Despite the diagnosis of Diabetes Mellitus exempt from fasting, many muslims opt for it. The family physician must respect the patient decision and provide all the support needed to assure optimized care and reduce the risk of life-threatening complications.

Conflict of interest

no

## **Contribution ID: 1084**

### **Presentation form**

Poster

## Reason for hypoglykemia – Case report

### Authors

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**Aim:** Show the cause of hypoglycaemia in a patient who has been suffering from insulin-dependent diabetes for many years.

**Method:** Data have been obtained from the medical records of patients.

**Case report:** Male patient age 58, suffering from diabetes for 41 years. Take Novo Rapid 3x16ij.; Levemir 26ij. at 22h. Has not recorded hypoglycaemia, HbA1c 6.9%. Before dinner, January 18, 2019. he received insulin. He thought his glycemic index was elevated so he put off dinner for 30 minutes. The son noticed that his eyes roll and chew food rather than swallowing it. He did not respond at the call. He gave him sugar and Coca-Cola, but he still did not react. The doctor from the Emergency Service in 10 minutes measured glycemic 1 mmol / L, received i.v. 10mL Sol.Glucose 50%. After 2 minutes he was disoriented, did not know what had happened. He recovered quickly and returned to dinner. He immediately realized his mistake and remember that when you take insulin, which is related to meals must immediately after the injection of insulin to take a meal to avoid hypoglycemia.

**Conclusion:** Regular education of insulin therapy patients and their relatives is needed. In particular, they need to emphasize how to properly and when giving insulin in relation to taking a meal, to avoid hypoglycaemia that may have a fatal outcome. Patients who have this experience can share these important information with other patients and they themselves participate in the education of other diabetics.

**Key words:** diabetes, hypoglycaemia, education.

Conflict of interest

no

## Contribution ID: 1124

### Presentation form

Poster

## Diabetes - one successful case

### Authors

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**Introduction/Background:** Diabetes Mellitus (DM) is a frequent problem in the primary care setting. Obtaining and keeping a good metabolic control is a challenge overtime, mostly due to the first degree of intervention: lifestyle modification.

**Objective/Methods:** Newly diagnosed patient with type2 DM, in which the lifestyle modification was fundamental to the good development of the disease.

**Results:** 60-years-old male, came to an appointment with his general practitioner because of 15Kg weight loss, anorexia, excessive sweating and nocturia. He was dehydrated, pale, with sinus tachycardia and visible weakness, needing support for walking. In this context, we asked for blood work that showed a fasting glycemia=331mg/dL and HbA1c=12,9%, making the diagnosis of type2 DM. At this point, we taught the patient about the disease and recommend lifestyle modification. Since he was reluctant initiating treatment with injectable therapy (insulin), we prescribed metformin 2g/day and vildagliptin 100mg/day. After 4months he gain 7Kg and the HbA1c was 11,4%. So we insisted in lifestyle modification, remembered the risk of complications and insisted in insulin treatment, that he refused. Nonetheless, in the next appointment the HbA1c was nearly the gold (=6.9%) and he maintains a HbA1c=6,2-6,5% until now (3years later).

**Conclusions:** This case reiterate the importance of lifestyle modification in the treatment and the prognosis of Diabetes. The success obtained can be replicated in many other cases using a patient-centered approach, respecting patients beliefs about the disease and the unique power of the relationship established between the patient and his general practitioner.

Conflict of interest

no

## **Contribution ID: 1157**

### **Presentation form**

Poster

### **Self-Esteem and Patient Assessment for Chronic Illness Care in a Group of Turkish Diabetic Patients**

#### **Authors**

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**Aim:**The prevalence of diabetes increased rapidly with changes in lifestyle and has become a major public health problem. Turkey has unfortunately been one of the countries with the highest increase in prevalence of diabetes. The aim of this study was to find the relationship between self-esteem and patient assessment for chronic illness care in patients with type 2 diabetes mellitus.

**Material and Methods:** A total of 105 patients with type 2 diabetes mellitus admitting to Cukurova University Endocrinology Outpatient Clinic were included. Participants completed sociodemographic questionnaire, Rosenberg Self-Esteem Scale and Patient Assessment of Chronic Illness Care (PACIC) scale using face-to-face interview. Data was analyzed by SPSS 20.0 statistical software.

**Results:**Of patients, 40% (n=42) were male and mean age was 54.2±7.5 years. The mean duration of diabetes was 10.9±7.6 years. As the level of self-esteem increased, the perception of health status improved (p=0.007). The mean total score of PACIC was 3.0±0.9. The highest subscale mean score was for decision-making and the lowest score was for follow-up/coordination. There was no significant correlation between total scores of PACIC and Rosenberg Self-Esteem Scale (p>0.05).

**Conclusion:** This group of Turkish patients with type 2 diabetes mellitus had high levels of self-esteem however low levels of patient assessment for chronic illness care. Patients and primary care professionals should focus on these two issues, as the better management of this chronic condition is essential for better quality of life and better health outcomes.

Conflict of interest  
no

**Contribution ID: 1198**

**Presentation form**

Poster

**Osteodensitometry prescription – quality improvement**

**Authors**

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Introduction: Osteoporosis (OP) is characterized by low bone density and deterioration of bone microarchitecture with growing fragility and fracture susceptibility. Between 2011 and 2013, the prevalence of OP in Portugal was 10.2%. According to the Portuguese guideline by the General Health Direction one of the criteria for the prescription of osteodensitometry is age - women over 65 years-old and men over 70 years-old. The implementation of this guideline is monitored by evaluating the percentage of exams prescribed by the “age” criteria. Methods: In order to evaluate the prescription of osteodensitometry in the health care center LoureSaudável we analyzed the clinical records of the all the females with age between 66-75 years-old and all the males with age between 71-80 years-old. We excluded those who had a previous OP diagnosis or that had been prescribed osteodensitometry before the age of inclusion. After having the first results we presented them orally, along with a guideline review, to the medical team and reanalyzed the clinical records 6 months after. Results: Initially we found that 22.79% of men and 46.80% had been prescribed an osteodensitometry having only in mind their age. After the intervention, there was an increase of 0.1% in the prescription of this exam in women and 2.3% in men. Conclusions: These results show us that oral presentations have few or no impact in quality improvement, mostly in accordance to what is found in the literature. In order to try and ascertain the reason behind these results we applied a questionnaire.

Conflict of interest  
no

**Contribution ID: 1209**

**Presentation form**

Poster

**Seing beyond the albuminuric diabetic nephropathy**

**Authors**

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**Introduction/Aim:** Prevalence of diabetes mellitus is increasing along with life expectancy. Diabetic nephropathy is the most common microvascular complication and microalbuminuria is the traditional marker of the beginning of this complication. This concept was challenge in last decade with studies demonstrating that nonalbuminuria nephropathy is rising, especially on type 2 diabetes. The aim of this study was to review nonalbuminuric nephropathy in diabetic patients.

**Methods:** The Pubmed database was searched in January 2019 using the terms: diabetic nephropathy and nonalbuminuria.

**Results:** Of 119 articles found, eighteen were included. Nonalbuminuric nephropathy is a decrease of glomerular filtration rate below 60ml/min/1.73m<sup>2</sup> with normal urinary protein levels. Risk factors aren't already clear but race, age, gender, disease duration and smoking may be involved. The crescent use of renin angiotensin aldosterone system blockers can also be linked because it decreases proteinuria but do not improve glomerular filtration rate. This type of nephropathy can be an independent prognosis factor of cardiovascular outcome because it's related to macrovascular disease in other locations. Different biomarkers are being studied but none have been proved to be validated. Testing regularly the glomerular filtration rate is the best way to detect this complication on time.

**Conclusion:** As care providers, we shouldn't focus only on microalbuminuria as a biomarker of diabetic kidney disease, remembering that some patients don't have this indicator. Nonalbuminuric nephropathy seem to have a risk of cardiovascular events unrelatedly to albuminuria levels. More prospective studies are needed in order to better diagnose, follow up and treat this population.

Conflict of interest

no

## **Contribution ID: 167**

### **Presentation form**

Poster

### **Nifedipine as a second line therapy of nephrolithiasis – an evidence-based review**

### **Authors**

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Urolithiasis is a common issue for hospital urgent admission and primary care daily practice, with a prevalence of 1-15%.

Several studies report that Medical expulsion therapy (MET), initiated for uncomplicated ureteral stones, is easy and cost-effective alternative to invasive procedures. Tamsulosin is the most commonly used drug in MET but some studies defend calcium channel antagonists (usually nifedipine) as an alternative.

The aim of this review is to determinate the evidence level of Nifedipine in the treatment of renal lithiasis.

We conducted a literature search on July 2018 in the following databases: National Guideline Clearinghouse, Cochrane Library, Canadian Medical Association Practice Guidelines InfoBase, DARE, Bandolier, Evidence based Medicine online and Pubmed. We searched for studies of the past 10 years, in English, using the MeSH terms: "Nifedipine" and "Nephrolithiasis". To stratify the level of evidence and strength of recommendation we used the SORT scale of the American Academy of Family Physicians. Inclusion criteria: PICO (Population - adults with nephrolithiasis; Intervention - nifedipine; Comparison - other treatments, placebo or no treatment; Outcome - stone expulsion).

We found 38 articles, from which 11 were selected (3 guidelines, 2 meta-analysis and 1 systematic review, 5 randomized controlled clinical trials).

With this review we conclude that although there are some studies that demonstrate the possible role of the medical expulsion therapy in nephrolithiasis, in none of them, nifedipine demonstrated superiority. Therefore, it is not recommended to use nifedipine in the second line treatment of nephrolithiasis (level of evidence 1, strength of recommendation A).

Conflict of interest

no

## Contribution ID: 202

### Presentation form

Poster

### If they do not consult, we must ask: urinary incontinence

#### Authors

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**Introduction/Aim:**Quantify stress and urgency urinary incontinence in women over 40 years old. Check the relationship between urgency incontinence and age, BMI, menopause, repeat infections, use of drugs...Know where they receive information and treatment preference.

**Material and method:** Transversal descriptive study. Questionnaire with 51 items, 10 items of your clinical history, previously validated. Sampling due to exhaustion: 101 questionnaires completed voluntarily, informed consent. Statistical analysis G-STAT 2.0. Chi square, considering p significant <0.005.

**Results:** Age 56.42, menopausal 69.31%, overweight (BMI28.3), 20.79% stress incontinence and 17.82 urgency incontinence. Coffee 63.37%, chocolate 65%, alcohol 32.67%, 14.85% Aerobic, 8.91% jogging. Constipation 32.67%, repetitive urinary tract infections 13.86%. Antihypertensives 41.58% hypnotics 33.66%,

antidepressants 17.82%, antipsychotics 6.93%, laxatives 15.84%, antihistamines 14.85%, They believe they have incontinence 45.55%, they have consulted 15%, they believe that 89.11% can be treated, they know Kegel 37.62%, what They practice 20.79%. They have received information from nursing 29.7%. They know the Chinese balls 62.38%, they know how to use 39.6%. Treatment preferred Kegel 69.31%, Chinese balls 48.51%, drugs 17.82% and surgery 7.92%. For Kegel prevention 54.46%, Chinese balls 46.53%.

**Conclusions:** Stress incontinence ratio and repetitive infections ( $p = 0.0284$ ) and hypnotics ( $p = 0.0003$ ). And between younger age and greater knowledge of the pelvic floor ( $p = 0.0005$ ). Lower age greater knowledge Chinese balls ( $p = 0.0169$ ) and higher use ( $p = 0.0006$ ). At an older age. Better to use drugs ( $p = 0.0362$ ) at a younger the "Chinese balls" ( $p = 0.0030$ ). we need health education.

Conflict of interest

no

## Contribution ID: 432

### Presentation form

Poster

### Sudden testicular lump

#### Authors

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**Introduction:** Testicular lumps are a relatively common finding in young males. Although the incidence of testicular cancer has increased over the past few decades, testicular tumours are still rare, with the vast majority (95-98%) of testicular cancers being germ cell tumours.

**Objective:** To distinguish between intra-/extra-testicular lumps, as palpable intra-testicular lesions are highly likely to be malignant.

**Results:** Male, 34 years-old, diagnosed with schizophrenia, active alcohol and tobacco consumption, without active sexual life. Presents to General Practitioner (GP) appointment for non-tender, non-painful right testicular swelling over the past week, without any other local or constitutional symptoms associated. On examination, he presents a non-painful, massive swelling with stone-like texture, without local inflammatory signs. An empirical antibiotic treatment with 500mg of levofloxacin, NSAIDs and local cryotherapy was started and an urgent ultrasound was requested. One week later, patient had no significant clinical improvement and the ultrasound reported a large right testicular lump, compatible with either testicular cancer or chronic infectious process, requiring further investigation. The patient was referred to an urgent Urology appointment where right orchidectomy was proceeded. Tumor markers were positive.

**Conclusion:** Testicular masses are, mostly, a benign process. In young males, the diagnosis of testicular cancer must be considered, especially if hard lumps are present. GPs must be aware and able to suspect and investigate these less common diagnoses, as they require urgent assessment and early referral to improve prognosis.

Conflict of interest

no

## **Contribution ID: 481**

### **Presentation form**

Poster

### **BEST POSTER: Klinefelter syndrome in a young male.**

#### **Authors**

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**Introduction:** 25-year-old man with a previous deep vein thrombosis and pulmonary embolism treated in secondary prevention with Rivaroxaban. Obesity. Non-smoker. No drug abuse. Married without children. Normal physical development. Manly voice. Normal male pattern of hair growth. No erectile dysfunction. No pain. No dysuria. No haematospermia. Afebrile.

**Physical examination:** Microorchidism according to Praders orchidometer 4-5 ml without any palpable tumor. Normal cremasteric reflex. No hydrocele. No sign of testicular torsion. Normal pubic hair.

Hormones: TSH 0,9 mU/L T4 12 mU/L Cortisol 335 nmol/L FSH 26 IE/L LH 21 IE/L Testosterone 4,6 nmol/L.

The patient was referred to Radiology for Testicular Ultrasound with the following results: Both testicles are significantly smaller than average. AP 1 cm L 2 cm. Both epididymis are normal.

The patient was referred to Endocrinology at Hospital in Skövde. The patient was diagnosed with Klinefelter syndrome (KS) XXY with azoospermia and started a treatment with testosterone.

**Conclusions:** It is estimated that 1 male in about 500 newborn males has an extra X chromosome, making KS among the most common chromosomal disorders seen in all newborns. Because XXY males do not really appear different from other males and because they may not have any or have mild symptoms, XXY males often don't know they have KS. An adult male with KS may have these features: Infertility, microorchidism, lower testosterone levels and gynecomastia. KS is associated with high risk of venous thromboembolism. We recommend to use a Prader-orchidometer for testis exploration.

Conflict of interest

no

## **Contribution ID: 501**

### **Presentation form**

Poster

### **Unimportant chest pain... are you sure?**

#### **Authors**

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*CAP La Marina, Barcelona, Spain*

**Clinical history:** 60-year-old man with medical history of hypertension, diabetes, myocardial infarction and hepatic steatosis. The patient consulted after a week of right rib cage pain worsening with movement. He presented pain on palpation of the 5<sup>th</sup> and 6<sup>th</sup> intercostal space, so non-steroidal anti-inflammatory drugs (NSAIDs) were prescribed. He consulted after 2 months because of persistent pain. A chest x-ray did not reveal any findings. A month later he presented acute bronchitis with bronchospasm, worsened clinical condition, fever, rapid breathing rate and pulse oximeter reading of 94% and so referred to emergencies. A chest x-ray revealed a condensation in left inferior lobe. Serology for respiratory viruses, antigenuria and sputum culture were negative. Blood test revealed acute kidney failure.

**Clinical judgement:** Acute kidney failure (likely cause treatment with NSAIDs) in patient with atypical pneumonia.

**Action plan and evolution:** During hospital stay the patient presented oliguria that did not respond to diuretic therapy (urine culture was negative, kidney ultrasound and echocardiogram were normal). He was admitted to intensive care unit and started hemodialysis. Further study of acute kidney failure revealed high levels of beta-2-microglobulin in urine and high production of IgA Kappa. A computerized tomography scan revealed lytic lesions in rib cage.

Suspicion of hematologic neoplasm led to bone marrow biopsy that confirmed the diagnosis of multiple myeloma. Specific treatment was started with good response.

**Conclusion:** Differential diagnosis of sudden acute kidney failure is important. Despite first suspicion of NSAIDs kidney intoxication, chronic chest pain and respiratory infection were also present, this is important to reach final diagnosis.

Conflict of interest

no

## **Contribution ID: 566**

### **Presentation form**

Poster

### **Extrapulmonary-genital tuberculosis, a challenging diagnostic**

#### **Authors**

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**Introduction/Aim:** Urogenital tuberculosis is a consequence of the spread of the infection by hematogenous or lymphatic route from a pulmonary focus in patients who usually have some type of immunosuppression

**Material and Methods:** Case of a 62-year-old patient from Tangerang, with a history of chronic urticaria, who consulted for non-painful violaceous cutaneous nodules in the arms, testicles and penis with fluctuating evolution and nocturnal dysthermic sensation. Clinically, it is highlighted skin pallor and erythematous-violaceous nodules that leave residual hyperpigmentation, left knee arthritis, palmoplantar and socrocoxigea pustulosis. Complementary tests: normochromic normocytic anemia, hyper IgG, ESR 87 mm/h, PCR 40 mg / dL, BAAR negative in cultures, sputum smear, urine and sputum. Biopsy of cutaneous and scrotal nodules: granulomatous lesions with suppurative necrotizing granulomatous panniculitis. Thoracoabdominal CT: changes of aspects in LSI with calcified granuloma, mediastinal adenopathy. Fibrogastroscopy, colonoscopy, anodyne, positive Quantiferon test, anti DNA in the high limit, caseum in the scrotal biopsy; ECA, tumor markers negative.

**Results** With the observation of caseum in the scrotal biopsy, the typical histology, the positive Quantiferon test and the LSI lesions on the CT, the case is oriented as genitourinary TB, despite the negative cultures in caseum lesions and was treated with HRZE for 6 months.

**Comments /Conclusions:** Isolated genital tuberculosis is rare. The presence of caseous necrosis, in the histopathological pieces, has a high specificity and could justify the decision to initiate the treatment. We consider that it is an interesting case, which began with self-immune systemic manifestations, of long evolution, whose testicular biopsy guided the diagnosis.

Conflict of interest

no

### Contribution ID: 626

#### Presentation form

Poster

#### Sexu(ALS) – a case of communicational and erectile dysfunction

#### Authors

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**Introduction:** Sexual dysfunction is a common disorder. Usually multifactorial, it requires an holistic approach in its resolution. It can lead to significant well-being and self-esteem deprivation. Cultural issues can bind the exploration of the subject's issues, making important to understand the meaning made by the patient.

**Methods:** Man, 85 years old, living in rural area. Retired (baker). Upper middle class. Married, conservative family. Duvall VIII. Personal history of depression, benign prostatic hyperplasia, dyslipidemia, and amyotrophic lateral sclerosis (ALS). Medicated with fluoxetine, dutasteride+tamsulosin, simvastatin and riluzole. Primary health appointments always shared with his wife. In 2017, their daughter (300km apart) alerts for her fathers sildenafil overuse, coercing her mother to have

intercourse. Regarding the matrimonial obligation, she gives in, although this brings permanent anguish. The patient even placed a wooden bar at the bed bottom to ensure sexual performance. The sexual dysfunction worsening was attributed to ALS.

**Results:** Faced with a professional dilemma, regarding the couple but also the individual well-being, we choose to: review pharmacology; restrain sildenafil at the pharmacy; request frequent home support by social services; appoint a woman's health consultation (pretext for alone consultation); clarify the diagnosis of ALS and its consequences; address the indiscriminate use of sildenafil as a "local rumor"; explore sexuality.

**Conclusion:** Sexuality is a part of life at any age. "It influences thoughts, feelings, actions and interactions and therefore also influences our physical and mental health". It is up to the family doctor not to ignore, approach, demystify and help these problems.

Conflict of interest

no

## **Contribution ID: 682**

### **Presentation form**

Poster

### **The use of conducting dynamic ultrasound examination in visualisation of rulonization in the bladder to diagnose urinary tract infections**

#### **Authors**

Maryla Kapusta, Tomasz Kardacz

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**Introduction/Aim:** Rulonization (derived from the Polish word rulon, meaning to bend around a tube) in the bladder refers to circulating particles (composed of white or red blood cells, and parts of epithelium) that are seen in the urinary bladder in ultrasound examination during urinary tract infections. Characterized by iridescent bright spots that appear to float within the bladder, detection of rulonization by ultrasound images may prove to be an additional and effective tool for diagnosing and ultimately treating urinary tract infections even when symptoms are weak or not observed.

**Materials and Methods:** Mentioned sign can only be visualized by dynamic ultrasound examination and appear when the patient rolls over from side to side.

**Results:** There is a significant correlation between the presence of rulonization sign and active urinary tract infections (confirmed by the urynalysis or positive symptoms).

**Conclusion:** Rulonization seems to be a useful sign of urinary tract infections observed in USG examination. It can be also used for diagnosing UTIs in patients with whom the obtained contact may be not satisfactory - like children, elderly.

Conflict of interest

no

## **Contribution ID: 720**

### **Presentation form**

Poster

## Urogenital complication of BCG therapy

### Authors

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**Introduction:** Male of 72 years old with the diagnosis of Bladder carcinoma that was treated by transurethral resection and with local intravesical adjuvant BCG therapy during 6 weeks. The patient refers in primary care review hematuria and dysuria.

**Material and Methods:** The urine sediment detect leukocyturia and Mycobacterium Bovis is detected in the urine culture.

**Results:** With the diagnosis of bladder tuberculosis after BCG therapy, start antitubercular therapy for 6 months. Bladder cancer is the second most common cancer in the urinary tract and the most frequent histological type in transitional cell carcinoma. Although transurethral resection is the standard treatment, this cancer recurs at an important rate, so a large number of complementary treatment bases on the administration of different intravesical chemotherapeutic and immunotherapeutic agents including Bacillus Calmette-Guérin (BCG) have been established. Intravesical instillation of BCG is the elective treatment for transitional cell bladder carcinoma. However, this therapeutic expose to many local and systemic side-effects. Factors increasing the risk of systemic side effects include diseases like diabetes, genetic factors difficult and traumatic catheterizations of the bladder. In most cases, patients are asymptomatic and only rarely have clinical complaints. The main symptom of bladder TBC is frequency, urgency and hematuria. The most common urogenital complication is the bladder Tuberculosis, granulomatous prostatitis and epididymo-orchitis.

**Conclusions:** Bacillus Calmette-Guérin (BCG), which is in fact an attenuated *M. bovis*, is used for therapy of superficial bladder cancer. In some conditions BCG therapy may be complicated by iatrogenic BCG-induced urogenital TB, mainly bladder or prostate TB.

Conflict of interest

no

**Contribution ID: 769**

### Presentation form

Poster

## Nephrotic syndrome and more

### Authors

André Rainho Dias, Nadina Sousa, Joana Bento

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**Introduction:** Membranous glomerulonephritis can be the initial manifestation of systemic lupus erythematosus. This case demonstrates the importance of

comprehensive approach in the diagnosis and monitoring of a rare pathology, as well the management of anxiety and depression that so often accompany a new diagnosis.

**Case description:** A 45-year-old woman went to family doctor with arterial hypertension, lower extremity edema, and weight gain. A complementary study revealed nephrotic range proteinuria, hypoalbuminemia and hyperlipidaemia, with negative secondary hypertension. A referral was made for nephrology, where she started renin-angiotensin-aldosterone blockers and diuretic therapy. In one of the follow-up visits, she had a severe oedematous condition, which led to contact with nephrology for urgent hospitalization, and underwent renal biopsy with evolving membranous glomerulonephritis. She was discharged with a diagnosis of lupus nephritis class V, after a cycle of methylprednisolone ev, albumin ev and enoxaparin at a prophylactic dose, with indication to maintain oral prednisone, statin, antihypertensive therapy. The patient returned to family doctor consult depressed due to cushingoid facies and obesity, and was reassured and clarified about the effects of prolonged use of corticosteroids. Taking into account the great change in the habits and lifestyle of this patient, periodic and regular monitoring was necessary to mitigate the bio-psycho-social impact.

**Conclusion:** This case illustrates the importance of family doctor in diagnosis potentially serious pathology, its complications as well as the adverse effects of therapy. The relevance of promoting mental and psychological health, providing counselling about nutrition and other habits.

Conflict of interest  
no

## **Contribution ID: 842**

### **Presentation form**

Poster

### **A common and forgotten cause of male infertility**

#### **Authors**

Salvador Camacho Reina, Cristina Yuki Sepúlveda Muro, Begoña Tiessler Martínez  
*Trainee, Málaga, Spain*

**Introduction:** A 26-year-old male attended by Primary Care Attention consultation with his wife, referring to the impossibility of achieving pregnancy after a year trying. Personal background: Mixed anxiety–depressive disorder. Smoker 1.5 pack-years.

**Description of the case:** Physical exploration: Good general state. Tall stature. Regular weight. Bilateral gynecomastia. Absence of facial and body hair. Rest of the exploration was normal.

Blood analysis and semen analysis are requested.

Blood test: low testosterone 0.56 ng/ml (3.5 - 10). Normal biochemical analysis. Normal complete blood count. Negative serology.

Seminogram: Azoospermia.

After the analytical findings, the patient is referred to the reference endocrinologist for assessment. Once in the specialized care service, a chromosomal study confirms a karyotype 47XXY. An atrophic testes are visualized in a testicular ultrasound.

The tests confirms that it is Klinefelter síndrome, so the patient starts the treatment with testosterone, one intramuscular injection per month.

It's important to make differential diagnosis with other causes of infertility in the males, secondary hypogonadism, acquired hypergonadotropic hypogonadism (traumatism, infection) and endocrine disorders.

**Conclusions:** Klinefelter syndrome is the most common form of hypergonadotropic hypogonadism in the males. The phenotype is characterized by small testes, tall stature and little development of secondary sexual characteristics. The karyotype (47 XXY) confirms the presence of this syndrome.

Although its diagnosis is usually made in childhood, some patients are diagnosed in adulthood after consulting for fertility problems.

Early diagnosis and therapy can notably reduce health complications and improve the quality of patients lives.

Conflict of interest

no

## **Contribution ID: 984**

### **Presentation form**

Poster

### **Low back pain: the importance of differential diagnosis**

#### **Authors**

Salvador Camacho Reina, Adrián Barreiro Gago, Josefa Cuevas Gálvez  
*Trainee, Málaga, Spain*

**Introduction:** A 51-year-old male refers daily low back pain and weakness during last three months. The pain doesn't change with movements and doesn't go down the legs. No lower urinary tract symptoms. Afebrile.

**Description of the case:** Physical exploration: Good general state. The abdomen was soft, depressible and painless to palpation with no signs of peritonism. Right flank pain.

Blood analysis, urinalysis and an x-ray of the lumbar spine are requested.

Blood test: Leucocytes  $4.38 \times 10^3/\mu\text{L}$  (4,50 – 11,5), neutrophils  $0.99 \times 10^3/\mu\text{L}$  (1.8 – 7.7). Blood film: checked neutropenia and large granular lymphocytes. Normal biochemical analysis.

Urinalysis: normal.

X-ray of the lumbar spine: without significant findings.

After the analytical findings, we refer the patient to the Internal Medicine service. Once in the specialized care, a heterogeneous and solid lesion of 68 mm in the right kidney is visualized in a CT scan, suggestive of renal neoformation without metastasis. A biopsy revealed renal cell carcinoma (RCC) (clear cell) and a radical nephrectomy was performed.

Currently, the patient is at follow-up by the urology service.

**Conclusions:** RCC is the most common type of kidney cancer and it has varied clinical presentations. The most frequent symptoms include blood in the urine or mass in the abdomen, but we can not forget the possibility of low back pain as symptom of presentation

Earlier diagnosis is the most important thing to increase the survival rate of these patients.

Conflict of interest

no

## Contribution ID: 1060

### Presentation form

Poster

### Duloxetine in the treatment of stress urinary incontinence: evidence-based review

#### Authors

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**Introduction:** Urinary incontinence is very common in women, with an important impact in quality of life. The main medical treatments are not significantly effective in stress urinary incontinence (SUI) and have considerable side effects. In the last years, duloxetine, a serotonin and norepinephrine reuptake inhibitor, has been studied as a treatment option SUI.

The aim of this review is to understand the evidence regarding the use of duloxetine in the treatment of feminine SUI.

**Methods:** The authors conducted an independent literature search for articles published in the last 5 years in the databases: Cochrane Library, Pubmed, National Guideline Clearinghouse, National Institute of Health and Care Excellence and Índice das Revistas Médicas Portuguesas. The abstracts were independently analysed according to the inclusion and exclusion criteria. The Strength of Recommendation Taxonomy (SORT) scale was used to assess the levels of evidence and attribution of strengths of recommendation.

**Results:** Six articles were selected. Most conclude the efficacy of duloxetine in reducing SUI. However, duloxetine's side effects are significant, which lead most studies to disregard duloxetine as a first-line therapy. It has been extensively proved that duloxetine can reduce the intensity and frequency of SUI episodes in women, so its use can be considered as a therapeutic alternative if previous medical treatments fail. However, its use as first-line therapy remains limited by the notorious side effects of this medication, which can be limiting.

**Conclusion:** Presently, duloxetine is not a first-line treatment option of SUI in women (SOR A).

Conflict of interest

no

**Contribution ID: 1092**

**Presentation form**

Poster

**Approach of poliquistic ovary syndrome in primary health care**

**Authors**

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**Introduction:** Polycystic Ovarian Syndrome (POS) is one of the most common metabolic endocrine disorders in women of fertile age. It presents a higher morbidity, due to the clinical manifestations and to the cardiovascular diseases associated, needing medical care and continuous monitoring. The Family Doctor (MF), through a holistic and permanent view of patients with POS, plays a fundamental role in the approach to this pathology.

**Objective and methods:** To review the approach of POS in Primary Health Care, describing its clinical manifestations, differential diagnosis, associated comorbidities and treatment. Bibliographic review of literature in English and Portuguese, from 2008 to 2018, with database research (Medline, Uptodate) and in sites of evidence-based medicine.

**Results:** The main clinical manifestations of POS are menstrual dysfunction and hyperandrogenism.

The prevalence of obesity in the population with POS is not higher than in the general population. The most consensual diagnostic criteria are the Rotterdam criteria. People with POS have a higher risk of developing metabolic, sleep apnea, and depressive and anxiety disorders. It is necessary to exclude the main differential diagnosis: thyroid dysfunction, hyperprolactinemia, non-classical congenital adrenal hyperplasia, and androgen-producing tumors. The main therapeutic change is performed through a lifestyle modification method, through diet and exercise.

**Conclusion:** MF has a privileged role in approaching SOP, which is a multidimensional and long term approach. MF can intervene and help diagnose and combat cardiovascular and psychological diseases of POS.

Conflict of interest

no

**Contribution ID: 1121**

**Presentation form**

Poster

## When a diagnosed bronchopneumonia turns into a prostatitis

### Authors

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**Background:** Prostatitis is one of the most common diseases in men. However is easily misdiagnosed due to its variety of clinical features and syndromes. Clinical sign of fever, without any other clear symptoms, should alert us to do the digital rectal exam.

**Clinical case:** A white caucasian male, 52 years old, comes to my consultation asking for a medical certification attesting bronchopneumonia diagnosed at the hospital emergency department three days prior. He is presenting symptoms of fever, myalgias and a very light dry cough; without any other symptoms like lower urinary tract symptoms. Normal chest radiography. Has been medicated with cefuroxime 500 mg twice a day (aim: 8 days). Medical history: Controlled hypertension; acute myocardial infarction at 46 years old; paroxysmal atrial fibrillation.

**Medication:** Perindopril, atorvastatin, acetylsalicylic acid, allopurinol, carvedilol, apixabano, chlorthalidone. Physical examination: Lungs auscultation with normal vesicular breath sounds; normal blood oxygen levels; normal abdomen; heart with normal sounds; rhythmic pulse; normal blood pressure; painful digital rectal examination with increased prostatic volume. Requested total PSA: 24,73. The value dropped to 18 after three days of treatment. We chose to keep the same treatment but the duration was increased to 14 days

**Conclusion:** When a patient presents to an appointment at the family doctor, even though a diagnosis has been made in the emergency department, and the symptoms don't match the diagnosis, the family doctor must consider a broad differential diagnosis.

Conflict of interest

no

### Contribution ID: 147

### Presentation form

Poster

## Women's appraisal of the management of vulvodynia by their general practitioner: a qualitative study

### Authors

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**Introduction:** Provoked Vulvodynia (PVD) is the most common cause of vulvar pain. General practitioners (GPs) are insufficiently familiar with it, causing a delay in many women receiving correct diagnosis and treatment. This delay can partly be explained by the reluctance of GPs to explore the sexual context of PVD and by their problems in the management of patients with medically unexplained symptoms.

**Aim:** To gain insight into how women with PVD perceive and evaluate condition management by their GP, in order to improve and facilitate both the diagnostic process as well as the management of vulvodynia in general practice.

**Method:** We performed face-to-face in-depth interviews with women diagnosed with PVD. The interviews were recorded, transcribed verbatim and thematically analysed. The Consolidated Criteria for Reporting Qualitative Research (COREQ-criteria) were applied.

**Results:** Analysis of the interviews generated three interrelated themes: Empathy, Referral process and Addressing sexual issues. Empathy of the GP, involvement in decision-making and referral were important factors in the appreciation of the consultation for women with PVD who were referred to a specialist. Because women were reluctant to start a discussion about sexuality they expected a proactive attitude from their GP. The communication with and the competence of the GP ultimately proved more important in the contact than the gender of the GP.

**Conclusion:** GPs should use a patient-centred approach, acknowledge women's autonomy and proactively address sexuality when consulted by women with symptoms of PVD.

Conflict of interest  
no

## Contribution ID: 171

### Presentation form

Poster

### Long-term contraception in a primary healthcare center in northern Portugal

#### Authors

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**Introduction/Aim:** Long-term contraception comprises a set of contraceptive methods, including intrauterine device (IUD) and hormonal implant, which are characterized by their reversibility and high efficacy. A group of General Practice (GP) residents decided to organize a consultation with the aim of improving access to these contraceptive methods and reducing the time interval between initial contact and procedure. Secondly it was sought to offer training experience and renewal of skills for the medical team.

**Material and Methods:** A consultation referral was designed for childbearing age women with clinical indication and motivation to receive, remove or replace a long-term contraceptive. A protocol was created, which defined the criteria to referral, the necessary conditions to carry out the procedure and recommended follow-up.

**Results:** The consultation began in the second semester of 2017, every fortnight, and is ensured by a team of GP residents, who ensure, on a rotating basis, the scheduling and execution of the procedures. To date, 64 patients have been referenced to this consultation – 50% of which had a contraceptive implant inserted, 22% removed and 9% replaced. Eleven women canceled their appointment after an

initial request for referral. The average waiting time between referral and procedure was 18 days.

**Conclusions:** Patients and professionals have shown satisfaction with this initiative, since it helped improve the offer in family planning-related care. In 2019, the authors aim to include procedures related to IUDs in this project.

Conflict of interest

no

## **Contribution ID: 172**

### **Presentation form**

Poster

### **BEST POSTER: Sexual and reproductive health literacy in women**

#### **Authors**

Maria Bernardete Machado, Jorge Campos, Maria Isabel Martins, Marília Lima, Sofia Rosas Araújo, Carlos Albuquerque  
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**Introduction/Aim:** In the last decades health literacy concept has been fundamental to a citizens' more active role in health care. Thus, this work intends to analyze the sexual and reproductive health literacy in women of reproductive age.

**Methodology:** Observational cross-sectional study by linguistically validated questionnaire. Sample: females between 18 and 45 who went for the planning consults of a primary care health center during November of 2018. Variables: sociodemographic, ovulation period knowledge, contraceptive methods, sexually transmitted infections (STIs) and primary prevention programs.

**Results:** 44 completed surveys, mean age of 34 years, 68% has a degree, 60% married, 50% grew in a rural area and in 50% the doctor/nurse are the main source of information. The majority is well informed about the ovulation period and enlightened about the counter-action mechanism of Implanon® and the pill, but approximately half is unaware of its non-contraceptive benefits. 50% is unaware of the female condom, the majority ignores the intrauterine device placing possibility in young women and has doubts about vaginal ring use. About STIs, most are clear about the symptoms, ways of treatment and prevention, however, 50% believe that a STIs can be transmitted through the use of public toilets. Most consider that the Human Papillomavirus vaccine is important in the prevention of cervical cancer and state that cytology makes it possible to diagnose STIs.

**Conclusion:** There are still several myths to undo and questions to clarify so that women can live their sexuality in a healthy, responsible and informed way.

Conflict of interest

no

## **Contribution ID: 435**

### **Presentation form**

Poster

### **The impact of education on women's knowledge, attitudes and behaviors in breast cancer prevention**

## Authors

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**Introduction/Aim:** In Turkey, a significant number of breast cancers are still being detected in advanced stage. So, it's very important to raise the awareness about breast cancer. It's aimed to assess the effects of a training program tailored to women's needs on their awareness, screening behaviors and healthy lifestyle behaviors. **Materials and Methods:** It's an intervention study where a pre-evaluation questionnaire was applied to 460 women between 40-69 years old in a primary healthcare center before randomization. Then a visual training program developed based on P-process was applied to the intervention group. After the training and 4-6 months follow-up, the final questionnaire was applied via telephone.

**Results:** In the intervention group before-after the training, knowledge scores, the correct evaluation ratios of risks and percentage of regular monthly breast self-examination has increased significantly ( $p < 0.001$ ). The mean score for healthy diet and exercise was also found higher after the training ( $p < 0.001$ ). However, there was no significant change in body mass index of participants ( $p = 0.430$ ). When compared with the control group, there was a significant difference in favor of the intervention group in terms of knowledge and correct risk assessments ( $p < 0.001$  and  $p = 0.001$ , respectively). The rate of mammography after training in the intervention group were determined high ( $p = 0.040$ ). Healthy diet and exercise scores were also higher in the intervention group ( $p = 0.039$  and  $p = 0.025$ , respectively).

**Conclusion:** Education given has positive impact on women's breast cancer awareness and screening behavior. However, additional studies are needed to generalize these results and to determine cost effectiveness.

Conflict of interest

no

## Contribution ID: 474

### Presentation form

Poster

### Why diabetic nephropathy is important in primary health care?

#### Authors

Valter Santos, Luís Morato

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**Introduction/Aim:** The type 2 diabetes is stepping to a stage of pandemic of the 21 century. Diabetic nephropathy prevalence is rising and due the unfavorable prognosis of advanced stages, the approach to identify it is imperious.

**Materials and Methods:** This presentation is based in studies published from 2012 to 2016, through systematic research of databases: PubMed and UptoDate using keywords (diabetes, nephropathy) in Portuguese and English. 92 articles were collected, 27 were selected, based in referral criteria: latest guidelines and type of study. The selection resulted in review articles, metanalysis and research papers.

**Results:** The major risks of developing nephropathy are: hyperglycemia, systemic hypertension, glomerular hyperfiltration, reduction on the number of nephrons, genetic, proteinuria, renal angiotensin system and lipid abnormalities. Diabetic nephropathy progression can follow five stages, evaluated by the glomerular filtration rate: predictor to assess the renal function.

**Conclusion:** The identification of diabetic nephropathy in primary care is mandatory, the ratio albumin/ creatinine in an occasional urine sample, is the best method. The American Diabetes Association and the Portuguese General Health Department have clear recommendations about diabetic nephropathy. The prevention must be preferred. The main goals of therapeutic strategies are the tight control of: glycemic to HbA1C < 7; blood pressure < 130/80 mmHg, LDL < 100 mg/dl and < 70 mg/dl in the presence of cardiovascular disease, HDL > 40 mg/d and HDL > 50 mg/dl for women, TG < 150 mg/dl. In Portugal, diabetic nephropathy is the main cause to undergo dialysis treatment. In 2016, 3492 diabetics were under dialyses and 752 started. Dialysis have an increased mortality risk.

Conflict of interest

no

## Contribution ID: 486

### Presentation form

Poster

### As far as the eyes can see

#### Authors

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**Introduction/Aim:** A healthy 38-year-old woman with no history of diseases, without usual medication or allergies, is referred to her GP by palpation of a 5-centimeter-long nodule on the left breast.

**Materials and Methods:** At the indication of her family doctor, she underwent breast ultrasound on 01/31/2017, which revealed: a left breast nodule with about 2 cm in the upper quadrant of the right quadrant in the areolar area with poorly defined limits and structural heterogeneity. No relief adenopathies. The patient was referred to the mammary pathology clinic and performed Biopsy on 07/11/2017 that revealed: Adenosis lesions with sporadic intraluminal microcalcifications. The patient also performed a MRI on 05/23/2017 that revealed: breasts with fibrous pattern, poorly defined area in the left breast, stable sclerosing adenosis. The patient in 04/04/2018 recourse for pains in the left breast.

**Results:** Given the appearance of pain in the left breast the patient is proposed for mastectomy on 09/09/2018. The pathological anatomy of the surgical reveals: lesions of sclerosing adenosis with lesions of Scarff and Bloom grade 2 invasive mammary carcinoma of any specific type. With central necrosis and high nuclear grade. The surgical margin is 2.5 mm of invasive carcinoma. Immunohistochemistry revealed estrogen and Ki-67 positive, 3+ receptors for cerbB2.

**Conclusion:** This case portrays the reality of professionals and patients daily. In fact, the support in the complementary diagnostic exams can never be superimposed

on the clinical practice and the objective examination, as well as the clinical eye of the doctor, for the benefit of the patient.

Conflict of interest

no

## **Contribution ID: 539**

### **Presentation form**

Poster

**Complications of assisted reproduction. Ovarian hyperestimutacion syndrome.**

### **Authors**

ESTHER NAVARRETE MARTINEZ, Fátima Silva Gil

*UNIDAD DOCENTE MEDICINA FAMILIAR Y COMUNITARIA CÓRDOBA, EL CAMPILLO DE LA LUISIANA/ SEVILLA, Spain*

**Introduction/Aim:** A 29-year-old woman with no personal history of interest or known drug allergies. In vitro fertilization treatment, whereby follicular puncture was performed after follicular stimulation. 48 hours after the puncture, she went to the emergency department for abdominal pain, vomiting and diuresis. On physical examination, poor general condition with tachycardia, tachypnea and hypoxemia stood out. Cardiorespiratory auscultation: rhythmic tones at about 120 bpm, vesicular murmur abolished at bases and with crackles in both lung fields. Abdomen: distended, globular, with ascitic wave. No signs of peritoneal irritation. Edema of both lower limbs. Complementary tests: in analytical increase of transaminases. Normal red series. Chest x-ray: bilateral pleural effusion, with greater amount in right.

**Materials and Methods:** Hospital admission for treatment. Initially she responded well to treatment, but later the patient deteriorated, demonstrating greater respiratory effort, oligoanuria and desaturation, requiring NIMV. Drainage of right pleural effusion is performed with Seldinger technique with evacuation of 1800 cc of serohematic fluid. After several days of intensive treatment, the patient improved, appearing menstruation and improving analytical parameters.

**Results:** Ovarian hyperstimulation syndrome. Bilateral pleural effusion. Ascites tension.

**Conclusion:** The ovarian hyperstimulation syndrome is an iatrogenic complication that can threaten the lives of patients undergoing this process. It is a complication of a series of ovarian stimulation. The diagnosis is suspected by the clinic and is confirmed by ultrasound and laboratory tests. There is no etiological treatment. Prevention is the only effective measure. Multidisciplinary management is required for the treatment.

Conflict of interest

no

## **Contribution ID: 767**

### **Presentation form**

Poster

## endometriosis, case review

### Authors

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**Introduction:** A 35-year-old woman who had no previous medical history, presented lower abdominal pain, radiated to the rectal area that intensifies with movement since two months.

**Materials and Methods:** The patient looked unwell. The abdomen was soft and tender to palpation on the lower area. Murphy's sign was negative and Blumberg's sign unclear. A per rectal exam was performed and no evidence of hemorrhoids were found.

**Results:** Blood tests showed a slight neutrophilic leukocytosis and a CRP of 3.4mg/L. Pregnancy and urine test were negative. An abdomen x-Ray was taken and no abnormalities were detected. A vaginal ultrasound was performed and revealed a 65x50mm ovarian cyst. Acute appendicitis, ectopic pregnancy, diverticulitis and rectal disorders were all ruled out. Having the suspicion of an ovarian cyst torsion, the patient underwent laparoscopic surgery which confirmed an ovarian cyst impacted in the pouch of Douglas and the presence of oedema. The ovarian cyst was removed and analyzed, giving the diagnosis of endometriosis.

**Conclusion:** Endometriosis is a benign and chronic disorder that affects women in fertile age, mostly between 25-29 years of age. Pain is the main symptom, which can also be associated to infertility and menstrual disorders. Endometriosis can cause an acute abdomen and therefore General Practitioners must have a diagnostic suspicion in these cases. Despite the fact that the confirmation diagnosis is done by histopathology studies of the tissue removed, and that there is no curative treatment as such; there are several options that may improve the life of these patients.

Conflict of interest

no

## Contribution ID: 776

### Presentation form

Poster

## Use of pollen extracts in the menopause flushings

### Authors

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**Introduction/Aim:** Menopause is characterized by endocrinological changes that can lead to flushing. During a long time, hormonal therapy was the first choice to substitute the decrease of estrogens. Although, its limitations brought out the need of new alternative therapies. This way, pollen extracts took on a new significance in non-hormonal therapy in menopause. Aim: To determine the current evidence on the use of pollen extracts in menopause flushing.

**Materials/Methods:** Meta-analysis, systematic reviews, random clinical trials and guidelines were researched in the main medical scientific evidence databases, published since 2003 in english, german and portuguese language. MeSH terms: menopause/drug effects; female; pollen. PICO question: P – women in menopause with flushing; I – pollen extracts in the treatment of menopause; C – placebo, no intervention; O – decrease of flushing. Levels of evidence (LE) and strength of recommendations were assigned according to the American Family Physician's Strength of Recommendation Taxonomy criteria.

**Results:** From 13 articles founded, 5 were included (1 random clinical trial, 3 observational non-controlled studies and 1 guideline). All of them showed positive results on the use of pollen extract in menopause flushing management. The different methodologies used in the main studies contributed to the heterogeneity in results, decreasing the consistency of obtained findings: three studies LE2 and two studies LE3. There was no evidence of adverse side effects.

**Conclusion:** The limitation in studies' methodology do not allowed to support with consistent evidence the use of pollen extracts in menopause flushing. Therefore, the authors attribute a Class Recommendation B.

Conflict of interest

no

## Contribution ID: 796

### Presentation form

Poster

### Contraception in women with Systemic Lupus Erythematosus

#### Authors

Ana Cláudia Carneiro<sup>1)</sup>, Igor Glória<sup>2)</sup>, Frederico Melo e Silva<sup>3)</sup>

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**Introduction/Aim:** Family planning is an important clinical issue in women with Systemic Lupus Erythematosus (SLE). This disease is 10 times more prevalent in women and its peak occurs at reproductive age. Pregnancy in women with SLE during periods of high disease activity or with significant organ damage is associated with high maternal and fetal morbidity and mortality.

**Materials and Methods:** Research in PUBMED database in October 2018, for articles published within 10 years (2009-2018) in English and Portuguese languages, using the Mesh words: Contraceptive Agents and Systemic Lupus Erythematosus. Results: We obtained 20 articles, of which we selected 8 who analyzed the results of women under contraceptive methods after SLE diagnosis. 12 articles did not reflect the objectives and were excluded.

**Conclusion:** Women with SLE have the same needs for safe and effective contraceptives as the general population. Combined hormonal contraceptives may be used in most SLE patients but should not be used in those with active disease or at increased risk of thrombosis (nephrotic syndrome, positive antiphospholipid antibodies, or active vasculitis). In women with positive antiphospholipid antibodies, the intrauterine device containing levonorgestrel is a safe option. Although probably

low risk, the etonogestrel implant and vaginal ring have not been studied in patients with SLE. It is suggested to avoid the transdermal patch because of potentially higher exposure to estrogen. The barrier method is the least effective and should be reserved for situations where hormonal contraceptives or intrauterine devices are unacceptable.

Conflict of interest

no

## **Contribution ID: 902**

### **Presentation form**

Poster

### **Reasons for interrupting the use of the contraceptive implant in a Health Center**

#### **Authors**

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**Introduction:** The contraceptive implant (CI) is a progestative slow-release device that lasts up to three years and has a high level of efficiency. However, the CI side effects lead some women to remove it before the expiry date.

#### **Objectives:**

- Our study aimed to identify:
  - the number of women who removed the CI before the expiry date,
  - how long these women kept the CI before removing it, and
  - the reasons for early removal.

#### **Methods:**

**Type of Study:** cross-sectional, observational, descriptive

**Place:** USF Conde Saúde

**Population:** Women between 15 and 49 years-old who had a CI inserted at the USF Conde Saúde from August 1st 2012 to December 31th 2014.

**Results:** A total of 2431 women were included in the family planning program. Of these, 125 (5,14%) had a CI inserted. Thirty women (24%) removed it earlier. Early removal occurred mainly on the third year (47%) after insertion. Mean age was 31 years. Main reasons were menstrual irregularities and weight gain.

**Discussion:** Almost one quarter of the women who had a CI inserted requested an early removal. Steps to reduce those numbers should be taken, such as (i) providing detailed information on side effects before CI insertion, (ii) using a progestative contraceptive pill for some months previous to CI insertion as a test and (iii) assessing the woman's prospects of pregnancy for the next three years.

Conflict of interest

no

## **Contribution ID: 958**

### **Presentation form**

Poster

### **Vulvar Pruritus – An Approach in Primary Care**

## Authors

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**Introduction:** Vulvar pruritus is a frequent complaint among women of all ages in primary health care (PHC). The causes are vast and the etiology is often multifactorial. Several factors make the vulvar pruritus approach particular and sometimes complex. Often, a triggering event such as an infectious vulvovaginitis can initiate a cycle of itching that is perpetuated and complicated by a series of inappropriate interventions. It is essential that the family physician is able to distinguish between benign and potentially malignant conditions, in order to know how to properly treat or refer these women.

**Aims:** To review the existing and updated bibliography about the differential diagnosis of vulvar pruritus and the approach for each situation, in order to create an algorithm useful in PHC.

**Methods:** Research of review articles, meta-analyzes, clinical trials, and guidelines in PubMed, UptoDate, and Medscape for the past 5 years. Application of exclusion criteria and selection of relevant articles.

**Results:** According to the duration of the complaint, accompanying symptoms, presence and features of leucorrhoea and cutaneous lesions, it is possible to establish a likely etiological diagnosis - inflammatory, environmental, neoplastic, neuropathic, infectious or hormonal. We propose a different approach for each etiology and, when pertinent, the indication for referral.

**Discussion:** A complete anamnesis and observation are key aspects for the diagnosis and subsequent appropriate treatment of vulvar pruritus. Although the majority of the cases correspond to benign conditions, it is very important for the physician to know how to identify the potentially malignant ones.

Conflict of interest

no

## Contribution ID: 994

### Presentation form

Poster

### A quality improvement study about contraception in hypertensive women

#### Authors

Ana Pinho, Vitor Costa, Carolina Reis, Maria José Carrillo

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**Introduction:** Cardiovascular diseases are the leading cause of mortality in European population. Arterial hypertension is a major cardiovascular risk factor. According to World Health Organization (WHO) 2015 criteria, combined hormonal contraceptives (CHC) are not recommended (category 3) in adequately controlled hypertension or blood pressure (BP) levels  $\leq 159/99$  mm Hg, and are contraindicated (category 4) for BP levels  $\geq 160/100$  mm Hg or vascular disease. Progestogen-only pills or implants and intrauterine devices are adequate for

hypertensive women (category 1/2). This study aims to evaluate and improve the quality of prescription for contraceptives in hypertensive women, in a primary health care centre of Portugal.

**Materials and Methods:** This is a quality improvement study, which includes a retrospective and descriptive study. All hypertensive women receiving their management at the primary care centre, aged between 18 and 49 years old, not pregnant nor hysterectomized or postmenopausal were included. Electronic patient records were consulted and registered in a Microsoft Excel® database.

**Intervention:** Results of the first evaluation (December 2018) were presented and discussed at a primary care centre meeting; the authors developed and distributed a decision flowchart for contraceptive prescription in hypertensive women.

**Results:** 50 hypertensive women were included. CHC were prescribed in 24% of them at the first evaluation.

**Conclusions:** First evaluation showed the importance of an intervention at this level. Corrective measures were applied and second evaluation will be performed in May 2019.

Conflict of interest

no

## **Contribution ID: 1093**

### **Presentation form**

Poster

### **Is *Coriolus versicolor* an effective option to treat women HPV-positive?**

#### **Authors**

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**Introduction:** *Coriolus versicolor* is a fungus whose biomass acts as a non-specific immunomodulator and is a suitable adjuvant in cancer patients for the strengthening of the immune system. Recent studies showed a positive effect of this non-specific immunomodulator in HPV patients. This review pretends to evaluate the efficacy of this fungus as a food supplement or used as a based vaginal gel to repair cervical mucosa in women with HPV-related pap alterations (low or high grade lesions).

**Methods:** We aimed to conduct an evidence-based review including meta-analysis, systematic reviews, randomized controlled clinical trials, classic review and clinical trials (English, Spanish and Portuguese language), using PubMed and evidence-medicine databases, with MeSH terms *Coriolus versicolor* and HPV.

**Results:** A total of 5 articles were found of which 1 classic review, 1 clinical trial and 1 randomized controlled clinical trial were selected. The classic review found a beneficial effect of the oral supplementation in the prevention of HPV patients from developing cervical cancer; Both clinical trials showed a HPV clearance and a regression of HPV-related pap alterations versus control, with the oral supplementation or the vaginal gel. In spite of that, this results are limited, based in different formulations of the fungus and with a limited number of patients.

**Conclusions:** The evidence to recommend the use of *Coriolus versicolor* as a food supplement or used as a based vaginal gel in patients with HPV positive is limited

(SORT C). Further studies are needed to evaluate the risk /benefit ratio of this therapy.

Conflict of interest

no

## Contribution ID: 1131

### Presentation form

Poster

### Review: sexuality in adolescence - how to guide?

#### Authors

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**Introduction:**In a sexually active adolescent, effective contraceptive methods are essential, with the use of condoms for the prevention of sexually transmitted infections. Adolescents have a priority role in the Family Planning (FP) consultation. In 2006/07 it was implemented in schools a compulsory program of sex education and health promotion in Portugal.

**Methodology:**Review of scientific evidence on contraception guidelines in adolescence. Bibliographical research of norms and guidelines, national consensuses of contraception in adolescence, as well as legislation regulating young adolescents. Information obtained regarding the updates of the last 10 years.

**Results:** 6 bibliographic sources were included. The age isn't considered a limitation to the use of contraception, we must tailor the preferences and consider non-contraceptive benefits. There's a commitment of sigil, and doctors must respect the confidentiality, being restricted to the will expressed by them in case they are 16 or more. However, in the case of minors who are younger than 16, legal representatives should be informed when their health is in risk. On the other hand, the Portuguese penal code on Crimes against Freedom and Sexual Self-Determination of Minors states that "the suppression expression of forms of fostering action, favoring or facilitating the practice of sexual acts of relief by minors between 14 and 16 years of age".

**Discussion:**All contraceptive methods have risks and benefits: does it make sense to give parents information?; Offering the possibility of contraception to young people between the ages of 14 and 16, is "to promote, favor or facilitate the practice of sexual acts" punishable by law?

Conflict of interest

no

## Contribution ID: 1147

### Presentation form

Poster

### Breast cancer overview: a retrospective study of diagnosed cases at a Lisbon healthcare centre

## Authors

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**Introduction/Aim:** Breast cancer represents the second most common oncological disease in both genders, being the first cause of death by cancer among females and the fifth worldwide. In Portugal, the screening programme for women with average risk factors is performed with a mammogram every 2 years, at the age between 50 and 69. Higher risk patients, should be referred to secondary or tertiary care centers for follow-up. In this study the authors intend to estimate the incidence of breast cancer among women in a Lisbon healthcare center in 2015, 2016 and 2017 and the relationship between compliance of the current national guidelines for women with average and high risk and the stage of breast cancer at the time of diagnosis.

**Materials and Methods:** This retrospective study comprises the recruitment of women with breast cancer diagnosis registered in clinical process between 2015 and 2017, for data collection and risk assessment based in two risk assessment tools, the Gail Model or, in women whom the Gail model is not adequate, the Breast and Ovarian Analysis of Disease Incidence and Carrier Estimation Algorithm (BOADICEA).

**Results:** The information is planned to be collected in March 2019 and the data analysis is to be held in the following month. **Conclusions:** Our study aims to evaluate the compliance of the national cancer screening programme for breast cancer, focusing on pre-diagnosis risk stratification and its possible relation with the breast cancer stage at the time of diagnosis.

Conflict of interest

no

**Contribution ID: 1169**

## Presentation form

Poster

## Does Cu IUCD decrease the risk of abnormal Pap smear?

### Authors

PASR Pathiratne

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**Objective:** This study aimed to evaluate the association between Cu IUCD consumption and abnormal Pap smear in women who is followed up in clinic.

**Materials and Methods:** A cross sectional descriptive study was carried out and a database of all Pap smear reports from 2014-2018 with a history of Cu IUCD consumption were selected as the case group(215) and 421women applying other contraceptive methods were selected as control group for evaluation. Both case and control groups were matched by age, parity and socioeconomic status. All of the women in this study maintained a single partner as their husband. The duration of Cu IUCD use was at least 3 years. Statistical analysis included Chi-Squared test. The

Confidence interval (95% CI) were applied to estimate the relative risk of negative and positive Pap tests of the cases and the controls. Test results with a probability  $p < 0.05$  were considered to be statistically significant. Statistical Package for Social Sciences (SPSS) version 16.0 software was used to perform the statistical analysis.

**Results:** There were 215 cases and 421 controls involved in this study. Ages ranged from 25-60 years with a mean age of 42 years. Abnormal Pap smear results were observed in 0.1% of cases and 0.1% of controls. There was no significant association between Cu IUCD consumption and abnormal Pap smear.

**Conclusion:** Results from current study did not show an association between Cu IUCD consumption and abnormal Pap smear results. More prospective studies are required.

Conflict of interest

no

## Contribution ID: 1227

### Presentation form

Poster

### Emergency contraception prescription and STI screening an audit in primary care

#### Authors

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STIs are a continuing problem in the UK, with gonorrhoea and syphilis diagnoses increasing by 22% and 20% respectively from 2016-2017. Their link to unprotected sexual intercourse is clear with 9.1% of under 25-year-old women requesting emergency contraception, testing positive for chlamydia. Despite this, rates of chlamydia testing have fallen by 8%, with the East of England having some of the lowest detection rates in the country. The long-term health sequelae of STIs are serious, including pelvic inflammatory disease, ectopic pregnancies and chronic pelvic pain. For these reasons, the FSRH recommend 97% of women requesting emergency contraception should be offered STI screening.

We aimed to assess the practice of emergency contraception prescription in relation to STI screening, in order to find areas for improvement, implement change and thus benefit women's health.

An audit of all women requesting emergency contraception at a GP surgery in The East of England was performed, using key search terms on SystmOne. From October 2016-2018, **94** consultations were identified. Of these, only **16% (15)** were recorded as being offered an STI test, highlighting a significant failure to meet the recommended standard. Variation between healthcare professionals was also considered, with only **9.4% (5)** of GP-led consultations offering a test.

In summary, the results of this audit emphasise the need for review of Emergency Contraception consultations in Primary Care to minimise the wider implications of unprotected sexual intercourse.

They also have the potential to inspire further research and to improve sexual health services.

Conflict of interest

no

## **Contribution ID: 15**

### **Presentation form**

Poster

### **Running for ADHD**

#### **Authors**

Claudia Silva

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**Introduction:** Distraction, difficulty in regulating impulses and behaviors, along with a “never ending” energy, are common in children. Nevertheless, in attention-deficit/hyperactivity disorder (ADHD), the most common neurobehavioral disorder of childhood, this compromises academic achievements, well-being, social function and family environment, many times growing into risk behavior, psychiatric disease and eating disorder. Treatment is recognized as a continuous process, with pharmacologic and behavioural/ psychological interventions being the backbone its management. However, consistent evidence supports a relationship between exercise and better cognitive results and behavior, as well as a reduction of the main symptoms of ADHD.

**Materials and Methods:** To assess whether exercise is beneficial as a management strategy in children with ADHD, the reviewers conducted a review of the literature by systematically searching relevant publications using the MeSH terms “Attention Deficit Disorder with Hyperactivity” and “Exercise”, published from 2013 to 2018. Then, summarized the primary findings of articles, by creating evidence tables that were then reviewed using the American Academy of Family Physicians’ “Strength of recommendation taxonomy” (SORT).

**Results:** A total of 6 articles were included in this systematic review. Studies support the clinical benefits of exercise for children with ADHD. Social function, cognitive, behavioural and physical symptoms were alleviated in most exercise programs. No adverse effects arising from exercise were reported in any of the studies, suggesting that exercise is a well-tolerated intervention.

**Conclusion:** Exercise is valuable as a therapeutic tool and a well-tolerated intervention for children with ADHD. Future research should regard the ideal exercise prescription.

Conflict of interest

no

## **Contribution ID: 44**

### **Presentation form**

Poster

### **Violence against pregnant women: characterization of cases in Espírito Santo State, Brazil, from 2011 to 2016**

## Authors

Ana Rosa Murad Szpilman, Hugo Moura Campos Bernardes, Hudson Jose Cacao Barbosa, Rafaela Arêas Aguiar, Katrynni Oliveira Rodrigues, Gilton Luiz Almada, Romildo Rocha Azevedo Junior

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**Introduction/Aim:** In Brazil, there is an increasing number of violence against pregnant women, mainly in the physical, psychological, and sexual modalities, with consequences for the women and their babies. The aim of this study was to characterize epidemiologically the cases of violence (physical, psychological and/or sexual) against pregnant women living in the State of Espírito Santo, from 2011 to 2016.

**Materials and Methods:** Cross-sectional retrospective observational epidemiological study with the data available in the Espírito Santo State notification system, with pregnant women who suffered exclusively physical, psychological and/or sexual violence, from January 2011 to December 2016.

**Results:** There were 419 reported cases of violence against pregnant women in the state. 54% were physically raped, 40% sexually, 6% psychologically. Most of the cases occurred in the urban environment and mainly affected women aged between 20 and 34 years (43%), were brown women with lower socioeconomic status. Most of the pregnant women were in the first trimester of pregnancy (41%), which may be related to the difficulty of acceptance and lack of support from the relatives, which triggers conflicts.

**Conclusion:** The various forms of violence have consequences during pregnancy: depression, stress, suicidal ideation, vaginal bleeding, inadequate prenatal, repetitive urinary tract infections. To the infant it can happen restriction of the intrauterine growth, prematurity, low birth weight that bring harmful consequences to the development of the child. Effective public policies to protect this group can be taken to avoid consequences for the mother and her child.

Conflict of interest

no

## Contribution ID: 107

### Presentation form

Poster

### BEST POSTER: Psychopharmacacia during pregnancy

#### Authors

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**Introduction:** Pregnancy is described as a period of vulnerability to the development of psychiatric illness, which is an independent risk factor for congenital malformations, stillbirths and neonatal deaths. Thus, early diagnosis, enhanced monitoring and more appropriate treatment are extremely relevant in maternal health consultation.

**Objective(s):** Analyze which psychoactive drugs are the most indicated and contraindicated during the gestational period.

Methodology: Literature review, based on Psychotherapy Guidelines - The Maudsley 13th Edition (2018) and Psychopharmacology and Pregnancy - Treatment Efficacy, Risks, and Guidelines (2014).

**Results:** When we have a pregnant woman with psychiatric pathology we should consider referral for specialized perinatal services, however while we wait for their support, we should prescribe drugs with the lowest risk and the lowest effective dose. Regarding antidepressants, Sertraline is a good option, but when there is a high risk of relapse, the same antidepressant should be maintained. Regarding antipsychotics, Quetiapine has a relatively low rate of placental passage. For mood stabilizers, anticonvulsants should be avoided because of the risk of teratogenesis. When sedative measures are necessary, we should opt for non-drug therapies. Benzodiazepines and zolpidem should be avoided especially at the end of pregnancy (floppy baby syndrome).

**Discussion:** The safety of psychotropic drugs in pregnancy is not clearly established, because robust and prospective trials are unethical. Individual decisions about the use of these drugs are based on studies with many limitations. Therefore, we should ensure that parents are really involved in all decisions and educate them about the risks and benefits.

Conflict of interest

no

## **Contribution ID: 168**

### **Presentation form**

Poster

### **BEST POSTER: Neurofibromatosis in pediatric age – about a clinical case**

#### **Authors**

Ana Filipa Vicente<sup>1)</sup>, Ângela Lee Chin<sup>2)</sup>, Filipe Pereira Vicente<sup>1)</sup>, Olena Lourenço<sup>1)</sup>

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Neurofibromatosis type 1 (NF1) is a multisystem genetic disorder that results from a mutation in or deletion of the NF1 gene and is associated with cutaneous, neurologic and orthopedic manifestations. The estimated incidence of NF1 is 1 in 3000.

Signs and symptoms can vary widely. The earliest clinical finding usually is multiple café-au-lait spots. The diagnosis is clinical.

This clinical case was selected to show the importance of the family physician in the diagnosis and early referral of a disease with potentially serious complications.

We describe the case of R.G., a 6-year-old girl, who is in the first year of school, but had a developmental delay. She has had an irregular follow-up in clinical consultations and when we observed her for the first time, we found some difficulties in language development and we observed 10 café-au-lait spots > 5 mm and inguinal ephelides. Her mother is suspected to have segmental neurofibromatosis, because she apparently will have 4 café-au-lait spots in a single leg, without other symptoms or clinical follow-up.

Given the high clinical suspicion of Neurofibromatosis, the girl was referred for multidisciplinary follow-up.

There is no cure for neurofibromatosis. Patients should be routinely monitored for complications. This case reveals the fundamental role of the family physician who, through his biopsychosocial approach and continuity of care, plays a fundamental role not only in the early diagnosis and long-term follow-up of these patients, but also in supporting the patient and his family.

Conflict of interest

no

## Contribution ID: 319

### Presentation form

Poster

### Attention! Alarm signs in headache

#### Authors

Genoveva Vilardell-Rifà<sup>1)</sup>, Montserrat Ruiz-García<sup>2)</sup>, Elisabet Moya-Blanch<sup>1)</sup>, Cristina Muñoz-Pindado<sup>1)</sup>, Alba Costa-Ramirez<sup>2)</sup>, Adolfo Alegre-Alvarenga<sup>2)</sup>, Amparo García-Gallego<sup>3)</sup>

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**Introduction:** Eight-years-old boy, without interesting background, consults in several occasions for two-weeks evolution daily headache, without irradiation, accompanied of some vomits. Mostly, pain gives away while sleeping. There is no fever, respiratory symptoms nor visual loss. Physical exam is normal, neurologically without alterations. Pain doesn't relieve with painkillers. Is followed by his pediatrician, who request a preferent cranial TC. Although, he goes to urgency for vomits in projectile and pain that awakens him at night. As the above signs it is decided an urgent cranial TC.

**Complementary tests:** blood test with normal hemogram and biochemistry. Cranial TC: pineal expansive lesion of 17x10x15mm causing third ventricle occlusion and supratentorial hydrocephalic dilatation with ependymary transudation signs. It is suggestive of germinoma as a first diagnostic being a pinealoblastoma less probable.

**Evolution:** is referred to a third-level centre for P-ICU admission. While, he did a sudden drop on GCS, requiring orotracheal intubation. During the transfer, 250ml of 10% Mannitol is administered. Highlighting a pupillary anisocoria, reversing with 6,4% hypertonic serums (4cc/kg) at the destination hospital.

**Treatment:** urgent surgery with ventriculostomy and endoscopic biopsy. Later, the patient is extubated and evolves favourably.

**Conclusions:** histological result is a pineal papillary tumor grade II-III of the WHO 2016 classification. It is a rare tumor, with 96 cases worldwide reported. After a neuro-oncology committee and family intervention, radiotherapy is the elected treatment, discarding the surgery option. Wanted to remark the importance of headache alarm signs in childhood, in order to make an early detection.

Conflict of interest

no

**Contribution ID: 326**

**Presentation form**

Poster

**Bilateral papilledema in a fourteen years old patient**

**Authors**

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**Introduction:** Fourteen years old boy, with a pathological history of type 1 diabetes, that presents a clinical feature of headache and intermittent diplopia of three weeks of evolution. Bilateral papilledema is detected at the oftalmologic exploration. The neurological exploration is normal. With this findings it is decided to do a cranial CT and a NMR.

**Complementary tests:** CT and NMR show a solid tumor in soft parts of the left occipito-cerebellar region (51x46x22mm) with osteolytic component compatible with extra-axial tumor. It invades the left occipital lobe and it is hyperintense at T1, which suggests an hemorrhagic or melanocytic component. There are signs of intracranial hypertension.

**Differential diagnosis:** It includes melanotic neuroectodermal tumor of the childhood, intraosseous vascular tumor or intraosseous meningioma.

**Treatment:** Embolization of the tumor was done because it was highly vascularized but it was not successful. The mass was biopsied, the pathological anatomy showed a melanotic tumor with uncertain malignant potencial. After that, it was decided to perform an excisional surgery. The pathologic anatomy informed of an intermediate grade meningeal melanocytoma with bone infiltration that didn't have NRAS and BRAF mutations. The patient evolved favorably and radiotherapy was started.

**Conclusion:** Melanocytomas are rare pigmented tumors of the central nervous system. They are benign but locally aggressive. It was first described in 1972. Clinically, it occurs commonly in the fifth decade and is more common in females. The posterior fossa lesions mimic acoustic neuromas and meningiomas in its location and radiological characteristics.

Conflict of interest

no

**Contribution ID: 338**

**Presentation form**

Poster

**Iron supplementation during pregnancy in three portuguese health units**

**Authors**

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<sup>3)</sup>USF Grão Vasco, Viseu, Portugal

**Introduction/Aim:** Iron deficiency is the preponderant cause of anaemia in pregnant woman. The guidelines in Portugal indicate that iron supplementation is recommended by WHO to all pregnant women with 30-60mg of elemental iron. The aim of this work was to determine the prevalence of iron supplementation in a sample of pregnant women from three health units and the respective incidence of anaemia and low birth weight in new-borns.

**Materials and Methods:** Observational, descriptive and retrospective study, in a convenience sample of a population constituted by pregnant women of the three health units. Exclusion criteria were abortion, voluntary termination of pregnancy and coding error. The variables under study were: iron supplementation register and its onset, dose, weight of new-borns and haemoglobin values. The data were collected by SClínico® software and analysed in Excel®.

**Results:** From the 83 pregnant women, with average age of 34 years, 34.9% were iron supplemented, starting in average at 22 weeks of gestation. Three were supplemented with a dose lower than recommended. Birth weight was lower in new-borns of women who didn't receive supplementation.

**Conclusions:** The percentage of pregnant women supplemented was inferior to the recommended by WHO with a late introduction and in women with haemoglobin values tendentially lower, biasing its average values. Although iron supplementation must be individualized, there is an insufficient performance of it and preconceptional care should have an extra effort from family doctors of these units.

Conflict of interest

no

## Contribution ID: 349

### Presentation form

Poster

### Iron supplementation - for whom, when and how?

#### Authors

Ana Rita Cunha, Conceição Martins

USF Viseu Cidade, Viseu, Portugal

**Introduction/Aim:** Anaemia is the most frequent pathology associated with pregnancy. WHO has as a nutritional goal to 2025 the downsize of global prevalence of anaemia in reproductive age women. We aim to review the most recent indications to start iron supplementation in pregnant women.

**Methods:** Search for guidelines, meta-analyses and reviews at PubMed and Cochrane with Mesh terms "Iron", "Anaemia", "Pregnancy" and the term "Supplementation", in the last 5 years, in humans, in English, Portuguese and Spanish. Also searched in Portuguese relevant publications of general health direction (DGS) and books.

**Results:** Iron deficiency is the most common cause of anaemia with some risk factors identified. The needs of iron during pregnancy increase, but it's important to consider the individual status of iron stores and the risk of adverse effects of the iron

excess, once its effects respects a U-shaped curve. Lot of indicators can be used and are under investigation to diagnose this pathology, even though the standard remains ferritin. There is no consensus on indications for iron supplementation among countries.

**Conclusions:** Nutritional counselling should always be done in preconceptional care. WHO has recommendations that intend to include every country, however supplementation should not be universal, which is supported by the differences in guidelines from different countries. Instead we should evaluate risk factors for iron deficiency, do a complete medical history and physical examination and perform the indicated blood markers. Thus, we can select who to treat and who to supplement, avoiding the harms of iron excess.

Conflict of interest

no

## **Contribution ID: 365**

### **Presentation form**

Poster

### **Pregnancy follow up with Legg-Calvé-Perthes disease – a case report**

#### **Authors**

Tiago Alexandre Simões, Joana Veloso Gomes, Rui Lourenço

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Legg-Calvé-Perthes is an idiopathic syndrome of osteonecrosis of the hip. Typically presents as hip pain and limping of acute or insidious onset in children between three and twelve years, peaking at age five to seven. 10 to 20 percent of patients have bilateral disease. Three to four times more prevalent in Males, and is rare among African descendants. Has been associated with obesity, skeletal immaturity, and lower socioeconomic status. Almost all children do well in the short term. However, long-term outcome depends upon age of onset and degree of involvement of the femoral head.

36 years-old nulliparous African descendent obese female with a severe limp sequela of Legg-Calvé-Perthes since age 13, presented with a 7-week pregnancy. Pregnancy follow up was uneventful until the 20th week when she was admitted for 11 days with an abdominal pain due to uterine fibromatosis. After a multidisciplinary antenatal follow up and due to the progressive limitation on internal hip rotation and pain associated a cesarean section was programmed to the 39th week. A healthy baby boy was delivered. The postoperative period was uneventful. And both mother and child were discharge on the 4th day after birth.

Although there is no contraindication of pregnancy in Legg-Calvé-Perthes disease. a multidisciplinary team approach should be used to address the possible limitations on the mother during the pregnancy and childbirth. Due to the familiar component the newborn after the 6th week of life should undergo a hip ultrasound to screen possible hip malformations.

**Keywords:** Legg-Calvé-Perthes, Pregnancy

Conflict of interest

no

## Contribution ID: 404

### Presentation form

Poster

### Psychiatric therapy in pregnancy

#### Authors

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**Introduction:** Pregnancy involves numerous physical and hormonal changes that may reflect on a woman's mental health. It is estimated that more than 500,000 pregnant women / year present psychiatric conditions. The safety of psychoactive drugs in pregnant women is not well known, their use requires great care and consideration.

**Methods:** Research on guidelines, systematic reviews, meta-analyses and observational studies published in the last 10 years in evidence-based databases. Used MeSH terms: "psychotropic", "psychiatric somatic therapies" and "pregnancy". The American Family Physician's Strength Of Recommendation Taxonomy (SORT) scale was used. The objective of the study is to review available evidence on the safety of different psychiatric therapies during pregnancy and breastfeeding.

**Results:** We obtained 1 guideline, 10 review articles and 6 observational studies. From these documents, it was found that the Selective Serotonin Reuptake Inhibitors (SSRIs) are the most studied and used antidepressants in pregnancy, with sertraline and citalopram being the safest (SORT A). Although associated with congenital heart defects and neonatal toxicity, lithium is one of the safest mood stabilizers in pregnancy. Benzodiazepines should be avoided, with buspirone and zolpidem being anxiolytics / hypnotics with less evidence of risk. Chlorpromazine, haloperidol and clozapine appear to be the safest antipsychotics for pregnant women.

**Conclusion:** There is no approach to establish absolute and definitive safety and risk of drugs in pregnancy. It is essential to evaluate the balance between risk and benefit, especially when there is a history of severe pathology and a high risk of relapse.

Conflict of interest

no

## Contribution ID: 440

### Presentation form

Poster

### Management of infantile hemangiomas in primary care

#### Authors

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**Introduction/Aim:** Infantile hemangiomas are the most common tumours of childhood. They are benign lesions characterized by abnormal proliferation of endothelial cells and, unlike other tumours, they have the ability to involute after proliferation. Most of them do not require any kind of intervention. However, a subset of infantile hemangiomas may require treatment, due to risk of complications, functional impairment, or permanent disfigurement. The aim of this review is to summarize the management of infantile hemangiomas in primary care.

**Materials and Methods:** A narrative review was made. We searched Pubmed/Medline for review articles, guidelines and meta-analysis published in the last 5 years in English with the terms "infantile hemangioma". We obtained 212 results from which we selected 6 articles. The articles were selected by pertinence and relevance to the topic and after analysis of the abstracts.

**Results:** Most infantile hemangiomas do not require any kind of intervention. However, they can be multiple, affect other organs, cause irreversible anatomic distortion in sensitive areas, like the face, or affect the infant's vision if located on the periocular region. So, in these cases, referral to specialist for treatment should be considered to prevent complications and reduce the likelihood of permanent disfigurement. The first-line therapy is oral propranolol, but other interventions, like surgery, may be considered.

**Conclusion:** Infantile hemangiomas are benign tumours that generally do not require any kind of intervention but some, due to their location or association with other lesions, should deserve prompt referral to specialist for treatment consideration.

Conflict of interest

no

## Contribution ID: 447

### Presentation form

Poster

### Orthorexia Nervosa tendency in the mothers of kindergarten children

#### Authors

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**Introduction/Aim:** Orthorexia nervosa is a pathological healthy and correct eating obsession. The difference between orthorexia nervosa and normal healthy eating is that it leads to a deterioration that causes the majority of the time to be occupied and the social function to be damaged. The aim of this study was to reveal the tendency of mothers of kindergarten children.

**Materials and Methods:** Among 1299 kindergarten students in Edirne City Centre, 604 parents (46.5%) responded as participants. Our study, consisting of sociodemographic questionnaire and ORTO-11 questionnaire, was statistically evaluated using parametric tests due to normal distribution.

**Results:** Orthorexia nervosa tendency was found high in 54.6% of the mothers of kindergarten children in Edirne City Centre. There was no significant association between the body mass indexes of the participants and their orthorexia nervosa

tendencies. There was a significant relationship between orthorexia nervosa tendency and regular physical activity; paying attention to the product content in market shopping; food content during the grocery shopping; making the grocery shopping by herself; paying attention to the expiration dates of grocery during shopping; making yogurt and preparing winter food at home; inability to approve ready-to-eat food consumption; children's weekly fast food consumption.

**Conclusion:** Even though orthorexia nervosa is not accepted as a disease in the medical literature yet, our work will provide guidance through revealing the nutritional habits which might become an obsession due to media's and various social platforms' overemphasis in healthy nutrition, and will create a groundwork for future studies.

Conflict of interest

no

## **Contribution ID: 531**

### **Presentation form**

Poster

### **Intrahepatic cholestasis of pregnancy. When pruritus complicates it.**

#### **Authors**

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**Introduction/Aim:** Primigesta woman with controlled pregnancy. She attended consultation in week 34+1 to generalised pruritus, more pronounced in palmo-plantar location and with nocturnal exacerbation. On physical examination, the patient was normal, and only had scratching injuries. With the suspicion of intrahepatic cholestasis of pregnancy, I requested an analysis of the liver function.

**Results:** ALT:66, AST:34, Hb:12, Bilirubin: normal. In the revision of Obstetrics, the ultrasound was normal. In a later analysis the results identified reduced liver function and poor symptomatic control despite medication.

**Materials and Methods:** At week 36+6 of gestation, the patient entered for labour induction. After childbirth, symptoms control returned and a reduction in liver values was noted.

**Results:** Intrahepatic cholestasis pregnancy.

**Conclusion:** Intrahepatic cholestasis (HIC) is a condition of pregnancy that appears in the third trimester. It is a reversible, non-obstructive form of intrahepatic cholestasis that resolves after delivery. Adverse fetal outcomes such as increased perinatal morbidity, prematurity, hypoxia and intrapartum fetal death are the most undesirable and probable characteristics of this pathology. However, it is not associated with maternal complications, although there has been a high rate of recurrence in future pregnancies (45-70%) and an increased risk in these women of future liver disease. The aim of the treatment is to reduce the blood concentration of bile acids until reaching fetal maturity. The drug of choice is ursodeoxycholic acid. Likewise, it is recommended the termination of pregnancy by induction of labor at 37 - 38 weeks in cases of intractable symptomatology and /or elevation of bile salts.

Conflict of interest

no

## **Contribution ID: 550**

### **Presentation form**

Poster

### **BEST POSTER: Way beyond weight - prevalence of overweight and childhood obesity at USF Lauroé**

### **Authors**

Ana Cláudia Carneiro, Ana Cardoso

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**Introduction/Aim:** Overweight and Childhood Obesity are defined as the accumulation of excessive fat that poses a risk to children's health. Portugal is one of the 5 European countries with the highest prevalence of Childhood Obesity. We intend to know the reality of this problem in our workplace (USF Lauroé), by determining the prevalence of overweight and obesity in children from 6 to 8 years of age.

**Materials and Methods:** Children from 6 to 8 years of age enrolled at USF Lauroé were included. For each child, the last biometric record of the year 2016 was used. These data were taken from the MIM@UF platform in May 2017. For the definition of Excessive Weight and Obesity, the authors used the reference values of the World Health Organization.

**Results:** The sample consisted of 175 children (48% males and 52% females). The prevalence of overweight in females was 17.6%, and in males 27.4%, with an overall prevalence of 22.3%. The prevalence of obesity in females was 17.6%, and in males was 11.9%, with an overall prevalence of 14.9%.

**Conclusion:** It was found that 37% of children aged 6 to 8 were overweight or obese. The population of this study showed a prevalence of overweight and obesity higher than the national reality (30.7%) and the Algarve region (21.1%) in 2016. Taking this fact into account, it was urgent for the authors to implement a community intervention project.

Conflict of interest

no

## **Contribution ID: 577**

### **Presentation form**

Poster

### **Overweight and childhood obesity - a pilot project of multidisciplinary intervention**

### **Authors**

Ana Cláudia Carneiro, Ana Cardoso

*USF Lauroé, ACES Central, ARS Algarve, Faro, Portugal*

**Introduction/Aim:** Obesity is the most prevalent paediatric disease. In 2017, the authors conducted a prevalence study in their workplace, to determine the prevalence of overweight and obesity in children from 6 to 8 years of age. The

population of the study showed an higher prevalence of overweight and obesity than the regional and national realities. The authors proposed a multidisciplinary intervention project to promote awareness of childhood obesity and its consequences; knowledge of healthy food selection and decrease of overweight and obesity prevalence.

**Materials and Methods:** A multidisciplinary intervention with medical, nutrition and psychology intervention was carried out in children which were identified in the study conducted in 2017. The program consisted of 5 sessions addressing the topics of obesity and associated risks, nutritional information, label reading and food organization, behavioural changes and cooking methods and family meals. These were carried out between March and October 2018. To evaluate the effectiveness of this project, a BMI evaluation was carried out every 3 months and the KIDMED questionnaire was evaluated at the beginning and end. Of the 30 children who had inclusion criteria, only 4 families participated.

**Results:** There was an improvement in Kidmed scores and a decrease in overweight/obesity prevalences, although the study sample was quite reduced.

**Conclusion:** Childhood Obesity prevention is crucial, associated with an early diagnosis and its multidisciplinary treatment approach.

Conflict of interest

no

## Contribution ID: 623

### Presentation form

Poster

### Gestational weight gain

#### Authors

Ines Madanelo<sup>1)</sup>, Tiago Sanches<sup>1)</sup>, Filipa Gamboa<sup>2)</sup>, Jose Augusto Simões<sup>2)</sup>

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**Introduction:** The gestational variation of weight is a multifactorial co-relation that, when inadequate, can produce negative effects for the fetus and the mother. Obesity at reproductive age has been increasing. A close surveillance is the key to prevent the onset of associated complications. We aim to describe gestational weight profiles and to estimate possible associations with it.

**Methods:** Retrospective, observational, longitudinal cohort study, performed with a convenience sample. The population consisted in pregnant women from the North of Portugal whose delivery occurred between June 2016 and June 2017. Data collected from computer records and interviews. The variables were parity, type of delivery, BMI prior to pregnancy, weight gain, complications, newborn weight. SPSS24.0® was used for analysis (statistical significance -  $p < 0.05$ ).

**Results:** 93 women. 80.6% had vaginal delivery and 19.4% had a cesarean section. 69.6% were multiparous. Most of the pregnant women ( $n=56$ ) had normal preconception BMI, but 22.6% were overweight, 11.8% were obese and only 5 were underweight. During pregnancy, 26.9% of women gained more weight than recommended and 30.1% less than recommended. Pregnant women with BMI  $\geq 25$  increased more than the "recommended" weight ( $p=0.061$ ). Pregnant women with

BMI < 25 were able to lose more of their acquired weight ( $p = 0.048$ ). Pregnant women who received weight counseling were more able to obtain adequate weight gain ( $p = 0.047$ ).

**Conclusion:** It is important to implement preventive measures, such as investing in health education, namely in preconception doctor appointments and in counseling for adequate weight gain during pregnancy and decrease in postpartum weight retention.

Conflict of interest

no

## Contribution ID: 751

### Presentation form

Poster

**If there is a chronic disease can we protect baby-mother since preconception? How do we safely treat acute pregnant conditions?**

### Authors

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**Background:** A critical and constructive spirit should always lead doctors whenever meeting a pregnant woman who needs to undergo any pharmacologic treatment. Pregnancy is not an illness for itself, but there are some situations such as previous chronic diseases or acute diseases that might change the course of the pregnancy if not carefully treated. These conditions may be familiar for the family doctor/general practitioner but, during the prenatal period, even the scientific support doesn't usually have enough strength of recommendation, and it can be challenging.

**Aim:** To explore what is known about pharmacology during pregnancy for: common diseases such as asthma and the benefits of switching during preconception care; and acute situations such as pain that often ensue.

**Method:** The workshop will be led through initial brainstorming by exposing clinical cases of selected common chronic and acute diseases about women of reproductive age or expectant, giving 4 options for each situation and the participants might intervene by rising the colour card of their choice. After each case a short theoretic review will be exposed about the situation and there will be time for discussion which will enable deeper exploration of the topic. We will also provide a tool for daily activity - a pocket sized guide - to summarize the overview of each situation discussed.

**Outcome:** This workshop offers family doctors insight into the potential of preventing complications during gestation by prior management of chronic diseases during preconception care and review the treatment of acute pathology during each stage of pregnancy.

Conflict of interest

no

## Contribution ID: 849

### Presentation form

Poster

### Prescription Adequacy In Paediatric Acute Otitis Media

#### Authors

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**Introduction/Aim:** Acute Otitis Media (AOM) is one of the main reasons for antibiotic prescription in paediatric age. However, the majority of AOMs are limited and do not require antibiotics. Our aim was to evaluate compliance with the clinical management guidelines stated by the General Health Direction (GHD) Norm 007/2012 – “Diagnosis and Treatment of AOM in Paediatric Age” in primary healthcare.

**Materials and Methods:** An internal, retrospective evaluation was made, comprising patients from three primary healthcare units between the ages of 6 months and 18 years, who were diagnosed with OAM (ICPC-2 classification H71 – Acute otitis media/myringitis) from 1/11/2017 to 31/03/2018. We assessed the adequacy of management (expectant versus antibiotic), the chosen antibiotic, its dosage, the therapy duration and analgesia. Data was collected from PEM, MIM@UF and SClínico processed with Excel.

**Results:** From 155 episodes of AOM, 79 were included in this study. In 33% (n=23) of them, the adequate management was observed. The suitable antibiotic was prescribed in 60% (n=44), and the appropriate dosage given in 34% (n=44). The therapy duration was correct in 19% (n=14) and analgesia was provided in 58% (n=46).

**Conclusion:** Our results show a low level of compliance with the GHD Norm, particularly in regards to therapy duration, adequate management and antibiotic dosage. The inadequate consumption of antibiotics leads to more adverse effects, the emergence of antibiotic resistant strains and greater healthcare costs, which underlines the importance of healthcare professionals’ awareness of judicious antibiotic prescription.

Conflict of interest

no

## Contribution ID: 856

### Presentation form

Poster

### Abnormal red reflex test - the particularities of medicine

#### Authors

Ana Catarina Domingues<sup>1</sup>, Joana Penetra<sup>1</sup>, Maria Reis<sup>1</sup>, Ana Letra<sup>1</sup>, Ana Gonçalves<sup>2</sup>

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**Introduction:**The red reflex test light should project into both eyes simultaneously. A red reflex result is normal if there is symmetry in both eyes without opacities, white or dark spots. The color of the reflex may be different among ethnic groups because of varying amounts of pigmentation in the ocular fundus; however, the reflex should not be white. An abnormal red reflex result warrants urgent referral to an ophthalmologist.

**Clinical case:**A 4-month-old baby, black race, lives with her parents. The baby comes with the mother to the routine consultation of the 4-month child health program with the family doctor; good maternal attachment, in exclusive breastfeeding. Usual medication: vitamin D. Immunizations updated. Physical examination: Patient is a well-developed, well-nourished infant. Previous fontanelle ok. Eyes:Patient focuses briefly on face. Red reflexes bilaterally doubtful. Normal ears, nose and mouth. Lungs and heart auscultation is normal. Abdomen:Soft, non-tender, non-distended. Genitalia:normal urethral meatus. normal tests Negative Barlow and Ortolani signs. At the consultation the red reflex test raises doubts looking whitish. After discussing the case with several physicians, reference is made to the urgency of pediatric ophthalmology due to the suspicion of bilateral leukocoria. The ophthalmologist evaluates the fundus of the eye and does not find suspicious lesions.

**Conclusion:**This case highlights the challenges inherent to the practice of family medicine, and in this case, it is very clear the importance of knowing each patient well, being aware of multiculturalism, the nationality and naturalness of patients, which often helps in the differential diagnosis.

Conflict of interest  
no

**Contribution ID: 857**

**Presentation form**

Poster

**Physical exercise for women with uncomplicated pregnancy: what to advise?**

**Authors**

Maria Lucas<sup>1)</sup>, Catarina Neves<sup>1)</sup>, Ana Madeira<sup>1)</sup>, Luís Batista<sup>1)</sup>, Joana Barrona<sup>1)</sup>, Cristiana Martins<sup>2)</sup>, Vanda Costa<sup>3)</sup>, Joana Pinto<sup>3)</sup>, João Canelas<sup>4)</sup>, Inês Pinhão<sup>1)</sup>

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<sup>4)</sup>General and Family Medicine, USF Saúde no Futuro, Vila Nova de Gaia, Portugal

**Introduction/Aim:** The approach for physical exercise during pregnancy has been historically very conservative and given without any scientific bases. Currently, this theme is having a progressive gain in popularity and there is a consensus that physical exercise has proven benefits for women with uncomplicated pregnancy and fetus itself. Gestation represents an overload for the maternal organism, but healthy

pregnant women should maintain the previous exercise plan until the 2<sup>nd</sup> to 3<sup>rd</sup> trimester, as tolerated. After this moment, doctors should suggest some adaptations.

**Materials and Methods:** We will review the benefits of physical activity in pregnancy and the adaptations we need to know as family doctors, using the latest American College of Sports Medicine's guidelines and European recommendations published between 2017 and 2018 on PubMed.

**Results:** Doctors should assess the security of physical exercise for women with uncomplicated pregnancy. It's critical to recognize the warning signs to discontinue exercise and contraindications to aerobic exercise during pregnancy. It is also important that doctors know activities of high risk even to women with uncomplicated pregnancies.

**Conclusions:** Pregnancy should not be a period of significant increase in physical activity intensity or onset of intense exercise, still is a great window of opportunity for changing or improving health habits. Although frequently prescribed, bed rest is only rarely indicated. Despite the progressive gain in popularity on the theme of physical activity during pregnancy, further studies are needed to improve evidence and create guidelines concerning the effects of occupational physical activity on maternal-fetal health.

Conflict of interest

no

## **Contribution ID: 861**

### **Presentation form**

Poster

### **Is it necessary to iron supplement the Portuguese pediatric population?**

#### **Authors**

Joana Silva Cebola

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**Introduction/Aim:** Iron deficiency is the most common cause of anemia in the world, with a European prevalence of iron deficiency estimated between the first and third years of life of 5-20%. This paper aims to identify the scientific evidence for iron supplementation in term infants and healthy children, and the short and long term effects of this intervention.

**Materials and Methods:** A review of the literature was carried out through research in Pediatrics Treaties, as well as in the electronic databases Pubmed, Uptodate and Cochrane Library. The research included systematic reviews, meta-analyses, and randomized controlled clinical trials and observational studies. Only studies on healthy and full-term infants and children were included.

**Results:** It is recognized that the consequences of iron deficiency are all the more harmful the earlier the deficiency is, and the current clinical evidence suggests the importance of maintaining a good supply of iron during the first 2 years of life. The scientific evidence have been submitted to support universal iron supplementation interventions in children up to 12 years of age, even in intermittent supplementation regimens, as recommended by the WHO's 2016 guideline. Overall, there were no negative effects on children undergoing supplementation schemes.

**Conclusions:** The results obtained in the clinical trials and meta-analyzes do not show unanimity that iron supplementation may have an impact on cognitive performance but appears to have positive effects on motor development and on the affective and adaptive capacities of behavior.

Conflict of interest

no

## **Contribution ID: 867**

### **Presentation form**

Poster

### **Repercussions on health of pediatric population due to exposure to audiovisual devices screens - a review**

#### **Authors**

Clara Jasmins<sup>1)</sup>, Patrícia Norte<sup>2)</sup>

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**Introduction:** Over the last six decades we have witnessed an extraordinary technological breakthrough. This was fundamental for access and sharing of knowledge, but electronic devices are turning essential in our daily lives. Nowadays, children have their first contact with audiovisual screen at about four months old. In this way, it is important to know the impact that this exposure can have on children's health.

**Aim:** To identify the repercussions of exposure to audiovisual devices, on the health of the pediatric population.

**Materials and Methods:** We searched in Medline database and selected human studies, published since 2010, in Portuguese, English or Spanish. We included studies involving children and adolescents, that evaluated an exposure to audiovisual devices, comparing to no exposure or exposure for less than 2 hours.

**Results:** 837 results were obtained from the search and 118 articles were selected. Since most of the studies were observational, the results mostly present a level of evidence 3, according to the levels of evidence from the OCEBM. It has been found that prolonged exposure to screens may have impact on children's health, including social, psychic, and sleep disorders, on cardiovascular risk factors, and other health problems.

**Conclusion:** Prolonged exposure to electronic devices screens seems to have some impact on children's health. However, there are few recommendations about the conscious use of screens by the pediatric population. Further studies are needed to develop substantiated and generalized recommendations that can guide parents, educators and health professionals.

Conflict of interest

no

## **Contribution ID: 876**

### **Presentation form**

Poster

## The importance of the first appointment to the family doctor office

### Authors

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**Introduction:** An accurate clinical history, detailing the family environment, and a thorough physical examination are utterly important in the early identification and prevention of health problems of the individual.

**Clinical case:** A baby is born from a mother with a history of depression and obesity, with adequate birth weight but a 2,6,7 APGAR score. No skin-to-skin contact or breastfeeding was achieved within the first hour and he was later admitted to newborn intensive care for 23 days due to sepsis, being discharged under exclusive breastfeeding. Throughout the pregnancy the mother showed increased signs of anxiety, emotional lability and low self-esteem. Family evaluation revealed a tense relationship between the baby's parents. Breastfeeding problems were identified at 29 days of age, with identification of ankyloglossia. After advice promoting exclusive breastfeeding, he was referred to pediatric surgery. 2 weeks later and before the surgery appointment, he was already on formula-feeding only, with the mother explaining the introduction of formula milk after she felt the baby wasn't properly latching, having eventually given up on breastfeeding entirely.

**Conclusion:** Health organisations recommend mothers to exclusively breastfeed infants for their first 4-6 months. Ankyloglossia is an obstacle to breastfeeding, which in this case, associated with the mother's own health issues and lack of family support led to an early switch from breastfeeding to formula-feeding. A thorough physical examination by the family doctor can identify early on various health problems, but a full knowledge of the family context and their health issues can help achieve better outcomes.

Conflict of interest

no

### Contribution ID: 931

#### Presentation form

Poster

#### An Unexpected Motherhood

##### Authors

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**Background:** Pregnancy is a period of great development, in which women adapt to their future role as a mother. For many women, this time is full of fears and doubts, that can be so overwhelming that women are driven to deny their pregnancy. This defense mechanism can be so powerful, that the woman is genuinely unaware of her

condition. Pregnancy denial syndrome is more common than expected with an incidence of cases persisting until delivery of approximately 1 in 2500.

**Case report:** We report the case of a 16-year-old who presents to the ER with generalized “crampy” abdominal pain, abdominal distention and paroxysms of intense abdominal pain. An abdominal x-ray was performed that surprisingly revealed a term fetus. It was explained to the girl that not only was she 38 weeks pregnant but she was also in labor. As her family physicians, we managed to book an appointment short after the delivery to access the risk of this new family. We could verify that this teenager was adapting to her new role as a mother and no “red flags” were detected so far.

**Discussion:** We will never understand completely the mechanism behind the denial of pregnancy. As family physicians, we should be aware of the possibility of this condition and should have a low threshold for pregnancy testing in women of childbearing age who present with symptoms compatible with pregnancy. Also, after the birth we need to follow closely these mothers and offer them counseling and psychological help if needed.

Conflict of interest

no

## **Contribution ID: 934**

### **Presentation form**

Poster

### **Congenital dermal sinus in infant: A case report**

#### **Authors**

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Congenital dermal sinus is an uncommon form of spinal dysraphism. It's observed mostly in the midline above the intergluteal cleft and is commonly associated with other cutaneous and intradural pathologies. Therefore, the Family Doctor's follow-up in the first phase of life is essential in the early detection of this pathology. This is a case of a 2 months old female infant with no family history of illness and the pregnancy occurred uneventfully. The delivery was preterm at 35 weeks. The infant had low birth weight and an history of postpartum sepsis requiring hospitalization in the Neonatology Unit. She was discharged from hospital, apparently without any sequelae, maintaining monthly appointments with Neonatologist and simultaneous follow-up in the Primary Care Centre. At the 2-month-old visit, during the physical examination, a dermal trajectory without fistulization is seen above the intergluteal sulcus. This finding motivated the research through the Health Data Platform, to know if this alteration was reported by the Neonatologist. It was verified that the finding had already been perceived and an ultrasound screening had already been requested. Spinal dysraphisms are underdiagnosed, but the presence of associated cutaneous stigmas is described in 80% of cases. The presence of these lesions requires further investigation. Thus, the role of Family Doctor is essential because it is one of the medical specialties that has

the greatest contact with the infant and allows a tight control of the changes in their development. This case further reveals how computer applications that bridge the various levels of care, are central to effective and efficient patient follow-up.

Conflict of interest

no

## **Contribution ID: 987**

### **Presentation form**

Poster

**The ultrasound evaluation of the atrial septal defect in the child is not always enough to decide the intervention.**

### **Authors**

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Atrial septal defect (ASD) is a non-cyanogenic cardiac malformation. It is the second congenital heart disease as frequency and represents 10-16% of all heart defects. ASD is often detected by chance during an echocardiography or when complications occur.

Doctors need to recognize signs and symptoms of these disease and they should perform echocardiography as early as possible. Surgery should be performed before the occurrence of the complications in order to be successful.

The defect closure intervention should be avoided after the Eisenmenger syndrome appears. It is important to use all methods (echocardiogram, chest X-ray, electrocardiogram, cardiac catheterization, MRI or CT scan) with the aim of early diagnosis and to repair the atrial septal defect during childhood to prevent complications as an adult.

We presented the case of a girl with no symptoms, who was diagnosed with DSA at the age of 3 months. After careful monitoring, at the age of 5 years and 9 months, surgery was decided, despite an apparently small size of the ultrasound defect; the child had growth failure, fatigue and an increased gradient right ventricle-right atrium. During the intervention there was found a much larger size of the hole, which was successfully solved by open-heart surgery, using patches to close the hole. The evolution was favorable. Ultrasound investigation may sometimes not give exact relationships to the size of the septal defect. That is why it is necessary to correlate symptoms with investigations in order to decide the therapy.

Conflict of interest

no

## **Contribution ID: 993**

### **Presentation form**

Poster

## Approach to infertility in primary health care

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**Introduction:** The World Health Organization defines infertility as "a disease of the reproductive system translated into the inability to obtain a pregnancy after 12 months or more of regular intercourse and without the use of contraception." Not all couples achieve this goal, and only 50% seek medical help.

The clinician should provide reproductive health care, so a review of the approach to the couple, with anamnesis and specific complementary tests, is needed to support and guide couples.

**Methodology:** The clinician should provide anticipatory infertility care: treat sexually transmitted infections; track cervical cancer; identify risk situations for reproductive health. After the diagnosis should: carry out anamnesis and appropriate tests; refer to specialized centers; provide adequate scientific advice.

**Results:** The anamnesis should be exhaustive, investigating the reproductive history, sexuality pattern, habits, occupational risk, personal history, surgical, habitual medication.

As complementary exams, there should be basal temperature, serologies, hormonal tests, pelvic ultrasound and spermogram.

According to the local protocols of action, the couple should be referred to secondary care, in hospital context.

**Discussion:** Infertility is observed mainly in the context of preconceptional consultation in primary health care and in the consultation of Gynecology and Obstetrics, with the peculiarity of being a difficult subject for the patients to approach, with consequent feelings of daily impotence affecting the couple, and their marital relationship, which is why it should be a problem valued by the clinician, and should be a problem whose physician should have knowledge, to better advise.

Conflict of interest

no

## Contribution ID: 998

### Presentation form

Poster

## Do newborns exposed to aflatoxin M1 from mothers' breast milk ? : a sample in Hatay, Turkey

### Authors

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**Introduction/ Aim:** Aflatoxins are toxic for human health which are mycotoxins that are widely found in food products such as cereals, meat, milk products. Besides

some regional foods contain more aflatoxins. Contamination risk of breast milk with different pollutants including aflatoxins is high. The objective of this study was to determine the levels of AF-M1 in breast milk samples collected from mothers in Hatay.

**Materials and Methods:** Milk samples were taken from 54 mothers who volunteered to participate in the study. Samples were collected as 100 cc without chronic disease and drug use. Mothers were asked to fill in a monthly nutrition questionnaire to reflect their eating habits. Samples were delivered to the research laboratory on the same day under cold chain (+ 4 ° C) and kept at -20 ° C until they were analyzed.

**Results:** According to nutrition questionnaire, 24,1% of mothers eat regional food: sürk everyday and the others eat once per month. Validation performed prior to analysis of samples (Lod-Loq: 0,03ppb- 0,11 ppb). Data analysis is started and 10 samples are analysed until today. Aflatoxins were detected in diverse degrees in breast milk samples: The level of AF-M1 were in the ranges of 0,005- 0, 142 ppb and 5 of them are over the lod 0,03. The analysis of other samples in progress and final results will be presented at the conference.

**Conclusion:** Preliminary results pointed out the exposure of mothers and neonates to AF-M1. Therefore the necessity of protection strategies on mycotoxin contamination in foods.

Conflict of interest

no

## Contribution ID: 1009

### Presentation form

Poster

### Effect of chest physiotherapy on the outcome of children with acute bronchiolitis: evidence-based review

#### Authors

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**Introduction/Aim:** Physiotherapy is widely provided to children with acute bronchiolitis although its benefit on the outcome remains uncertain. NICE guidance says that it should not be given but it is recommended by the French National Consensus Guidelines.

**Methodology:** Search for systematic review research (SR), meta-analysis (MA) and randomized clinical trials (RCT), published in the last 10 years, with the Mesh terms: "Acute Bronchiolitis" and "Physiotherapy". Databases selected were Medline, Cochrane, NHS evidence and BMJ. Articles considered relevant were selected. The recommendation strength was evaluated with the SORT scale by American Family Physician.

**Results:** Out of the 24 articles found, we selected 1 SR and 5 RCT. The SR does not recommend the use of respiratory physiotherapy and four RCT showed no association with a better outcome. Two RCT additionally indicated no effect in reducing hospital stay or length of oxygen therapy. Another one found an increase in

vomiting and transient respiratory destabilization without any benefit. Just one RCT found advantage because authors linked both the increase of O<sub>2</sub> saturation one hour after chest physiotherapy and the increase of the tidal volume to the improvement of bronchial sputum clearance.

**Conclusion:** Five studies revealed no improvement of the outcome in children with acute bronchiolitis with physiotherapy and significant side effects were found. One RCT linked the improvement of bronchial sputum clearance with increased O<sub>2</sub> saturations. More studies are needed with more controlled trials and larger samples to show no benefit of chest physiotherapy in acute bronchitis and significant side effects.

Conflict of interest

no

## Contribution ID: 1016

### Presentation form

Poster

### Fever in pediatric age – analysis of data made to parents and educators

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**Aim:** Fever is a common sign in children and a source of anxiety for caregivers, often associated with unfounded fears and myths. As such, it is often subject to excessive procedures and consumption of health resources.

We aim to evaluate the knowledge and attitudes regarding the fever of caregivers of children followed in primary health care (PHC).

**Methods:** Study design: Cross-sectional descriptive study. Environment: 2 Family Health Units, Lisbon region, Portugal. Participants: Parents / caregivers of users between 0 and 17 years who attended the routine visit during March 2017. Methods: We applied a pre-tested and non-validated questionnaire.

There were 158 questionnaires, which have been presented previously, but still without analysis and discussion of the results, which we propose to carry out.

**Results:** It was concluded that most caregivers use a thermometer to quantify fever, but that the minority knows the appropriate temperature values. It was concluded that most of them are adequately medicated with acetaminophen in the presence of fever. Most go to the PHC rather than the hospital. A quarter believe that fever is dangerous. The majority believe that the appearance of teeth can cause a fever.

It was found that lower levels of maternal schooling, the unemployed and younger parents were associated with worse results in the research.

**Conclusions:** This study reveals the persistence of ignorance and unfounded fear of fever, which will condition unnecessary interventions and excessive consumption of health care resources. These results remind us of the importance of health education as the basis for PHC.

Conflict of interest

no

**Contribution ID: 1018**

**Presentation form**

Poster

**Use of Whooley's Questions for the screening of postpartum depression in general practice: interest and practicality of this tool**

**Authors**

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**Introduction/Aim:** General practitioners (GPs) have a privileged position to detect new mothers' difficulties. To facilitate the detection of postnatal depression in primary care, Whooley's Questions (WQ) are attracting more and more interest. Our main objective was to evaluate the feasibility and interest of using the WQ in the postpartum period in general practice. We also wanted to promote the screening of postnatal depressive disorders by general practitioners.

**Materials and methods:** Our study is a descriptive cross-sectional survey in two stages. Two questionnaires were distributed, two months apart, to GPs in one French region. They have been invited to use the WQ during this period.

**Results:** A majority of physicians underestimate the prevalence of postnatal depression. After integrating WQ into their practice, a majority of GPs recommend them in routine use in general practice (63.33%) and plan to use them again (66.66%). On a scale to four, returns are positive concerning the acceptability ( $3.22 \pm 0.97$ ), the cost in time ( $3.27 \pm 0.93$ ) and ease of use ( $3.33 \pm 0.86$ ), but rather neutral for utility ( $2.90 \pm 0.97$ ) and the number of additional generated consultations ( $2.38 \pm 1.02$ ). During our study, eight postnatal depressions were diagnosed using the WQ (11.11%).

**Conclusion:** The opinions of the GPs concerning the WQ were overall positive. The WQ, easily integrated into a discussion with the young mother, can contribute to the screening of postnatal depressions. Furthermore, our study helped to make GPs aware of postpartum depression.

Conflict of interest

no

**Contribution ID: 1050**

**Presentation form**

Poster

**BEST POSTER: Eating habits of pregnant women in Poland**

**Authors**

Paulina Pachniak, Maria Malarska

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**Aim:** Analysis of Polish women's approach to diet, lifestyle and healthy habits.

**Materials and Methods:** The research was carried out as a survey given to patients of family medicine office. 789 mothers were examined, whose average age was 35.

**Results:** 64,8% of women has not have any special diet during pregnancy, 20.1% excluded certain products (gluten, lactose) from their diet due to illness. The most frequently reported disease during pregnancy was hypothyroidism (14.8%). Most women (60.4%) reported that they tried to maintain an active lifestyle during pregnancy. However 13.3% of the respondents had to lay during pregnancy due to the threat of a miscarriage. 67.3% of women did not consume alcohol during pregnancy, and 20.9% of them since the moment of news about pregnancy. Interestingly, 38.2% of women smoked during the entire length of pregnancy (from 3-10 cigarettes a day). Most of the pregnant ladies followed diet advice, which they found in the Internet (67.3%) or were given by their doctors (41.2%). 47.4% of pregnant women associate the development of their child with their diets.

**Conclusion:** The diet and its impact on our well-being and health have an increasing share in medical activities. Pregnancy as a very special period in the life of a woman is particularly sensitive to what we eat and which way we live.

Conflict of interest

no

## Contribution ID: 1054

### Presentation form

Poster

### Diet of newborns and infants in Poland

#### Authors

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**Aim:** Analysis of Polish newborns' and infants' growth, diet.

**Material and Methods:** The study was carried out as a survey given to mothers of patients of family medicine office. 646 newborns and infants were examined, whose average age was....

**Results:** Most of the babies were born on the right time (40 weeks +/- 2 weeks), but 42% of them were born by Caesarean section. What is very positive, most of the respondents breastfed their babies for the first time shortly after giving birth, approximately after 15 minutes. 55% did not have any problems while breastfeeding, however, among the most frequently mentioned issues were lack of food and sucking skills of the child. The average age of the infant's dietary extension was 6 months and the most frequently introduced food was boiled carrot. What is very worrying about 20% of the respondents, said their child eats sweets every day and drink carbonated beverages twice or more during the week. Only 10% of parents did not add sweets to their children's diet. Many mothers eliminate certain products from their children diets for example lactose, meat, cocoa due to allergic reactions or problem with defecation or abdominal pain.

**Conclusion:** The diet of newborns and infant in Poland is often healthy and consisted with the recommendation of dietetics. Unfortunately their diets are worsening with an age. They are given sweets and sweetened carbonated beverages many times in a week, which may cause obesity and other diseases linked with it.

Conflict of interest

no

**Contribution ID: 1079**

**Presentation form**

Poster

**Bacterial tonsillopharyngitis - an atypical presentation**

**Authors**

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**Introduction:** Tonsillopharyngitis is usually viral. Pharyngitis itself is easily recognized clinically, however its cause is not. Criteria for testing are controversial. Portuguese national authorities recommend testing with a rapid antigen test when a bacterial cause is suspected; this test is not widely available throughout the country.

**Case report:** Previously healthy 6 years old male, who presented to his Family Doctor's office for rhinorrhea, sore throat, and cough; he was afebrile. His physical examination was normal. A viral upper respiratory tract infection was suspected; the patient was discharged with supportive treatment. He returned four days later, due to a rash on his trunk and arms; he was still afebrile. On examination, he had a very discrete colourless trunk rash. A viral infection was still suspected; the patient was discharged with supportive treatment. Three days later, he again complained of sore throat. A rapid antigen test was requested. Hours later, he developed torticollis and was admitted to the local emergency department, where a peritonsillar and retropharyngeal abscess was diagnosed. He underwent surgical drainage. He was discharged ten days later and has made a full recovery.

**Conclusion:** Despite most cases of tonsillopharyngitis having a viral etiology, the attending doctor must always consider a bacterial cause in differential diagnosis. The absence of fever does not exclude bacterial tonsillitis. Rapid antigen tests are valuable diagnostic tools, especially in atypical presentations. In this patient, a more precocious test would have allowed for a timelier diagnosis and would have prevented the need for invasive treatment.

Conflict of interest

no

**Contribution ID: 1129**

**Presentation form**

Poster

**Reality of the last 3 years in the Obstetrics / Pediatric Services at Amato Lusitano Hospital**

**Authors**

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**Introduction:** In Portugal, the rate of exclusive breastfeeding (BF) till 6 months of age and complementary BF until 2 years of age falls short of what is desirable.

**Objective:** To evaluate the factors related to the initiation of BF and adapted milk (AM).

**Methods:** Retrospective study of the analysis of the Breastfeeding Register (BFR) and the digital clinical processes related to the births that occurred between 2014 and 2016 at the Obstetrics and Gynecology Department of ALH.

**Results:** A total of 1088 cases and reports were analyzed. There were 1,085 live births, 53% of which were female. The most frequent maternal age includes the 30-40 age group; however, in the 40-50 age group, the highest percentage of BF was observed. About 39% of the newborns living in urban areas practised BF during hospitalization. For multiparous women, 46% of their newborns consumed AM during hospitalization. Regarding the type of delivery, there is a higher percentage of BF in the eutocic delivery. In the pre term deliveries, it was observed that 31% of these NBs fulfilled BF during hospitalization. Adapted milk was more predominant in the afternoon and evening nursing shifts. After childbirth, 71% of the newborns completed BF in the first hour of life. It is possible to verify that the hospitalization at the UCERN, weight loss and refusal to take to the breast were the main reasons for the introduction of AM.

**Conclusion:** The promotion of the BF should focus on correcting / avoiding the reasons that motivated the AM.

Conflict of interest

no

## **Contribution ID: 1130**

### **Presentation form**

Poster

### **An Unexpected Etiology of Headaches in the Pregnant Woman**

#### **Authors**

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**Introduction:** The rupture of intracranial aneurysms is a rare cause of morbidity and mortality in pregnancy, and its etiology is multi factorial. The prevalence of intracranial haemorrhage during pregnancy resembles that of the rest of the population. This disease causes high maternal mortality (40% to 83%), being the third largest cause of indirect (non-obstetric) death. In pregnant women, arteriovenous malformations are more frequent between 20-25 years old and the greatest risk of haemorrhage occurs between the 15th and 20th gestational weeks; since aneurysms occur at a later age (30-40 years old) and rupture happens more frequently in the third trimester. The rate of intra-cranial aneurysms in the first, second and third quarters are, respectively, 6%, 31% and 55%.

**Case report:** Pregnant, 33 years old, 34th week of gestation, obese, with hypothyroidism, resorts to Obstetrics Amato Lusitano Hospital with sudden frontal headaches, neck pain, photophobia and a sudden sensation of deviation at labial commissure. A cranium-encephalic computed tomography (CT scan) was performed that revealed subarachnoid haemorrhage, in the context of a probable rupture of a cerebral aneurysm.

**Conclusion:** During pregnancy, hemodynamic stress and hormonal changes contribute to the growth and rupture of aneurysms reaching their peak in third trimester and during labour. In this case, the choice of caesarean delivery and

subsequent realization of endovascular embolization was chosen. Thus, we should be alert to the various simple manifestations such as headaches or ocular changes in pregnant women.

Conflict of interest

no

## **Contribution ID: 1135**

### **Presentation form**

Poster

### **Research protocol on the compliance of iodine intake in preconception, pregnancy and breastfeeding women**

#### **Authors**

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**Introduction:** Iodine has an important role in the growth and development of organs, especially the brain. Adequate iodine intake during preconception, pregnancy and breastfeeding is necessary to meet the needs of the pregnant woman, for the maturation of the central nervous system of the fetus and development, so these women should receive a daily iodine supplement in the form of potassium iodide 150 to 200 µg/ day.

**Objective/Methodology:** Investigate iodine supplementation in pregnant women (W78) in the year 2017 during preconception, pregnancy and breastfeeding at USF Trilhos Dueça. Observational, retrospective and descriptive study including 6 doctors. Study Population: ICPC-2 unit users with W78 in 2017 in database MIM@UF®. Subsequently, to study registries in 2016, 2017 and 2018, recognize iodine prescription in pre-conception, pregnancy and breastfeeding. Exclusion criteria: voluntarily interrupted pregnancy or miscarriage. The data will be processed using Excel®

**Discussion/Results:** Ingestion of iodine during pregnancy is necessary for the maturation of the fetus central nervous system and consequently to neuro-development. According to Portuguese guidelines "Iodine intake in women in preconception, pregnancy and breastfeeding", "in a study carried out with 3631 pregnant women in 17 maternity hospitals, in the Interior, Litoral and Autonomous Regions of Portugal, it was verified that the intake of iodine was insufficient according to the recommendations of WHO", so I consider it's important to investigate compliance with the standard for further intervention if necessary.

Conflict of interest

no

## **Contribution ID: 1213**

### **Presentation form**

Poster

### **When the kick makes the diagnosis**

#### **Authors**

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Family Doctor should be able to provide permanent care to his patients, knowing the subtleties of each one. Besides, knowing family dynamics allows a correct diagnosis and avoid episodes of family crisis, minimizing family dysfunctions.

S, a 4-year-old male, family in phase III Duvall Cycle. In the appointment the child maintains in his father's lap, prostrated, behavior that raises suspicion since he was an active and curious in previous evaluations. Two days before he was evaluated at Emergency Service of the Pediatric Hospital for vomite, diarrhea and fever, diagnosed with Gastroenteritis. Since this episode there was less episodes of vomiting and diarrhea, with wider peaks of fever, yet staying more prostrated.

At the medical examination he lays down in defense position (fetal position). He had poorly defined pain, abdominal noise is increased. When touched in his belly, he kicks the doctor in the face. No other major changes. Referred to urgency for aggravation of abdominal complaints.

Because the parentes don't give any information, they were contacted few days after, indicating that he is at the General Surgery internment. He was diagnosed with an acute appendicitis perforated. In hospitalization, due to the maintenance of abdominal pain, ultrasound was performed, showing an abscess, requiring triple antibiotic therapy.

The proximity that defines the work done by the family doctor allows him to know his patients in a detailed way, knowing the subtleties of each one. The inespecificity of symptoms at the pediatric age are a challenge to clinical practice.

Conflict of interest

no

## **Contribution ID: 1233**

### **Presentation form**

Poster

### **Acute hemorrhagic edema of the infant: a case report**

#### **Authors**

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**Introduction:** Acute hemorrhagic edema of the infant (AHEI) is a leukocytoclastic vasculitis that affects children between 3 months and 2 years of age, with a benign prognosis. It is characterized by the rapid appearance of purpuric lesions that affect the face and extremities. It has similarities to the Henoch- Schönlein Purpura (HSP), but they are two different clinical entities.

We present a case in a three years old infant.

**Clinical case:** A three years old male with sudden onset of macular rash on the ears, cheeks, hands and feet and lower extremities. When urticaria is suspected,

treatment with antihistamines is initiated. At 24 hours after onset, the rash is maculopapular, with ecchymoses extending to the upper and lower extremities. The trunk is respected.

Personal antecedents: atopic dermatitis. Recurrent wheezing.

Family background: African father.

Exploration

Good general condition. Normal blood pressure

Characteristic rounded targetoid-shaped purpuric lesions are located in ears, cheeks and extremities. Ankle and left hand show edema.

Rest normal exploration.

Supplementary tests

Hemogram: normal in the three series. Coagulation and PCR: normal.

Urine: normal.

**Evolution:** A dermatologist confirmed the diagnosis. The lesions were clarifying and they are resolved without complications in the course of 15 days.

**Conclusions:** AHEI is a rare entity. The importance of its recognition by Pediatricians is that although it has a sudden onset and apparent severity, it is nonetheless of a benign nature.

It must be differentiated from HSP, where the ecchymotic lesions are accompanied by other digestive, joint and sometimes renal manifestations.

Conflict of interest

no

## Contribution ID: 1239

### Presentation form

Poster

### Urinary tract infection due to *Citrobacter freundii* in infants: case report

#### Authors

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*Citrobacter freundii* in a gramnegative bacillus involved in the etiology of bacteremia, meningitis, diarrhea and brain abscess in immunocompetent patients. It has also been linked to severe sepsis in premature infants as well as urinary tract infections.

**Case report:** Male infant of one month and 27 days showing in previous 48 hours: fever up to 38° C, crying and irritability.

He was a healthy baby born at term with a neonatal weight of 2950 gr.

Family history: no clinical interest.

Physical exploration:

He was irritable and crying hard to console. No other signs of interest were found in the systematic physical examination.

**Supplementary tests:** Blood test: leukocytes: 8560x10<sup>9</sup> / L; PCR: 2.9 mg / L, procalcitonin: 0.05ng / mL

Urinary culture (catheter-obtained): *Citrobacter freundii*, producer of chromosomal ampC strain. Mutants resistant to third-generation cephalosporins and monobactam could be selected, but sensitive to gentamicin.

Blood culture. Negative.

Renal ultrasound. Normal.

**Evolution:** Our patient was admitted to receive intravenous antibiotic treatment due to high risk of bacteremia and serious complications.

The clinical evolution was satisfactory.

**Conclusions:** Urinary tract infections due to *Citrobacter freundii* are rare in patients outside the hospital but the risk of serious complications must be considered for its management.

Conflict of interest

no

## Contribution ID: 145

### Presentation form

Poster

### Charles Bonnet Syndrome: always present in the differential diagnosis of hallucinations in the elderly?

#### Authors

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**Introduction:** Hallucinations are defined as a perception in the absence of an external object or stimulus. The individual is totally convinced of the reality of this perception. The possible causes in the elderly are dementia, psychiatric disorders, delirium or drugs.

Clinical case: An 84-year-old woman consulted for occasional visual hallucinations manifested as children sitting next to her, without auditive perception. She is aware that they are hallucinations. The patient has no history of neurological or psychiatric diseases, only hypertension and severe binocular glaucoma. There was no change in her treatment before the onset of the hallucinations. The patient was studied by CT, MRI, EEG and lumbar puncture, objectifying only discrete alterations attributable to age.

**Results:** In the case presented, based on the normality of the complementary tests, the visual deficit and the clear perception of reality, the diagnosis was oriented as Charles Bonnet Syndrome (SCB). Vision loss is a required symptom in SCB. Hallucinations are often clearly described either in details or in location. The awareness that the images are not real is necessary for the diagnosis. The absence of consciousness should make us think of other possible causes. Differential diagnosis should include neurological and psychiatric diseases. Pharmacological treatments should also be taken into account.

**Conclusions:** A clear history of visual hallucinations in an elderly patient, with associated ocular disease, who is aware of the unreality of hallucinations, should

make us suspect the possibility that we are facing a possible case of Charles Bonnet syndrome.

Conflict of interest

no

## Contribution ID: 243

### Presentation form

Poster

### Measuring the risk of intracerebral haemorrhage (ICH) with the HAS-BLED score.

#### Authors

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**Introduction/Aim:** ICH incidence rises amongst chronic complex patients (CCPs) because of their higher comorbidity, polipharmacy and age. This suggests a need for strategies to improve its prevention. We know little about predictor tools of ICH events. We aim to test the HAS-BLED score as a possible prognosis score of ICH in CCPs.

**Methods&Results:** Multicentric, prospective and observational study of CCP cohort in primary care teams, identified from the Catalan Health Institute Registry from 01/01/2013-31/12/2017. The subjects included met at least four of the CCP criteria following the Prevention and Attention of Chronicity Program(1). None had suffered an ICH episode previously. Demographic, clinical, functional, cognitive and prescription variables and the HAS-BLED score. We carried out a descriptive analysis, adjusted Odds Ratio (IC 95%) and ICH risk stratified by HAS-BLED score. Primary outcome: ICH episode, end of study or death. 3594 CCP were included. The ICH overall incidence density was 15.05/1000people/year (CI95% 12.8-17.6) without differences by sex. ICH cases had more prevalence of HTA (p=0.017), previous ischemic stroke (p<0.001), dyslipidemia (p=0.05) and antiplatelet drugs (p=0.006). Those with HAS-BLED score  $\geq 3$  presented a higher ICH incidence density (21.1/1000/year vs 5.2/1000/year, p<0.001) and OR=3.48 (IC95%=1.86-6.49; p<0.001). The independent outcome factors were: HTA [HR 1.56 IC95% 1.11-2.20; p=0.010] and antiplatelet drugs [HR 1.60 IC95% 1.04-2.48; p=0.03].

**Conclusion:** The HAS-BLED score identifies CCPs with a higher risk of ICH avoidable risk factors in our daily practice.

Conflict of interest

no

## Contribution ID: 294

### Presentation form

Poster

### BEST POSTER: An educational video intervention to increase advance care planning In a geriatric clinic: A Randomized Controlled Trial

## Authors

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**Introduction:** Advance care planning should ideally be discussed with every geriatric patient in the ambulatory settings. However, only a small percentage of our geriatric patients have had the discussion with their providers. We hypothesized that an educational video intervention would better promote interest compared to verbal communication alone.

**Objectives:** To compare the levels of interest in advance care planning between the educational video interventional group and the control group at the geriatric clinic of King Chulalongkorn Memorial Hospital, Bangkok, Thailand.

**Methods:** Elderly patients (age  $\geq$  60 years) who visited the clinic between November and December 2018 were enrolled and randomized into 2 groups. The intervention group was shown an 8-min video while the control group received standardized verbal communication alone. Participants were administered a Likert scale questionnaire after the intervention. The primary outcome is the proportion of participants who expressed interests in completing an advance directive. The results were analyzed by Pearson Chi-square.

**Results:** Of the 106 enrolled participants (55 intervention group and 51 controls: mean age 67, 83% female), there was no difference in the baseline characteristics between the two groups including age, sex, education, marital status, income, and health status. All participants in video group expressed interests to complete an advance care plan, whereas only 66.7% of the control group did ( $P < 0.001$ ).

**Conclusion:** An educational video significantly increased awareness and interests among geriatric clinic patients compared to verbal education alone.

Conflict of interest

no

## Contribution ID: 323

### Presentation form

Poster

**Transient global amnesia, a case review from primary health care's approach.**

### Authors

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Aim: Transient global amnesia is a benign disorder with temporary loss of anterograde memory that occurs suddenly and lasts less than 24 hours. It has a prevalence of 3-5 cases per 100.000 habitants in Europe. It's more frequent in patients older than fifty years old. Materials and Methods: 68-years-old female patient, with a history of refractory lumbosciatic syndrome of two months of evolution, who consulted accompanied by her husband who described a state of

confusion and short-term memory loss of one hour of evolution. She didn't know what she was doing and why, although she remembered her identity and that of her relatives. She continually asked the same thing without remembering what she had done previously, with a perfect capacity of preservation of the events of the past. There was no alteration in the level of consciousness or language. Results: Neurological exploration: conscious, disoriented in time and space, without signs of neurological focality. Hemogram, biochemistry, coagulation, electrocardiography, chest x-ray, computed tomography and skull magnetic resonance; ultrasonography of supra-aortic trunks without pathological findings. The patient fully recovered the memory after 8 hours. Conclusion: Despite of being a benign and self-limited disorder, it's important to monitor patients during the episode until the resolution of the symptoms, as well as reassure their relatives and the patient. All of this, after making the differential diagnosis with other pathologies such as: hypoglycemia, cranioccephalic trauma, epileptic seizures, acute stroke, toxics, psychiatric symptoms or brain tumors.

Conflict of interest

no

## **Contribution ID: 523**

### **Presentation form**

Poster

### **Nutrition Screening in Geriatric Care**

#### **Authors**

Madalena Monteiro

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**Introduction:** Malnutrition is a common health problem in the elderly and its cause is multifactorial. Early detection is the key for a earlier intervention so we can reduce the morbidity and mortality associated.

**Methods:** Search on Pubmed database and Evidence-Based Medicine sites of articles published in English

**Results:** Nutrition screening is defined as "the process of identifying patients, clients, or groups who may have a nutrition diagnosis and benefit from nutrition assessment and intervention by a registered dietitian." Malnutrition and frailty require anthropometric assessments, which include weight, height, mid-arm muscle circumference, and triceps skin fold. An complete physical examination can provide supporting evidence of nutrient deficiencies and factors that could affect diet intake. There are many screening tools validated specific to the older population, these tools include questions on changes in diet intake, weight loss, mobility. Other tool is BMI, but in older adults we should consider higher cutoff points because they shorten with age and have a smaller proportion of lean body mass, so consider BMI less than 21 kg/m<sup>2</sup> to identify malnutrition. Serum markers, including serum albumin and prealbumin.

**Conclusion:** A nutrition screening can contribute to plan nutrition interventions to correct deficiencies and to prevent sarcopenia and frailty.

Conflict of interest

no

## Contribution ID: 544

### Presentation form

Poster

### A case of opioid withdrawal in patients with chronic pain

#### Authors

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*USF Cova Piedade, Almada, Portugal*

**Introduction /Aim:** The use of opioid medications in chronic non-oncologic pain has been increasing. The family physician must develop skills in managing the side effects and as well as in less common aspects such as opioid withdrawal. This clinical syndrome involves varied symptoms such as diarrhea, abdominal cramps and anxiety, typically associated with abrupt cessation or a marked decrease in opioid use.

**Materials and Methods:** Case report

**Results:** Man of 90 years, married, with great difficulty in walking, partially dependent on daily life activities. Clinical history of chronic pain syndrome in the context of gonarthrosis and coxarthrosis. Medicated with opioid drug, with good pain control. In October of 2018 he was observed at home for complaints of constipation and abdominal colic. He had stopped the opioid on his initiative two days ago, having aggravated abdominal pain. It was recommended to control constipation with diet and introduction of osmotic laxative. He resumed usual opioid medication for chronic pain. Having improved constipation and abdominal pain. In November 2018, after having abruptly stopped taking opioid, he again had the same complaints of abdominal pain that reverted as soon as he resumed medication. Given the characteristics of the clinical picture, it was assumed to be a symptom of opioid deprivation.

**Conclusion:** Although abstinence syndrome is rare in patients taking opiate for chronic pain, the family physician should be aware of these symptoms because sometimes it is a case of poor adherence to treatment and a worsening of the patient's quality of life.

Conflict of interest

no

## Contribution ID: 678

### Presentation form

Poster

### BEST POSTER: Anticholinergic load, a safety problem in Primary Care

#### Authors

Purificacion Alquacil Martinez<sup>1)</sup>, Erika Mendez Owen<sup>1)</sup>, Vicente Olmo Quintana<sup>2)</sup>, Pedro Saavedra Santana<sup>3)</sup>, Antonio Garcia Mendoza<sup>1)</sup>, Odalys Almarales Alvarez<sup>1)</sup>, Roberto Ramirez Ramirez<sup>1)</sup>, Gloria Calero Gonzalez<sup>1)</sup>, Josefa Medina Roque<sup>1)</sup>, Raquel Moreno Perez<sup>1)</sup>

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**Introduction:** Polypharmacy, potentially inappropriate prescriptions and adverse effects are common in elderly multi-pathological patients. There are tools to help the prescription. The anticholinergic load is defined as the cumulative effect of taking medications with anticholinergic properties.

**Objective:** To review the anticholinergic load of the patients studied and minimize it to avoid adverse effects.

**Material and Methods:** Cross-sectional descriptive study (October - November 2018) included in a prospective project approved by the Committee of Ethics of Drug Research on potentially inappropriate drugs in people over 65 years of age. -Variables: age, sex, anticholinergic load level and attributable adverse effects. Review of electronic medical records in Drago AP and Pharma Canaria codified for compliance with confidentiality, and the statistical package SPSS23. The quantitative variables are summarized as mean and standard deviation, or median and interquartile range for asymmetric distributions. Qualitative variables are described by distribution of absolute and relative frequencies. -Inclusion criteria: Patients older than 65 years assigned to the basic zone of urban health, with anticholinergic load obtained through the software ([www.anticholinergicscales.es/](http://www.anticholinergicscales.es/)) that facilitates the calculation by means of 10 scales in a single step and identifies patients at risk.

**Results:** Target population 2699 (20.42%) over 65 years. In 416 patients, we found 91 (21.87%), with an anticholinergic load level without risk, 278 (66.83%) with medium level and 47 (11.30%) with high risk.

**Conclusions:** It is necessary to reduce the anticholinergic load of our elderly patients due to safety problems (falls, dementia). New anticholinergic drugs not included in the software may underestimate it.

Conflict of interest

yes

## **Contribution ID: 718**

### **Presentation form**

Poster

### **Assessment of falls in elderly**

#### **Authors**

Marina Jotić Ivanović

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**Introduction/Aim:** The major problem that elderly usually face are the falls. A fall is a sudden, unintentional change of body's position which leads a person falling to a lower level, an object, floor or ground, with or without injuries, and not a consequence of a sudden paralysis, an epileptic seizure or some outer force. To determine the risk of falling among people aging 65 or more, and the interconnection between the risk and the chronic diseases, polypharmacy and medicine.

**Materials and Methods:** The survey was conducted in the team of family medicine number 87 Educational Center Primary Health care Center Banja Luka, from 27.07.2015. to 31.05.2016. Elderly Fall Screening Test (EFST), a general questionnaire considering medicine and chronic diseases, was used in this survey.

**Results:** 101 examinees, 33 males (32,7% ) and 68 (67,3%) females. The average age was 72,5 years. EFST had shown a very high risk of falling among the elderly ( $p=0,000$ ). Diabetes mellitus and musculoskeletal disease were related to a higher risk of falling and number of falls. Polypharmacy was not related with a high risk of falling and number of falls. Spearman's correlation analysis had shown the relation between number of medications and number of falls. Diuretics were significantly correlated with the high risk of falling ( $p=0,01$ ).

**Conclusion:** Almost half of the examinees had a high risk of falling. The task of a family doctor is to estimate the risk and to influence the reduction of the risk factors. Conflict of interest  
no

## Contribution ID: 731

### Presentation form

Poster

### "With the eldest - the greatest (attention to details)"

#### Authors

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**Introduction:** 92 year-old male, diagnosed with HBP, diabetes, hypercholesterolemia. Treated with: 100/12.5mgLosartan/HCTZ, 20mgAtorvastatin, diet. Last BT: 3months before. Independent person, does shopping and meals, once a week receives help with house chores.

**Methodology:** clinical case description

**Results:** 4kg weight loss in 2 months and experienced dizziness and instability probably because of low BP, that didn't address to GP. Current episode: he called his GP, as he fell and hurt his right forearm after experiencing dizziness and loss of consciousness while he was doing himself up. He presented intense pain, cold sweat, dizziness, and middle third forearm deformity. PE: BP:100/54mmHg, DG:124 mg/dl, O2Sat:95%, HB:102 bpm. Right forearm: deformity and crackling in middle third of radius and cubitus, stiffness. He was referred to the hospital. X-ray showed multiple fracture of radius and cubitus, he underwent surgery. He was admitted in internal medicine as in post-operative period he presented low BP, an acute confusion syndrome and from that point he developed urinary incontinence. He was discharged after a week, with a forearm splint, 10mg atorvastatin and 50mg Losartan.

**Conclusions:** 4kg weight loss lowered BP, with no GP visits; he continued on the same medication, experiencing pre-syncope and orthostatic low BP. After the fell, he became dependent and temporarily pads user (now he is on sphincter control re-education). We should periodically revise medication in elder patients and supervise

their vital changes in order to go ahead of possible side effects of chronic medication and avoid major/serious consequences.

Conflict of interest

no

## Contribution ID: 777

### Presentation form

Poster

### Central versus peripheral facial nerve palsy

#### Authors

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**Introduction:** 82 year old male refers facial pain and asymmetry of right side of the face from the last 2 hours.

**Material and Methods:** Patient was unable to close his right eye or smile, and the mouth was deviated to the left side, he lost frontal wrinkling, lost nasolabial fold and present Belle's phenomenon. No complain from vertigo, headache, nausea or vomiting. No taste and hearing disorder. Neurologic exam normal.. He was able to communicate appropriately. The patient had been treated for an Herpes Zoster infection recently.

**Results:** With the diagnosis of Bell's palsy, treatment with corticosteroids was initiated and improved completely without neurological deficit. Bell's palsy is the most common cause of unilateral facial paralysis.

**Conclusion:** It is a facial paralysis of unknown origin, is essential to rule out other causes of facial paralysis before making the definitive diagnosis. Etiology is unknown. A detailed history, thorough clinical examination, appropriate laboratory investigations and imaging modalities should be carried out in patients with facial palsy to correctly identify its cause. Facial nerve palsy can be distinguished from a central facial nerve lesion (due to stroke or tumor), which is confined to the lower face. Eyelids and forehead were spared, allowing patients to furrow brow and close their eyes tightly. Reflex movements are preserved while voluntary movements are affected. Most patients improve completely with outpatient therapy. Management includes eye protection, corticosteroids or anti-virals. Favorable prognosis is associated in a single episode, is painless, involves only partial paralysis of the peripheral

Conflict of interest

no

## Contribution ID: 781

### Presentation form

Poster

## Distinguishing depression from dementia in the elderly: a case report

### Authors

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**Introduction/Aim:** Memory problems in the elderly are a frequent reason for consultation in primary health care. Dementia and depression are common and may be confused with each other due to the similarity of their presentation, as well the fact that they usually come together or with a small temporal window between them.

**Materials and Methods:** Consultation of the clinical process and bibliographical research.

**Results:** An 72-year old female patient, married, living with her husband, retired, worked as an accountant. Came to a medical appointment with complains of apathy, sadness, and sleepiness in the last few months. She had been showing less interest in housework and spoke about her difficulties in paying groceries and episodes of memory lapses. The diagnoses considered were depressive disorder with cognitive impairment or dementia with depressive symptoms. Taking into account her personal history of depression, she began treatment with sertraline, showing slight improvement in mood, performance and cognitive function. Recently, she experienced worsening in memory lapses, seemed to be slowing down and she needed supervision of her husband for countless activities. Considering the diagnosis of dementia with depressive symptoms she was observed in neurology consultation and she was diagnosed with Alzheimer's disease.

**Conclusion:** The relationship between depression and dementia in the elderly is complex, and the symptomatology can seem very similar. The clinician should be alert to the patient with depressive symptomatology and constantly evaluate their cognitive skills to detect dementia at an early stage.

Conflict of interest

no

### Contribution ID: 829

#### Presentation form

Poster

## Caregiver burnout: a silent health problem

### Authors

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**Introduction/Aim:** The need for caregiving is increasing due to the aging population and the increase of people with chronic disabling diseases.

Caregiver burnout is a condition of physical, emotional and mental exhaustion, which may lead to stress, anxiety and depression. It can not only affect the ability to provide good care, but also place caregiver's health at risk.

The aim of this work is to improve the approach of caregiver burnout in primary health care, identify risk factors and review diagnostic and treatment strategies.

**Materials and Methods:** Research on scientific databases: Pubmed, UptoDate and The Cochrane Library with the MeSH terms: Caregiver burnout, Caregiver burden, Caregiver stress, Caregiver Exhaustion.

**Results:** There are multiple risk factors to caregiver burnout: being a woman, suffering chronic illness, lower educational level, many hours of care, background of depression and anxiety, difficulty solving problems, lacking adequate resources, not asking for help and social isolation.

The symptoms can include depression, anxiety, fatigue, insomnia, anorexia, mental and emotional exhaustion and reduced personal accomplishment.

As treatment strategies, there are psychotherapy and pharmacological treatment, and also psychosocial interventions. Caregiver's rest should be considered, as many times they are so focused on caring for the individual in need of care that forget their own needs.

**Conclusions:** As family doctors we are in a privileged position for detecting risk situations. The prevention and early detection of caregiver burnout are essential. Therefore, it is important to promote regular and systematic evaluation of the caregiver and the individual in need of care.

Conflict of interest

no

## **Contribution ID: 869**

### **Presentation form**

Poster

### **Hip Fracture Approach in the Elderly**

#### **Authors**

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**Introduction/ Aim:** With the aging population, family physicians increasingly participate in the treatment of patients suffering from hip fracture. This approach is global and not restricted to the surgical act, having an important role in the initial approach and rehabilitation. The aim of this work is to summarize the global approach of the elderly with hip fracture.

**Materials and Methods:** A classic review was made, using the following MESH terms "Hip fracture" AND "family medicine" at PubMed database. The articles were selected by pertinence and relevance to the theme and after analysis of the abstract.

**Results:** The main treatment for hip fracture is surgery but family physicians play an important role as patients' medical consultant and as disease and comorbidities managers. Tromboprophylaxis is the standard of care for management of hip fracture. Optimal pain control is crucial for patient's comfort and to facilitate rehabilitation. There are strategies for secondary prevention of hip fractures that physicians can intervene such as prevent future falls, prescribe exercise and treatment of osteoporosis.

**Conclusion:** Hip Fracture is one of the most common and potentially devastating injuries among elderly people. Not only causes an increase in mortality but also increases the likelihood of hospitalization and functional dependence. So it is

important to manage the patient as well as possible to prevent complications and improve the quality of medical care.

Conflict of interest

no

## Contribution ID: 878

### Presentation form

Poster

### Beers Criteria: a guide to avoid potentially inappropriate medication use in older adults

#### Authors

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<sup>4)</sup>General and Family Medicine, USF Eça, Barreiro, Portugal

**Introduction/Aim:** The American Geriatric Society Beers Criteria (AGS-BC) for potentially inappropriate medication (PIM) use in older adults is one of the most frequently consulted clinical tools when considering prescription safety in geriatric care. AGS-BC clearly specifies medication associated with poor health outcomes, confusion, falls, and higher mortality - which use should be carefully thought when considering prescription in elders. Our aim is to assist healthcare providers in improving prescription safety in older adults, through the use of AGS-BC.

**Materials and Methods:** Review the last Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, as comprehensive and practical tool, motivating its use in primary care settings.

**Results:** AGS-BC should be used as a guide for identifying medications for which the risks of their use in older adults outweighs the benefits. Although a useful tool, it isn't meant to be applied in a punitive manner - the physician should always keep in mind his clinical judgment and the patient's values and needs. Prescribing and managing disease conditions should be individualized and involve shared decision-making. These criteria are not applicable in all conditions, and its use should be weighted in patients receiving palliative care. If there are not available alternatives to PIM, and the clinician chooses to continue to use a drug on the list, it should prompt close patient monitoring so that adverse drug effects can be detected earlier and its negative impact prevented.

**Conclusions:** Quaternary prevention is a challenge in developed countries. Targeted interventions to decrease adverse drug events can, ultimately, improve patients' outcomes.

Conflict of interest

no

## Contribution ID: 1006

### Presentation form

Poster

### Trigeminal neuralgia, or something else?

#### Authors

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**Introduction:** Trigeminal neuralgia (NT) is a rare condition, with higher incidence in females and in individuals over 50 years. It's caused by nerve compression of an aberrant vascular pathway and it's characterized by recurrent episodes of unilateral short term pain, with neuropathic characteristics, in the distribution of one or more branches of the trigeminal nerve, triggered by innocuous stimuli. On other hand, Trigeminal neuropathy is characterized by continuous or near continuous facial pain, often described as burn sensation or needle sting, in the distribution of the trigeminal nerve, secondary to trauma, infection, external compression, among others.

**Description:** MAF, 86 years old, single, middle class of Graffar. She went to the Family Doctor consultation because of pain in the right jaw, described as "needles". The symptoms were present for several months, worsening in the last 15 days, with sudden onset and duration of a few seconds. There were no triggering factors, autonomic symptoms, and the pain radiates to temporomandibular joint. We prescribed analgesic therapy with improvement of symptoms. She returns after 17 days, with complaints of pain lasting more than 1 hour and aggravation with chewing. Maxillary CT was requested, which showed the presence of an endo-periodontal process with nerve compression, what justified the pain complains. She was referred to maxillofacial surgery and the right mentonean section was scheduled.

**Conclusion:** In the presence of pain in the location of the different branches of the trigeminal nerve, it's necessary to investigate the presence of trigeminal neuropathy for a better clinical orientation.

Conflict of interest

no

## Contribution ID: 1036

### Presentation form

Poster

### Chronic disease profiles of caregivers of geriatric patients and their selfcare

#### Authors

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<sup>2)</sup>Department of Family Medicine, Ankara Provincial Directorate of Health, Directorate of Public Health Services, Ankara, Turkey

**Introduction/Aim:** In our study caregivers of geriatric home health care patients who registered in home health care unit of Health Sciences University, Ankara Numune Training and Research Hospital (ANTRH) with chronic disease states investigated for managing their chronic diseases and caregiver profile.

**Materials and Methods:** This is a cross-sectional, descriptive study. Suitable information about patients and caregivers obtained from patient files. In addition, a structured questionnaire, which search the status of caregivers, was prepared by the researchers. Information about caregivers was obtained from interviews in routine home health services using this questionnaire.

**Results:** 350 caregivers determined and 213 of them agreed to participate in the study. The mean age of caregivers was  $58.2 \pm 12.4$  years. 81% of the caregivers were family relatives, 13% were paid carers with foreign nationality and 6% were paid caregiver from Turkish nationality. 41% of them were university graduates, 23% were high school graduates. Almost all caregivers were women. 51% of caregivers had at least one chronic disease ( $n = 109$ ) (min:1; max:5). 66 had hypertension, 28; diabetes mellitus, 21; thyroid disease, 12; coronary artery disease and 8; cancer. 95% of patients with chronic disease were taking regular treatment; 77% said that they had regular medical checks. 60% of them said that they could not attend their controls because of caregiving.

**Conclusion:** In our study, most of the caregivers are family member and half of them had at least one chronic disease. When planning home health services, caregivers should not be forgotten.

Conflict of interest

no

## Contribution ID: 1088

### Presentation form

Poster

### Dizziness in primary care - a diagnostic approach

#### Authors

Filipe Bacalhau, Andreia Alves de Castro, Cristiana Antunes, Francisco Ferreira e Silva, João Batalheiro

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**Introduction/Aim:** Dizziness is an imprecise yet common and distressing symptom, frequently encountered in primary care. It is one of the most common complaints among older people with a prevalence of 20-30%. Since the symptoms are vague, primary care physicians must be able to distinguish a benign etiology from a serious situation that requires timely evaluation and treatment. The aim of this work is to review the principal aspects of the diagnostic approach of dizziness creating an algorithm useful for primary care physicians' daily practice.

**Materials and Methods:** A literature search was carried out in Medline database with the MeSH terms dizziness, diagnostic and primary care, selecting publications from january 2009 to january 2019 in the English, Portuguese and Spanish languages.

**Results:** Dizziness can be categorized based on patient's history: presyncope, disequilibrium, vertigo and lightheadedness. Peripheral and central vestibular

diseases are the most frequent causes. However it can be caused, for example, by cardiovascular diseases or polineuropathy. Obtaining a complete medical history is the most critical step in the assessment of dizziness so patient should be asked about the timing and triggers that provoke that symptom. Findings in the physical examination can confirm a peripheral or central etiology and diagnostic exams are reserved for patients with abnormal findings on physical examination.

**Conclusion:** Dizziness' differential diagnosis in primary care often represents a challenge. Although most of causes of dizziness are benign, primary care physician should be able to recognize through a complete medical history and diagnostic tests, life-threatening underlying diseases.

Conflict of interest

no

## **Contribution ID: 1114**

### **Presentation form**

Poster

### **The importance of family assessment in general and family medicine**

#### **Authors**

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**Introduction/Aim:** The family approach is an important component of medical evaluation, especially in General and Family Medicine. We present a case that intends to demonstrate its importance and promote its use when pertinent.

**Case report:** Male, with 85 years old, constituting a single family, after the death of his wife in 2014. It's a patient with history of diabetes mellitus type 2 (DM2), arterial hypertension and osteoarthritis, with good control until 3 years ago, when not only the lack of the female element forced him to be the one preparing his meals, but also the depressive disorder that he developed by he's loss, resulting in social isolation. Towards this non controlled diabetes, it was important to do the family assessment in order to understand where the Family Doctor could intervene and help in the improvement and control of diseases. Therefore, not knowing how to cook it became evident the type of unbalanced food, made with sandwiches and fast snacks, justifying the decompensation of its glycemic control, even maintaining therapeutic compliance.

**Conclusion:** The use of the various instruments of family assessment is important and fundamental in GFM, allowing the MF, perceiving the context / experiences of the user, intervene and establish a managed care plan. In this sense, a plan has been proposed and designed for this user with the most frequent consultation of nutrition, psychology and follow-up by MF, in order to improve and help not only the adaptation to solitude, but also the maintenance of control of their pathologies.

Conflict of interest

no

## **Contribution ID: 255**

### **Presentation form**

Poster

### **Cephalea and blurred vision. Conjunctivitis?**

#### **Authors**

Enrique Almenar Cubells, Veronica Vicent Varon, Alfredo Quiles Raga, Montse Niclos Esteve, Victor Gil Martinez, Enriqueta Hernandez Hernandez  
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**Introduction:** The diagnosis of Vogt Koyanagi Harada disease is based on a complete history and on ocular and extraocular clinical findings, although in some cases additional tests may be necessary to confirm the diagnosis. Diagnostic criteria have been proposed whose most recent revision was published in 2001 by an international panel of experts. According to these criteria, patients may present a complete, incomplete or probable form of VKH disease depending on the extent of the neurological, auditory and dermatological manifestations.

**Background - Objective:** A 57-year-old female patient presented with a sensation of a foreign body and a month-long blurred vision, with intermittent tension-type headache outbreaks associated with a history of migraine. Ophthalmic tobramycin was prescribed for a week but blurred vision and headache persisted, resulting in ophthalmology. No hearing loss or tinnitus. No nausea or vomiting or decreased strength and sensitivity. No vitiligo or poliosis. Without toxic habits.

Methods: Description of a clinical case and review of the literature.

**Results:** Normal basic neurological examination. No stiff neck. No fever Other appliances bland.

Eye fund: papillary edema and some perimacular hard exudate. Arteriovenous cross Analytical with treponema pallidum antibody and toxoplasma negative, HLA B27 negative, no acute phase reactants.

Magnetic resonance without findings

**Conclusions:** The visual prognosis of the patients is generally good if the diagnosis is early and a suitable treatment is prescribed in an aggressive and maintained way in the time, reason why the derivation and the knowledge of this disease is essential.

Conflict of interest

no

### **Contribution ID: 416**

#### **Presentation form**

Poster

### **Leber's hereditary optic neuropathy – a case report**

#### **Authors**

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Leber's hereditary optic neuropathy is a maternally inherited bilateral subacute optic neuropathy caused by mutations in the mitochondrial genome being the most common mitochondrial condition and is characterized by painless severe and permanent visual loss that predominantly affects males and develops during young adult life. Among environmental factors, smoking and alcohol intake may influence

the expression of disease. Central vision is affected more severely. Features other than visual loss may occur.

49-year-old male presented with a painless bilateral progressive decrease in visual acuity for a period of 6 months. No familiar history is known. He was a smoker and had a history of alcohol abuse. The visual acuity was 1/10 on the right eye and less than that on the left. Funduscopic examination revealed an increased cupping of the optic nerve bilaterally. Optical coherence tomography showed a significant nerve fiber loss on the temporal sector bilaterally. Head CT MRI and the fluorescein angiography showed a bilateral optic nerve atrophy. All these findings lead to the presumptive diagnosis of Leber hereditary optic neuropathy. At the time of the submission of this abstract we await the genetic confirmation of the diagnosis.

There is no cure for Leber's hereditary optic neuropathy. Low-vision aids are the primary supportive care offered to patients. Idebenone (coenzyme Q10 analogue) has resulted in visual improvement in some patients. Disease outcome depends of age of onset and the causative mutation. Some patients show spontaneous partial recovery. Complete blindness is rare.

**Keywords:** Leber's hereditary optic neuropathy, mitochondrial DNA mutation

Conflict of interest

no

## Contribution ID: 457

### Presentation form

Poster

### The power of the global visión in Primary Care

#### Authors

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**Objective:** The importance of the patient's longitudinal care eases to make ethiological diagnoses in Primary Care with no more resources than a good anamnesis and exhaustive physical examination.

**Material and methods:** A 28-year old man, with no relevant medical records, came to our clinic with progressive hipogastric abdominal pain with diarrhea and flu symptoms during the past 24 hours. No fever, nor nausea or vomits were referred, and physical examination was normal. Thinking of a viral infection, we prescribed diet, hidration with hiposodic serum and domiciliary observation. A week later, he came again referring changes in his fase. On examination, facial asymmetry was found, with disappearance of both frontal and homolateral nasogenians left folds; he also presented deviation from the mouth to the right and Bell's sign positive for the last 8 hours.

**Results:** Symptoms and history of viral infection, made us suspect a left facial paralysis, so we started treatment with corticoids and asked for consultation with the ophthalmologist and the ear-nose-throat (ENT) specialist to complete the

examination, completed with no pathological findings. The patient is completing his recovery with rehabilitation treatment.

**Conclusions:** As family doctors, we have easy access to the patient and their environment. Being the first professional to consult their health problems allows us to see the patient as a whole. This global vision sometimes makes easier to find out the etiology of their chief complaints, avoiding unnecessary complementary tests and providing a good-quality service.

Conflict of interest

no

## **Contribution ID: 822**

### **Presentation form**

Poster

### **An anodyne mydriasis**

#### **Authors**

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**Introduction/Aim:** A 33-year-old woman with no relevant medical history who comes to the clinic because she has noticed her left pupil larger than the right one for two days without reaction to light. It does not present visual alterations or loss of vision, except slight discomfort when it is in very bright places or with intense direct light. It's referred to the emergency department for study.

**Materials and Methods:** Good general condition, alert, conscious and oriented. Mydriasis in the left eye, with normal MOES. Eye fundus with well-defined papillae. Rest of cranial nerves normal. It has no motor focal, with preserved reflexes, no diameters, preserved surface sensitivity, normal gait, tandem, no stiff neck or meningeal signs. Hemogram: leukocytes 6200, Hb 13, VCM 86, platelets 28500, neutrophils 3500 (64%). Biochemistry: glucose 124, urea 17, Cr 0.7, sodium 137, potassium 4.3, AST / ALT 24/12, CK 71. Coagulation: INR 0.9, TP act 100%. Cranium scanner: normal. Study admission was decided, performing Test with 2% pilocarpine eye drops, producing positive pupillary contraction with pilocarpine response and confirming the diagnosis of ADIE SYNDROME.

**Results:** Adie tonic pupil.

**Conclusion:** Adie's pupil is a neurological disorder manifesting with an anomaly in pupillary size and response. It's unilateral, with one of the pupils dilated and with response to light and accommodation decreased in direct and consensual reflex. It occurs in young patients between the second and fourth decade, with a prevalence of 70% in women. It's a benign problem, where the important thing is to reassure the patient, informing that it tends to improve over time reducing mydriasis

Conflict of interest

no

## **Contribution ID: 1178**

### **Presentation form**

Poster

## Out of sight: The insidious impact of birdshot chorioretinopathy on a multifactorial clinical case

### Authors

Carolina Reis, Bruno Teixeira da Silva, Cristiana Craveiro, Miguel Pires  
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**Background:** Birdshot chorioretinopathy (BC) comprises a rare form of late-onset, bilateral, chronic intraocular inflammation of putative autoimmune etiology. Often progressive, this condition may lead to complete visual loss, with serious consequences for a patient's life. Here we describe a clinical case illustrating the impact of this condition on a complex clinical scenario.

**Methods:** Case study: anamnesis and clinical record analysis.

**Results:** We investigated the case of a 60-year-old man who worked in waste managing and presented a history of hypertension, dyslipidemia and diabetes (with retinopathy) – medication included bisoprolol (5 mg), fluvastatin (80 mg) and metformin + sitagliptin (1000 mg + 50 mg). The subject underwent ophthalmological treatment until 2015 but abandoned it due to financial difficulties. In 2018 the patient requested an appointment in his primary care centre seeking to renew his driver's license. The observation of a serious visual impairment led to a new referral to ophthalmology, ensuing BC diagnosis and pharmacological therapy with azathioprine, but a partial loss of vision could not be reverted. Presently, the patient is incapable of discriminating faces, reading, watching TV and suffers recurrent falls. Given the installation of depression, he has become resistant to guidance and mobility training and has been proposed for retirement. His situation strongly disrupts the emotional balance of the family.

**Conclusions:** This case clearly demonstrates how socio-economic variables may determine the clinical evolution of patients and the crucial role of primary care in integrating clinical and psycho-socio-economic conditions in the optimisation of patient care.

Conflict of interest

no

### Contribution ID: 9

### Presentation form

Poster

### Reactive arthritis differential diagnosis. A case report

### Authors

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Reactive arthritis (ReA) is a rheumatologic disease characterized by non-purulent arthritis, which occurs 1–4 weeks after gastrointestinal or genitourinary infections. Although mostly caused by bacteria, there are a growing number of viruses that include parvovirus, hepatitis virus, and HIV. Generally, joint symptoms usually

resolve in three weeks, but in some cases, they may remain for months. Parvovirus B19-associated arthritis does not cause joint destruction.

A previously healthy 27-year-old woman had presented at our clinic with bilateral knee pain. She also presented wrist, ankle and hands pain since 15 days ago. She worked as a summer camp monitor with children. She explained sore throat 2 days ago which autolimited. She didn't show cutaneous lesions

Physical examination revealed hot, swelling and tenderness of bilateral wrist, MCP, proximal interphalangeal and ankle joints. Laboratory studies showed parvovirus IgM +, IgG-. Hemogram, liver and renal function showed no abnormalities. Rheumatoid factor and ANA were negative.

After 7 days taking NSAIDs all symptoms disappeared and our patient remained asymptomatic.

Conflict of interest

no

## Contribution ID: 19

### Presentation form

Poster

### Woman with confusional syndrome and fever

#### Authors

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**Introduction:** The suspicion of meningoencephalitis is not always easy because many times they do not follow the typical pattern. The aim in this case is to reach the diagnosis in case nothing clear.

**Methodology:** Review of the clinical report of a patient woman of 72 years old seen in the emergency department of Mollet's Hospital.

Anamnesis: Patient presents 3 days before her admission, fever (38,5 C) and headache. In the last 24 hours it is also added general discomfort, confusion like delirium, expressive aphasia, ataxia, insomnia and severe headache, and finally inappropriate behavior. Physical exploration: BP 153/94 HR 69 x' T 36 SpO2 94% Cardiovascular: Normal Respiratory System: Normal Neurological: Glasgow 15. No meningism. Normal cranial nerves. Complementary explorations: Analytics: Leukocytes 6.410, Glucose 97 mg/dL Urea 53 mg/dL, Creatinine 0.79, FG >60 Urine sediment: Normal Chest X-Ray: Normal Cranial TC scan: Normal.

During her stay in the emergency room, her neurological condition worsens and the fever reappears. It is decided to start antibiotic coverage with ampicillin, acyclovir and ceftriaxone to suspect meningoencephalitis.

It was also performed a lumbar puncture and a cerebral nuclear magnetic resonance that shows: Increased signal in T2 and flair in mesencephalon and bulge suggesting rhombencephalitis. Lumbar puncture: PCR positive to enterovirus.

**Results:** Patient was diagnosed with enterovirus meningoencephalitis

**Conclusions:** The presence of fever, headache, and confusional syndrome are common to many diseases, but the possibility of meningoencephalitis must always be considered in a patient with no improvement despite the treatment established..

Conflict of interest

no

## **Contribution ID: 121**

### **Presentation form**

Poster

### **BEST POSTER: An unexpected cause of stomatitis - a case report**

#### **Authors**

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**Introduction:** Stomatitis, an inflammatory process that affects oral cavity and oropharynx, may have several etiologies: infectious, autoimmune, traumatic, neoplastic, iatrogenic.

**Methods:** Case report with information obtained through consultation of the patient and her clinical process.

**Results:** Female, 55 years old, hairdresser, from a functional nuclear family; medical history of asthma; medicated with budesonide and formoterol. In an appointment with her Family Physician (FP), she complained of recurrent non-painful or exudative oral canker sores since the previous two months, which she related to the onset of inhaled corticosteroids and a macular rash, not itchy, covering trunk and limbs. Genital ulcers, arthralgia, or red eye were denied. Oral nystatin, antihistamine and topic antifungal were prescribed, without resolution of the oral lesions. Due to increased inflammatory markers and the suspicion of an autoimmune disease, she was referred to Internal Medicine consultation. Afterwards, an irregular erythematous plaque emerged on her palate, which didn't resolve with colchicine or fluconazole. The complementary study revealed: a negative pathergy test; negative autoantibodies; a normal upper endoscopy and reactivity to *Treponema pallidum* antibodies. Analysis of the biopsied oral plaque showed nonspecific inflammation. She initiated penicillin 2.4 m.u. once a week, 3 weeks, with oral lesions regression two days after the first dose.

**Conclusion:** This case warns about the multiple possible syphilis presentations. Oral cavity ulcerated lesions are frequent in secondary syphilis, which frequently also occurs with skin lesions. Despite the nonspecific manifestations, FP may consider this etiology and play an important role in recommending partner screening and preventive measures.

Conflict of interest

no

## **Contribution ID: 127**

### **Presentation form**

Poster

## Jarisch–Herxheimer reaction during therapy of neuroborreliosis

### Authors

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**Introduction:** Jarisch-Herxheimer reaction implies trembling, headache, temperature, rash, meningitis, respiratory problems, liver, kidney and heart dysfunction during antibiotic treatment of Lyme disease.

**Case report:** A 47-year-old patient in May 2016 had circular redness on the thigh, fatigue, myalgia, nausea and headache. *Borrelia burgdorferi* IgM antibodies were positive. She took doxycycline 200 mg/day, four weeks. Western blot IgM and IgG were positive. Retreated with Azithromycin, 500 mg/day, three weeks. Next year, there was a sleep and memory disorder, fatigue, dizziness, right leg paresthesia, burning in the soles, decreased sensitivity and right foot hyperreflexia. Electromyography showed axonal degeneration of the right peroneus and the tibialis. Pleocytosis (5 leucocytes/mm<sup>3</sup>) and intrathecal IgG were found. Magnetic resonance of the head in order. Neuroborreliosis was diagnosed and treatment included ceftriaxone, 2 grams/day, three weeks. After the second dose, trembling, myalgia, headache, nausea, flushed nose, dizziness and nausea started. Temperature 37.8°C. No changes on the skin. The antibiotic was not interrupted, symptomatic therapy was administered, after two days the symptoms stopped. Neurological disorders have not completely disappeared. Titre antibodies still present.

**Conclusion:** Jarisch-Herxheimer reaction occurs in 12.1-18.7% of patients treated for Lyme disease. Causes are multifactorial. Spirochetes release toxins, hypersensitivity is present, phagocytes destroy agents, complements and cytokines are activated. It is often not recognized. Tremor, fever, myalgia and skin rashes are present before the antibiotic, and the worsening is attributed to the underlying disease or allergy. Doctors should expect it during the treatment of spirochete-related diseases and provide appropriate care.

Conflict of interest

no

### Contribution ID: 252

#### Presentation form

Poster

#### Whooping cough. An emerging disease

##### Authors

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**Introduction:** Whooping cough is a highly contagious upper respiratory infection of the upper respiratory tract caused by the bacterium *Bordetella pertussis*. Humans are the only known reservoir. After the incubation and a catarrhal period of nonspecific symptoms, the paroxysmal phase begins with the cough in salvas followed by a deep inspiration with the glottis closed at the end of the paroxysm that produces a typical

stridor. At 3 months it resolves gradually, but the incidence of residual cough in adults can reach up to 50%. In these, the clinic is more latent, with intense and prolonged cough of nocturnal predominance and less paroxysms than in the child population, which contributes to underdiagnosis.

**Background - Objective:** A 72-year-old male patient with no personal history of interest presents irritative cough of two months of evolution, without expectoration, without fever or pleuritic pain, which does not respond to conservative treatment and to azithromycin regimens and subsequently to moxifloxacin. Due to the absence of improvement it is derived to Pulmonology for study.

Methods: Description of a clinical case and review of the literature.

Results:

Normal oropharynx. ACP: normal. Oxygen saturation 96

Chest x-ray: no pathological findings.

**Conclusions:** Sputum culture and nasopharyngeal aspirate with positivity for *Bordetella Pertussis* were performed in specialized consultation, with the same diagnostic orientation as Primary Care. The importance of the anamnesis and the thorough physical examination is clear to be able to make a correct differential diagnosis and not produce diagnostic delay, which can be harmful for the patient.

Conflict of interest

no

## **Contribution ID: 302**

### **Presentation form**

Poster

### **Fever that doesn't solve**

#### **Authors**

Paula Colacicchi, Sergio Perez Gonzalez, Irina Rivera Rios

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#### **Introduction/Aim:**

Patient Age: 43

Sex: male

Ethnicity: Caucasian

Disorder: the patient has been noticing high fever (39 degrees, general pain and nausea, maculopapular rash) for the last six days.

He went to emergencies twice and today he is coming for the third time.

Case history:

No surgery

No diseases known so far

Medication: no systemic or local medication

Works as electrician, has been working in a mosquito area, 1-year old kid who's having a "cold" at the moment.

NKA

**Materials and Methods:** The patient arrives to emergency room where we run a physical examination, chest x ray and blood test with no particular findings. We also

run a blood culture for HIV, rose Bengal, coxiella, syphilis, cytomegalovirus, toxoplasma, VEB, Leishmania, Rickettsia and Dengue virus.

**Results:** We decided to admit the patient in Internal medicine and began treatment with doxycycline and ceftriaxone. After the treatment the patient began improving after 72 hs. All the blood cultures done were negative.

**Conclusions:** Always pay attention in patients that shows up to emergencies or private consult more than once, you can't always find the cause of the disease but you can improve the patient's health.

Conflict of interest

no

## **Contribution ID: 321**

### **Presentation form**

Poster

### **BEST POSTER: An unexpected finding on physical examination**

#### **Authors**

Mileydy Paredes Millán, Noemi Bermudez Chillida, Elena Palomino Español, Harriet Phyllis Pinnegar, Laura Plaza Cerrato, Almudena Perez Orcero, Consuelo Simon Muela, Ana M<sup>a</sup> de la Arada Acebes, Jose Miguel Baena Díez, Manel Garcia Laredo  
*Primary Care Center , la Marina, Barcelona, Spain*

**Clinical history:** A 36-year-old caucasian woman, with no relevant medical history, reported 2 days of diarrhea of liquid consistency (10 episodes) that were self-limiting. Afterwards she presented worsening of general condition, odynophagia, papular-erythematous rash in lower hemiabdomen and genitals along with high fever.

Vital signs in the emergency room were a blood pressure of 70 / 50 mmhg and heart rate of 100. Examination revealed tonsillar exudate (smear for Streptococcus pyogenes was negative), skin rash and hepatomegaly. On gynecological examination abundant foamy leucorrhoea was present after removing a tampon. Initial blood test revealed leucocytosis, mild metabolic acidosis, elevated C-reactive protein, urea and blood lactates and acute renal failure.

**Diagnosis:** Suspicion of systemic shock due to a toxic shock syndrome (leucorrhoea, local rash and painful pharyngotonsillitis).

**Action plans:** Code sepsis was activated, the patient was monitored and treatment begun with fluid and empirical antibiotic therapy: Piperacillin / tazobactam + clindamycin + Daptomycin. Prior to treatment, blood and leucorrhoea samples were taken for culture.

**Evolution:** Abundant colonies of methicillin sensitive Staphylococcus aureus were found in vaginal exudate. A diagnosis of staphylococcal toxic shock syndrome of gynecological origin was confirmed (in the context of tampon use). Antibiotics were changed to cefazolin + clindamycin with a good clinical response, resolution of skin rash, diarrhoea, odynophagia, painful hepatomegaly and normalization of renal function and haematological inflammation parameters.

**Conclusions:** Initial management of code sepsis is essential. Sample taking and empiric and early antibiotic therapy is important for quick resolution in cases of sepsis with the ability to adjust treatment according to culture results.

Conflict of interest  
no

## **Contribution ID: 331**

### **Presentation form**

Poster

### **BEST POSTER: Case report and brief review of literature: Q fever miopericarditis**

#### **Authors**

Ariadna Delgado-Sala, Miryam Fornieles, Laura Mesa  
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**Introduction/Aim:** this is a case report about a patient who had some mild symptoms such as dry cough and chest pain related to cough, which resulted into a Q fever miopericarditis. Taking advantage on this case, we proceed to elaborate a brief review of the current literature on the diagnosis and management of the Q fever.

**Materials and Methods:** description of a case and revision of the literature.

**Results:** 38-year-old man who consults for general discomfort, dry cough with 12 hours of evolution, dyspnoea, febricula of maximum 37.7°C and oppressive chest pain related to cough. The physical examination highlights bad general aspect of the patient, oral aphthous ulcers, tachypnea and livedo reticularis on limbs. An ECG was performed, and it showed many changes compared to previous ones. Back in the hospital, he was diagnosed of a Q fever miopericarditis.

**Conclusion:** Q fever is a zoonosis caused by *Coxiella burnetii*, which could course as an asymptomatic infection, an acute and very pleomorphic infection or as a chronic infection affecting both endocardium or bones. The gold standard for the diagnosis is detecting the antigens by indirect immunofluorescence. The duration treatment depends on which stage of the clinic we are treating, and it is based in tetracyclines.

Conflict of interest  
no

## **Contribution ID: 337**

### **Presentation form**

Poster

### **"Doctor, don't tell my wife!" - what to do when a patient asks you to keep a secret**

#### **Authors**

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**Introduction/Aim:** HIV transmission remains a public health concern. In Europe, 1 in 5 people with HIV are unaware of their status. Sero-discordant couples are a challenge at the time of diagnosis raising ethical and deontological issues. This

report overviews what the Portuguese Law states about the management of these situations.

**Materials and Methods:** Patient case report.

**Results:** 45-year-old man, former heroin addict, with no regular follow up in Primary Care, attends an appointment with his wife presenting recurrent anxiety and heart palpitations. During anamnesis the wife leaves the office momentarily and he says: 'Doctor, I'm HIV positive, but don't tell my wife'. He was asked to bring hospital reports and the appointment continued without mentioning HIV. Blood tests, electrocardiography and another appointment are scheduled. The wife was also advised to make an appointment for herself. His hospital reports showed he was HIV positive since 2010, with undetectable viral load and good drug compliance. At her appointment, blood tests were completed (including for HIV), which returned negative.

**Conclusions:** The wife's interest (right of life and physical integrity) supersedes the husband's interest (right of confidentiality). Establishing rapport and a supportive relationship with the patient is vital in discussions about telling the spouse. Family doctors can offer support in doing so, either on the patient's behalf, or in a joint consultation. However, this can only be achieved with open and trustworthy doctor-patient-communication, a central pillar of Family Medicine.

Conflict of interest

no

## Contribution ID: 348

### Presentation form

Poster

### Malignant external otitis and Bell's palsy

#### Authors

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**Description of the case:** A 79-year-old man, type II diabetic, with a recent history of otitis externa due to *Pseudomonas Aeruginosa*, consulted for left retroauricular pain. Received one month ago treatment with oral Ciprofloxacin with pain improvement. But today he consults about the recurrence of the clinic. Afebrile. He also reports hearing loss in the left ear.

Exploration and complementary tests

Left otoscopy: important edema of EAC with positive tragus and exudates, granulomatous appearance, no stench, inability to visualize tympanic membrane. Right otoscopy: normal. Inflammation at the level of the mastoid process and pain upon palpation of the same. NRL: Asymmetry of cranial nerves, peripheral facial paralysis, positive Bell sign. A palpable stony mass at the parotid level. Craneal scanner: Suggestive of malignant external otitis with involvement of the middle ear

and adjacent soft tissues. NMR NECK: Non-specific inflammation of the lower parotid lobe.

**Diagnostic orientation:** Necrotizing external otitis with cellulitis of adjacent tissues due to pseudomonas in the periauricular and parotid territory with involvement of the territory of the seventh cranial nerve.

**Final comment:** The patient was admitted to charge of otorhinolaryngology and operated by mastoidectomy and parotidectomy with improvement. Pain improvement, although hypoacusis and residual vertiginous syndrome persist. After the intervention, crops of otic exudate were collected and were negative.

Conflict of interest

no

## Contribution ID: 384

### Presentation form

Poster

### Atypical secondary pneumothorax

#### Authors

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Poniente, el Ejido, Almería, Spain, El Ejido, Almería, Spain*

**Introduction/background:** 48 years old man of Moroccan nationality. Accompanied by a friend who acts as a translator, without remarkable pathologic history. He went to the Emergency service because of a pain in the left hemithorax, which increased with acupressure and movements for 5 months. He denies infective respiratory clinic, but he refers to dark morning sputum. There is no fever. No dyspnea. He denies constitutional syndrome and he attributes its low weight to Ramadan.

**Objective/Methods:** BP: 110/78. HR: 94 bpm. SatO<sub>2</sub>: 95%. BMT: 120mg/dl. Good general condition, cachectic, eupneic. CA: rhythmic tones. PA: vesicular murmur abolished on left base, no pathological noises.

Complementary tests: EKG: sinus rhythm at 93 bpm. No alterations of repolarization. Hemogram, biochemistry and coagulation without alterations.

Arterial blood gases: acute global respiratory failure.

Chest x-ray: Left pneumothorax. No pleural effusion. Infiltrate in right upper lobe.

Chest CT scan: left anterior pneumothorax. Bilateral paraseptal emphysema. Cotton infiltrates and nodules with cavitation in RLL, to rule out TBC.

Serology: HIV, HBV, HCV: -

BAAR and sputum culture: -

Bronchoscopy: no endobronchial lesions.

BAS BAAR: +

Thoracic drainage tube inserted. Specific TBC treatment is initiated. Favorable evolution.

**Results:** Pulmonary tuberculosis.

**Conclusions:** In a pneumothorax, the first measure is to study and treat a primary or secondary pneumothorax as a complication of lung disease. Main clinic: dyspnea, chest pain ipsilateral to pneumothorax. Diagnosis: chest x-ray where the pleural line

is appreciated and the size of the pneumothorax is estimated. If the diagnosis is not clear (bullae, emphysema), a CT scan is performed.

Conflict of interest

no

## **Contribution ID: 403**

### **Presentation form**

Poster

### **Yersinia bacteremia in Primary Care**

#### **Authors**

Alba Calderó, Sira Casablanco, Laia Montañola, Fernanda Freitas, Carina Fuentes  
*Family and Community Medicine, Primary Care Center Casanova. CAPSBE, Barcelona, Spain*

**Introduction:** Yersiniosis is an intestinal zoonotic infection produced by *Y. enterocolitica* and *Y. pseudotuberculosis*. It is mostly transmitted by food and occasionally by water.

**Case description:** A 25-years old male, type-1 diabetic, who came back from Australia 20 days before, attended primary care because of 39°C fever of 4 days' duration, with diarrhea and abdominal pain in the right lower quadrant. He was diagnosed of acute gastroenteritis and released. Forty-eight hours later, he continued with fever and abdominal pain. Appendicitis and acute surgical abdomen were discarded. Fever persisted 4 days later and blood tests (including CMB, VEB, VHE, coxiella and rickettsia serologies), and blood and stool cultures were requested. Due to the trip, the case was shared with Tropical Medicine Unit and empiric azithromycin was started. Analytical results: increased C-reactive protein and neutrophilia. Positive blood and stool cultures for *Yersinia enterocolitica*. The patient was diagnosed of *Y. enterocolitica* bacteremia, hospitalized and controlled by Tropical Medicine. Intra-abdominal abscess was discarded by ultrasound. With intravenous ceftriaxone 2g/24h for 10 days, followed by cefixime 400mg/24h for 7 days, symptoms remitted and blood cultures became negative.

**Conclusions:** Yersiniosis cannot be easily distinguished from other acute diarrhea causes. The presence of pharyngitis and/or abdominal pain in the right low quadrant (which can be mistaken for acute appendicitis) can help for diagnosis. When a patient repeatedly comes to primary care with persistent fever, we have to consider complementary tests that may lead us to the diagnosis of uncommon pathologies.

**Keywords:** fever, diarrhea, yersinia infections.

Conflict of interest

no

## **Contribution ID: 406**

### **Presentation form**

Poster

### **Palpitations**

#### **Authors**

Carmen Aguilera Montañó, Diego Ámez Rafael, Marina Sánchez Infante

*Distrito Almeria, Almeria, Spain*

**Introduction/Aim:** This is a well-vaccinated 28-year-old woman with a personal history of oral candidiasis episode, drug allergy to co-trimoxazole without regular medication, or consumption of toxins, who goes to her health center, due to dyspnea, asthenia, low-grade fever and palpitations of a week of evolution.

**Materials and Methods:** REG, T° 37,5°, FC 140 bpm sat 92%. No cervical, axillary or inguinal adenopathies. ACR generalized decrease in bibasal crepitations, no wheezing or rhonchi. Abdomen soft, not painful, not megalia. Palmar Eritrosis. ROTS, strength and sensitivity preserved. Analytical biochemistry PCR 3.12 Hb 12.5 hto 35% white series lymphocytes leukocytes 6460 lymphocytes 20% neutrophils 69% without significant findings Rx chest thorax alveolointerstitial bibasal infiltrate to apex, no pleural effusion. HIV positive serology, syphilis, HBV and negative HCV. In view of the bad evolution of the patient and the result of the tests, it is derived to enter and continue the study, where it is carried out: Bronchoscopy with bronchoalveolar lavage. Thoracic scan no defects of relection in pulmonary arteries, diffuse infiltrates in ground glass in both lungs predominantly in left lower lobe suggestive of inflammatory / infectious process. Viral load CD4 T lymphocytes 40. Cultivation of sputum, BAAR, blood cultures and virus RSV influenza A and B negative.

**Results:** Pneumocystis jiroveci pneumonia in a patient with HIV infection category C3.

**Conclusions:** HIV infection consists of an asymptomatic or unnoticed primary infection in more than half of the cases, followed by a period of clinical latency of several years of evolution in which the virus continues to replicate.

Conflict of interest  
no

## **Contribution ID: 450**

### **Presentation form**

Poster

### **What is this sputum?**

### **Authors**

Enrique Almenar Cubells, Lucia Aznar Basset, Veronica Vicent Varon, Alfredo Quiles Raga, Enriqueta Hernandez Hernandez, Jose Vicente Alcaide Domingo  
*Centro De Salud De Benifaio ( Valencia) Spain, Agencia Valencina de Salud Spain, Benifaio ( Valencia ), Spain*

**Introduction:** A 65-year-old woman with functional dyspepsia on chronic treatment with omeprazole who presented clinical worsening of her gastroesophageal reflux.

**Objective:** In the anamnesis does not report changes in the diet, do not travel abroad. The physical examination is anodyne. Last normal colonoscopy.

**Results:** Three days later he excreted, after a coughing fit, a strange body, mobile, filiform, curved, pinkish.

The sample is sent to Microbiology and the result of *Ascaris Lumbricoides* is obtained.

Treatment was started with Mebendazole 100 mg every 12 hours for three days.

## Conclusions

Ascariasis is the most common worm infection in humans and can cause intestinal disease.

The adult worms live in the small intestine and the infection is produced by the emission in the feces of ascaris eggs of the infected persons, by the ingestion of poorly washed vegetables or fruits.

Once the infective eggs have been ingested, the larvae invade the intestinal mucosa and are carried via porta to the lungs, ascending through the bronchial tree to the throat to be swallowed. In the small intestine they develop into adult worms.

In this case, the development of adult worms in the gastric chamber may have influenced the chronic treatment with PPI, since by decreasing stomach acid, it has been able to favor more optimal conditions for the development of gastric cancer in the gastric chamber. non-usual proliferation of this nematode.

Highlight the importance of this differential diagnosis in the face of dyspepsia, even in countries with low incidence.

Conflict of interest

no

## Contribution ID: 510

### Presentation form

Poster

### Fever in returning travelers

#### Authors

Patricia Montes Romero, Francisco Espínola González, María Maldonado Muñoz  
*Poniente District, El Ejido, Almería, El Ejido, Spain*

**Aims:** A 41-year-old patient from Senegal, she's been living in Spain since 2006. She's been in her country for 5 months, previously performing antimalarial prophylaxis with doxycycline. No previous diseases. Three days after returning from Senegal, she begins with malaise and fever of 38°C. No other clinic. It is sent to the emergency department to rule out malaria.

**Materials and Methods:** Normal chest x-ray. Analytical: leukopenia, plaquetopenia and mild anemia. 81% neutrophils. Rapid malaria detection test: positive Plasmodium antigen. Blood smear: Plasmodium Falciparum, parasitemia 1.3%. She starts treatment and remains hospitalized for three days, without incidents. On discharge, asymptomatic. It is reviewed in Tropical Medicine consultation a week later. She has remained asymptomatic and the physical examination is completely normal. A new revision appointment is given per month but the patient does not attend.

**Results:** Malaria by P. Falciparum. Differential diagnosis: Dengue fever, Chikungunya, Pneumonia, Typhoid fever.

**Conclusions:** Malaria is a major cause of fever and serious illness in returning travelers. Prevention efforts should be directed to all forms of malaria (P. falciparum, P. vivax, P. ovale, P. malariae and P. Knowlesi). Prevention measures include avoiding mosquito bites and adhering to antimalarial chemoprophylaxis. But nothing guarantees complete protection. Uncomplicated malaria is a symptomatic infection

by Plasmodium falciparum with parasitemia <4%, in the absence of symptoms compatible with severe malaria. El Ejido, Almería, has a high immigrant population rate, so when we faced with a patient with fever it is necessary to ask about trips to endemic areas of malaria.

Conflict of interest

no

## **Contribution ID: 511**

### **Presentation form**

Poster

### **Pulmonary tuberculosis with incomplete treatment**

#### **Authors**

*Patricia Montes Romero, Francisco Espínola González, María Maldonado Muñoz  
Poniente District, El Ejido, Almería, El Ejido, Spain*

**Aims:** A 29-year-old patient from Senegal, lives in Spain for a month. He went to Primary Care referring to the fact that he was diagnosed with pulmonary tuberculosis in Senegal but that he didn't complete the treatment. Currently, nocturnal cough persists, without expectoration. No fever. No weight loss. We request a chest x-ray showing infiltrates and cavitation areas. It's sent to the emergency department to rule out active tuberculosis.

**Materials and Methods:** Chest x-ray: disseminated infiltrates, with condensation in right upper lobe and cavitated images. Normal blood test including serology, except PCR 8 mg / dl. Positive sputum smear microscopy (Mycobacterium tuberculosis sensitivity to Isoniazide, Rifampin, Pyrazinamide and Ethambutol). Specific treatment is started (Isoniazide, Rifampin, Pyrazinamide and Ethambutol). The patient stay in hospital for 21 days to ensure respiratory isolation. Afterwards, he is discharged to continue domiciliary treatment until the next revision in consultation.

**Results:** Bilateral pulmonary tuberculosis. Differential diagnosis: Nontuberculous mycobacterial infection, Fungal infection, Sarcoidosis, Lung abscess

**Conclusion:** Tuberculosis is a frequent disease in El Ejido, Almeria due to the high rate of immigrant population. The lungs are the major site for Mycobacterium tuberculosis primary infection. Pulmonary complications include hemoptysis, pneumothorax, bronchiectasis, extensive pulmonary destruction . Should be suspected in patients with relevant clinical manifestations (cough > 2 to 3 weeks duration, lymphadenopathy, fevers, night sweats, weight loss), history of infection or previous tuberculous disease, trip to endemic area. Patients being evaluated for pulmonary tuberculosis who pose a public health risk for transmission should be admitted and isolated with airborne precautions.

Conflict of interest

no

## **Contribution ID: 524**

### **Presentation form**

Poster

### **Abscess due to forgetfulness of surgical gauze**

## Authors

Borja Jimenez Ormabera<sup>1)</sup>, Carmen Imbernon García<sup>1)</sup>, Jesús Hernández González<sup>2)</sup>, Jennifer Ramos Gonzalez<sup>1)</sup>, Rocío Luján Martínez<sup>3)</sup>, José Vicente Cayuela Espi<sup>1)</sup>

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**Introduction:** Case report about a woman who suffered an abscess years after her surgeons had forgotten surgical gauze inside her body. It highlights the importance of following surgical procedures and the relevance of chest radiography.

**Materials and methods:** A 55-year-old female patient who complains of low-grade fever and pain in the right renal fossa. He has come a month ago for the same reason. She was treated with levofloxacin for 7 days due to suspicion of pneumonia, without improvement. No changes in intestinal habit. Cholecystectomy 4 years ago. Examination: Painful on palpation in the right renal fossa. No signs of peritoneal irritation. Preserved peristalsis. Blood test: glucose 56, PCR 9.4, No leukocytosis. Rx thorax: suggestive image of intraabdominal abscess in cholecystectomy bed, secondary to foreign body.

**Results:** Diagnosis: Intra-abdominal abscess secondary to surgical gauze. When observing the abscess and gauze using radiology techniques, a surgery was made for removing the gauze and draining the abscess.

**Conclusion:** The patient, 4 years after undergoing a cholecystectomy, developed an intra-abdominal abscess secondary to a surgical gauze that was forgotten inside him during the surgery. Thanks to the work of the family doctor and the radiologist it was possible to find the cause of the fever, solving a problem generated by a poor follow-up of the surgical protocols, which requires the counting of gauze.

Conflict of interest

no

## Contribution ID: 584

### Presentation form

Poster

### The privilege of a family doctor: knowing his patient, his family and their virus

#### Authors

Daniela Marques, Inês Martins de Almeida, Gonçalo Envia, Sara Costa, Mariana Sequeira, Michela Savocchio, Filipa Moreira, Ana Rita Jesus Brochado

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**Introduction/Aim:** Aseptic meningitis is defined by clinical and laboratory evidence of meningeal inflammation with negative routine bacterial cultures. The most common causes are enteroviruses, but a number of viruses can also be the causative agent, including human herpes virus-6 (HSV-6). The multiple potential pathogens of this disease and the limited diagnostic tools make the specific etiological identification complicated. The presenting symptoms of aseptic meningitis are similar to that of bacterial meningitis and include: fever, headache, altered mental status,

stiff neck and photophobia. A careful history should include contact with other individuals with similar symptoms or viral exanthems.

**Materials and Methods:** 28 years old female with personal history of systemic lupus erythematosus and no regular medication, presents to her family Doctor with a sudden headache exacerbated with head movements, without response to oral analgesia. Her 15 months daughter had Roseola infantum, caused by HSV-6, 2 weeks before. On physical examination, she had fever and mild nuchal rigidity. She was sent immediately to the Emergency Department.

**Results:** She had a lumbar puncture that revealed changes compatible with a viral meningitis and her viral serology for HSV-6 was positive.

**Conclusions:** Meningitis can be a life-threatening illness. It crucial to be aware of the headache red flags, since it is a very common complaint in our practice as Family Doctors, together with a complete family context that we have the privilege to know. It is also important to do a rigorous neurological examination in all the headaches, to decide when to send to emergency department.

Conflict of interest

no

## Contribution ID: 680

### Presentation form

Poster

### BEST POSTER: Helicobacter Pylori and then what...

#### Authors

Odalys Almarales Alvarez, Purificacion Alguacil Martinez, Raquel Moreno Perez, Josefa Medina Roque, Antonio Garcia Mendoza, Gloria Calero Gonzalez, Roberto Ramirez Ramirez, Erika Mendez Owen

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**Introduction:** Helicobacter Pylori (HP) is a gram-negative bacillus that inhabits the human gastric epithelium. The infection is usually acquired during childhood, is the most common cause of gastroduodenal ulcer along with anti-inflammatory drugs, a key risk factor for gastric cancer and lymphoma of lymphoid tissue associated with the mucosa.

**Objective:** to present the case of a female patient with dyspepsia, type B lymphoma and Takosubo syndrome after Helicobacter Pylori infection and review the current concepts with this association.

**Material and Methods:** a 54-year-old patient consulted for dyspepsia, abdominal pain, distension sensation, without vomiting and conserved appetite. -Exploration: tachycardia, normal abdomen. -Complementary tests: analytical, infectious serology. Electrocardiogram, chest x-ray, thoracoabdominal tomography, pleural fluid, echocardiogram and cardiac catheterization.

**Results:** C-reactive protein (CRP) (40.64 mg / L), positive antigen for HP in faeces. The eradication treatment is carried out. After four days she presented with cough, tachycardia and decreased vesicular murmur in the right base. Chest x-ray: radiopaque image at the base of the right lung suggesting a significant pleural effusion, thoracoabdominal tomography and pleural fluid study compatible with

diffuse large B-cell lymphoma. Four months later she came for progressive dyspnea without fever with tachycardia. Electrocardiogram: ST elevation in the anterior face with R amputation in precordial area, echocardiogram with depressed ventricular ejection fraction (VEF). Catheterization: normal coronary arteries compatible with Takotsubo syndrome.

**Conclusions:** Numerous publications suggest the existence of a relationship between extraintestinal cardiovascular diseases HP and immunological diseases, among others. This case can be considered an example of this relationship.

Conflict of interest  
yes

## **Contribution ID: 794**

### **Presentation form**

Poster

### **Mud fever**

### **Authors**

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*Distrito Almeria, Almeria, Spain*

**Introduction:** 16-year-old male from Mali who came to Spain three months ago. They kept the previous 6 months in Morocco where they ingested bottled water and sanitized food, bathing in rivers and swamps. AP: malaria 3 years ago not usual treatment.

**Materials and results:** He goes to the health center for fever of 38°, intense myalgias more accentuated in MII headache that does not yield with analgesia asthenia and reddened conjunctivae of 48h of evolution. Drift to the emergency room for study. BEG, CyO well hydrated conjunctival injection. No cervical, axillary or inguinal adenopathies. ACR: tachycardia rhythmic tones without murmurs, good ventilation, no wheezing. Abdomen not painful to palpation, not megalia. MII do not edema, there are no signs of DVT. ROTS, strength and sensitivity preserved, normal cranial nerves. T° 37,5°, FC 140 lpm sat. 98%, normotensive. Biochemical analysis without findings except for PCR 4.09 CPK 9163 LDH 1114 IgE 1865 Total normal bilirubin white series eosinophils 13% Rx thorax without clinical findings abdominal echo homogeneous splenomegaly. Negative Mantoux Serology VEB CMV Brucella toxoplasma HIV HBV, HCV negative. Uro / Coproculture and parasites in feces x2 negative.

**Results:** Anicteric leptospirosis. **Conclusions:** Leptospirosis is a zoonosis caused by spirochetes. The human infection produces a direct contact with the infected animals, the water contaminated with the urine of the animal that by frequency is the rat. It affects young adults and the peak incidence is in summer and early autumn. Occupational exposure (farmers, veterinarians, slaughterhouse workers) and recreational exposure (campers, swimmers ...) are frequent.

Conflict of interest  
no

## Contribution ID: 800

### Presentation form

Poster

### Progressive otalgia. Is something important missing?

#### Authors

Ana Yeste Piquer, Nikole Maria Ivars Obermeier, Belén Sanz Llorens, Ivan Gómez García, Alba Blanch Mon  
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**Introduction/Aim:** Otorhinolaryngologic issues are frequent in the day by day in a Primary Care Center. There are many different ear diseases, some of them with a systemic cause.

**Material/Methods:** A 58-year-old man with history of high blood pressure, obesity and type 2 diabetes mellitus, refers left otalgia. Physical examination: inflammation of the external auditory canal. The diagnosis is an otitis externa, so topic antibiotic treatment with ciprofloxacin was started.

**Results:** 48 hours later the patient returned referring odynophagia and 37.5°C. In a new physical examination vesicular lesions were detected at the palate and in the external auditory canal, also presenting buccal commissure deviation. The final diagnosis was a Ramsay-Hunt syndrome, caused by Herpes Zoster virus, treatment with corticosteroids and valaciclovir was started, with resolution of the symptoms in 2 weeks.

**Conclusion:** In presence of otalgia and subsequent appearance of vesicles in the external auditory canal and peripheral facial paralysis, differential diagnosis must be done between virus and statoacoustic nerve tumors. Early treatment with corticosteroids will prevent facial paralysis.

Conflict of interest

no

## Contribution ID: 801

### Presentation form

Poster

### BEST POSTER: Everything can be explained

#### Authors

Ana Yeste Piquer, Nikole Maria Ivars Obermeier, Belén Sanz Llorens, Alba Blanch Mon, Ivan Gómez García  
*Parc Sanitari Pere Virgili, Barcelona, Spain*

**Introduction/Aim:** Arthralgia is a very prevalent referred problem in Primary Care, being the symptom of many different pathologies.

**Material/Methods:** A 35 year old man, without relevant past medical history, refers bloody diarrhea for the last 7 days. He returned from Singapore recently. A coproculture was held and antibiotic treatment initiated. After 7 days, the patient complained of pain and difficulties to move the left knee. In the physical examination, articular edema and erythema were observed. Arthrocentesis obtained a transparent and viscous fluid. The analysis detected 2500 leukocytes, more than

the 50% of them were polymorphonuclear leukocytes, no microorganisms were isolated. This was compatible with inflammatory fluid.

**Results:** In the coproculture Salmonella enteritis was isolated. Hence, the patient presented a reactive arthritis caused by a Salmonella enteritis infection.

**Conclusion:** When arthralgia is not explained by a traumatism, other systemic causes must be considered. Therefore, more diagnostic tests are required.

Conflict of interest

no

## **Contribution ID: 812**

### **Presentation form**

Poster

### **BEST POSTER: Lingual ulcer with diagnosis of secondary syphilis**

#### **Authors**

*Silvia Milán Gutiérrez, Cintia Montilla Martínez, Diego Ámez Rafael  
Distrito Poniente Almería, El Ejido, Spain*

**Introduction/Aim:** A 35-year-old patient with no personal history who presented with a lingual ulcer of two months' evolution and a non-pruritic rash on the trunk one month ago. He has practiced oral sex without precautions. No other associated symptoms.

**Materials and Methods:** Physical examination presents a painless lingual ulcer, with cut edges, not exudative, nor infiltrated, in addition to non-pruritic maculopapular red exanthema in trunk and abdomen that extends centrifugally and in plants. No injuries to the anus, genitals or hands. Associates bilateral cervical and inguinal adenopathies. Serology is performed with the following results: positive treponemal test of 33.14 and RPR of 1/8. HIV, HBV, HCV negative. Teleconsultation with dermatology confirms the diagnosis. We send photos of the injuries and their resolution that will be shown in the final presentation.

**Results:** Primary and secondary syphilis.

**Conclusion:** It's treated with benzathine penicillin 2,400,000 IU intramuscular monodose that is effective. Follow-up serology is done at 3, 6, 12 and 24 months. The RPR ends up negativizing. Initial study of the negative partner. The management is complete in Primary Care as most cases of syphilis. Syphilis is an increasing STD since 1995 when the prevalence was 5.6 cases per 100,000 inhabitants and yet in 2014 it is 7.68 cases per 100,000 inhabitants. Men make up 84.8% of the total cases and 58.5% are between 25 and 44 years old.

Conflict of interest

no

## **Contribution ID: 906**

### **Presentation form**

Poster

### **BEST POSTER: An abnormal fever**

#### **Authors**

*Alicia Climente, Sandra Soler, Rebeca Tejedor, Ana Rosa Millán*

*EMERGENCY SERVICE, SAN JORGE'S HOSPITAL, HUESCA, Spain*

**Introduction/Aim:** Reason for consultation: A seven year-old girl is taken to emergency room of San Jorge's Hospital (Huesca, Spain) by her parents because of fever. Medical history: Delivery at term. Pregnancy without incident. Updated vaccine calendar. No known allergies to medication. Current story: She has a fever of 39°C for four days. The family arrived for days before from Venezuela to settle in Spain. At the physical examination, the origin of fever cannot be determined because everything seems normal, but she has a really bad general condition.

**Materials and Methods:** In the blood tests, some we found: little hepatic changes and thrombocytopenia. During the hospital admission, she has self-limited episodes of epistaxis and palpebral oedema; thrombocytopenia becomes more serious and coagulation anomalies show a consumption coagulopathy. Thorax radiography and abdominal echography are normal. In the sixth day of hospitalization, a skin rash appears: little white spots in entire surface of red skin. On the differential diagnosis, we have to consider Malaria, Dengue fever and Chikungunya fever. Malaria should always be dismissed (by thick blood smear) in any patient who comes from a country of risk, because it is the only disease which has an effective treatment.

**Results:** Finally, positive serology for Dengue fever was found.

**Conclusions:** The Dengue hemorrhagic fever treatment is only life-sustaining treatment. One of most dreaded complications is Dengue Shock Syndrome. Since 2016, there is a vaccine available for Dengue fever.

Conflict of interest

no

## **Contribution ID: 953**

### **Presentation form**

Poster

### **Radiological findings after varicella pneumonia**

#### **Authors**

Alba Castañeda Pérez-Crespo, Jorge Zieleniewski Centenero, Natalia Aguilar Lorente, María Rodríguez Romero, Antonio Llor Muelas, Victoria Avellaneda Ros, María Carmona Soriano, Vanessa Martinetti Mieusset  
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**Introduction/Aim:** VZV infection causes two clinically distinct forms of disease: varicella (chickenpox) and herpes zoster (shingles). Primary VZV infection results in the diffuse vesicular rash of varicella, or chickenpox. In immunocompetent children pneumonia remains an uncommon complication; in contrast, it accounts for the majority of morbidity and mortality seen in adults with varicella (infrequently since vaccine)

**Materials and Methods:** We collected the clinical history directly from the patient and the laboratory results from her clinical process.

**Results:** A 32-year-old woman with autoimmune hypothyroidism, 20 cigarettes ex-smoker, admission for varicella pneumonia 8 years ago. The patient went to the emergency room with two days dysthermia (no fever), generalized musculoskeletal pain and holocranial headache. She also complained about 5-days-acolia without

coluria. No other symptoms. Chest X-ray was performed and bilateral pulmonary micronodules were observed. The patient was admitted to study the lesions. During the hospital admission physical examination was normal as well as the blood tests (hemogram, biochemical, serology and blood culture). A Thoracic CT revealed nodular pattern with random distribution, calcified which might have relationship with previous varicella pneumonia.

**Conclusion:** Varicella pneumonia typically develops insidiously within one-to-six days after the rash has appeared with progressive tachypnea, dyspnea, and dry cough; occasionally hemoptysis. Chest radiographs typically reveal diffuse bilateral infiltrates; in the early stages a nodular component may be present, which can subsequently become calcified. In this case, the patient had a previous x-ray with similar findings but she forgot to tell the 8-years-before admission due to varicella pneumonia.

Conflict of interest

no

## Contribution ID: 975

### Presentation form

Poster

### Is it really urticaria?

#### Authors

Tiago Castelar Gonçalves<sup>1)</sup>, Sofia Remtula<sup>1)</sup>, Catarina Alves da Silva<sup>2)</sup>, Rita Aguiar<sup>3)</sup>, Pedro Barreira<sup>4)</sup>, Sara Machado<sup>5)</sup>, Raquel Sanches<sup>6)</sup>, Maria João Martins<sup>1)</sup>, Ana Catarina Esteves<sup>1)</sup>

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<sup>6)</sup>USF São Julião, Oeiras, Portugal

**Introduction:** Chronic spontaneous urticaria is still na enigmatic disease with regard to its etiology. Potential underlying causes include autoimmunity, food intolerance, and infections. Some epidemiological studies and case reports suggest that internal parasite infections (PI) can cause CSU. Many studies have linked CSU with PI, but the true rate of comorbidity, the role of parasites in CSU etiology, and the pathomechanisms in CSU due to PI are still unclear.

**Methods:** case description.

**Results:** A 37-year-old woman was referred to a health care center, after traveling to Angola, with a history of generalized hives (itchy wheals with associated swelling) that occurred almost every day for more than six weeks. Individual wheals lasted less than 24 hours. One pill of a second-generation H 1 -antihistamine did not consistently relieve her itching and whealing. On examination, the patient had generalized confluent hives. Her complete blood count revealed marked eosinophilia and a subsequent coproculture was requested in order to exclude underlying parasitosis. No other investigations were performed. Meanwhile, the patient comes

for an urgent appointment with a bottle containing what appeared to be a parasite expelled by the anus.

**Conclusion:** The group of patients suffering from chronic spontaneous urticaria is diverse, and the palette of causes should be as well. In an increasingly global world in which patients travel to different epidemiological contexts, it is essential to develop an exhaustive and correct diagnostic procedure in order to avoid the underdiagnosis of parasitic infections that can mimic an urticarial reaction.

Conflict of interest

no

## **Contribution ID: 1000**

### **Presentation form**

Poster

### **Diagnosis of acute toxoplasmosis in a patient with mononucleosis syndrome**

#### **Authors**

Francisco Espínola González, Maria Maldonado Muñoz, Patricia Montes Romero  
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**Introduction:** A 31-year-old male from Morocco who has been living in Spain for 11 years and has no medical history of interest or current treatment, who goes to the AP's office referring fatigue, malaise, a "lump" under the mouth and feverish feeling without loss of consciousness. weight or sweating.

**Materials and Methods:** Physical examination revealed several submandibular and laterocervical adenopathies, painful on palpation, with no other findings of interest. It is classified as mononucleoside syndrome and a blood test is requested with serology (immigrant profile).

**Result:** The results show the only finding of interest the following toxoplasma serology: -Ac-IgG 248.4 IU / ml (Positive) -Ac-IgM 3.94 (Positive). It is decided to refer to Tropical Medicine service of Hospital de Poniente in Almeria for suspected acute toxoplasmosis where a chest X-ray is requested, new analytical and stool parasites and treatment with ibuprofen is initiated. The test showed acute infection with toxoplasma (avidity of 26%). Chest plaque and stool parasites were negative.

**Conclusion:** The mononucleosico syndrome includes several diseases. Its diagnosis is basically clinical and serological. It is therefore important to request the serologies of the microorganisms most frequently involved. In the case of acute toxoplasmosis, a positive IgM is not enough to reach the diagnosis, but we need to perform an IgG avidity analysis. In the early stages of infection the avidity is usually low, as in this case, however it increases in the old infections.

Conflict of interest

no

## **Contribution ID: 1073**

### **Presentation form**

Poster

### **From paralysis to neuropathy**

## Authors

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**Framework:** Guillain-Barré syndrome is the most frequent and severe immune-mediated demyelinating neuropathy, with an incidence of 1-2 cases/100,000 per year. Within these immune-mediated polyneuropathy syndromes, Miller-Fisher syndrome is the most prevalent variant, characterized by ophthalmoplegia, ataxia and areflexia.

## Case

**Description:** Man, leukodermic, with no personal antecedents of relief. He goes to ER for right facial paralysis. No fever or other neurological deficits. Is diagnosed Bell's paralysis, and medicated with Ibuprofen, Deflazacorte and right ocular occlusion.

4 days later, he goes to the ER for contralateral facial paralysis, without any other accompanying symptomatology.

Objective exam reveals right quadransia, right hemihypesthesia, deletion of the nasogenian sulcus bilaterally, without mimic and asymmetric elevation of the palate. Bilateral present and symmetrical reflexes, pain, tactile sensibility preserved. No changes in the remaining cranial pairs and meningeal signs. Blood test was negative for HIV, Syphilis, Borrelia, Brucella and Tuberculosis. CT with image compatible with bilateral maxillary sinusitis; MRI with scattered hypersignal focus in frontal and left parietal white matter. Lumbar puncture reveals an albuminocytological dissociation, glycemia (82 mg/dl) and protein (0.83 g/L) The EMG recorded wave A with minimal normal F wave latency in the right tibial nerve.

Immunoglobulins were started at a dose of 0.4 g/kg/day.

**Discussion:** Clinical evaluation is the most important tool for a differential diagnosis with pathologies that causes acute muscular paralysis. Immune-mediated neuropathy of the Guillain-Barré spectrum should be suspected in cases of subacute, bilateral and progressive neurological syndromes, days or weeks after an infection.

Conflict of interest

no

## Contribution ID: 1091

### Presentation form

Poster

### Syndromic management of sexually transmitted diseases in primary health care

## Authors

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**Introduction/Aim:** The diagnoses of sexually transmitted infections (STI) are difficult and often late, due to the often asymptomatic evolution, the non-specific clinical or sociocultural inhibition in the search for health care.

**Materials and Methods:** Bibliographic research on the data basis of Evidence Based Medicine, using the terms "sexually transmitted diseases" and "Physicians, Primary Care" in the English language during the last 10 years.

**Results:** Empirical treatment based on the syndromic picture aims to be as early as possible and extendable to the sexual partner(s). Considering the symptomatology and physical examination the patients are divided into several syndromes, simplifying the etiological diagnosis. Therefore we have the urethral and/or vaginal secretion syndrome: the most frequent etiologic conditions are urethritis N. Gonorrhoeae or C. trachomatis and female vaginitis to T. Vaginalis, cervicitis to C. trachomatis and N. gonorrhoeae. The syndrome of genital ulceration and/or vesicles is usually brought by genital herpes simplex virus. In the approach to anogenital warts, the most frequent causative agent is the human papilloma virus (HPV). The most frequent etiologic agent responsible for inguinal adenopathies are C. trachomatis and H. ducreyi. Patients with swelling/edema/scrotal pain, after excluded other etiologies the responsible agents to consider are N. gonorrhoeae e a C. trachomatis.

**Conclusion:** Implementing this approach in primary health care can allow better diagnosis and treatment, thus contributing to improving the quality of life of the population and allowing blockage of the transmission chain by reducing the spread of sexually transmitted infections.

Conflict of interest

no

## Contribution ID: 1108

### Presentation form

Poster

### When it is not just fever

#### Authors

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**Introduction/Aim:** A 56-year-old Spanish man presented with a fever up to 40°C accompanied by nausea, vomiting, diarrhea, arthromyalgia and rash. These symptoms had begun a few hours after arriving from Santo Domingo (Dominican Republic). There was no previous medical history.

**Methods:** Physical exploration showed good general condition. Blood pressure 160/90mmHg. Pulse 85bpm, respiratory rate 12breaths/min. Oxygen saturation 94%. Febrile 39.5°C. Conscious and oriented, without neurological focus or meningeal signs. Systemic rash (islands of white in a sea of red). Negative tourniquete at the time of consultation. Auscultation normal. Abdomen normal. No evidence of bleeding. Complementary tests: thorax XRay: normal. Blood test: showed minor neutropenia and blood plaquet count low. Abnormal liver function. Venous gasometry normal. Procalcitonin: 0.2 ng / mL Ac. Lactic: 3 mmol / L.Thick and Thin blood smear negative.

**Results:** Malaria and other diferencial diagnosis were ruled out. Diagnosis of Dengue fever case according to WHO Criteria (live/travel to dengue endemic area. Fever and

2 of the following criteria: nausea/vomiting, rash, aches and pains, tourniquet test positive, leukopenia, any warning sign). Favourable recovery and ambulatory follow up after being hospitalized and closely monitored for 5 days.

**Conclusions:** No specific treatment for dengue fever exists. Diagnosis can be difficult and be easily confused with other diseases. Even in non-epidemic areas, the diagnosis should be considered after a brief trip to the tropics or subtropics and even more now, having the threat of a possible outbreak of dengue fever in Europe as local transmission has been reported.

Conflict of interest  
no

## Contribution ID: 1125

### Presentation form

Poster

### Approach to cutaneous fungal infections in primary health care

#### Authors

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**Introduction/Background:** Cutaneous fungal infections or superficial mycoses are frequent in Primary Health Care. These infections can be caused by dermatophytes, nondermatophytic fungi or yeasts. Usually, they are limited to keratinized or semi-keratinized superficial layers and fanners, without reaching deeper skin layers.

**Objective/Methods:** To review the available scientific evidence regarding the diagnosis, approach and treatment of the main fungal skin infections in Primary Health Care. Bibliographic research in PubMed, Uptodate and Cochrane databases with the MeSH words "fungal cutaneous infections", "diagnosis" and "therapeutics", selecting original and review articles, published on last ten years, in Portuguese and English.

**Results:** Fungal infections can be classified according to type of microorganism and affected location. The most common dermatophytes are tinea, whose appearance vary depending on the affected body region. In most situations of mild forms, topical antifungal should be prescribed, except for capitis and beard. For onychomycosis, treatment should be performed with oral antifungal, with a variable duration according to agent. The most common yeast infections are candidiasis and pityriasis versicolor. Candidiasis can affect mucous or folds. Treatment should be performed with topical miconazole or nystatin, depending on the affected region. Pityriasis versicolor is more evident on tan skin, which should be treated with antifungal shampoo and lotion.

**Conclusions:** Cutaneous fungal infections represent a spectrum of pathologies whose macroscopic appearance and treatment vary substantially depending on the cause, location and degree of severity, which is why it is of the utmost importance to systematize knowledge about them.

Conflict of interest

no

## **Contribution ID: 1136**

### **Presentation form**

Poster

### **The despair of a mother with the nonspecific symptoms of her son**

#### **Authors**

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**Framework:** Tuberculosis remains one of the most frequent infectious diseases in the world and is a concern for the National Health Organisation and WHO.

**Description of the case:** A 17-year-old male that used Family Physician consultation for headaches of moderate intensity with the duration of about one week and without any other symptomatology. Due to worsening of the described clinical picture and onset of fever, nausea and vomiting, he resorted the day after to the emergency service when completing several inconclusive exams and was medicated with omeprazole and ibuprofen. The next day, he was taken back by his mother to the emergency services for the recurrence of the headaches. It was observed by neurology, with the exclusion of apparent meningeal lesion and was observed by Psychiatry that diagnosed him with Depressive Syndrome. Although 24 hours had not elapsed, he returned to the emergency services once again with complaints of high fever, and was hospitalized to clarify the infectious condition. After deciding whether to perform lumbar puncture to clarify the clinical situation and because of technical incapacity to perform in the reference emergency service, it was decided to transfer the adolescent to the Pediatric Hospital where, after performing this, the diagnosis of meningitis was confirmed by Mycobacterium tuberculosis.

**Conclusion:** The diseases infrequently do not assume the typical course that is described in the medical literature. The present case serves to alert the Family Physician that the nonspecific symptoms presented by the patient deceived the clinician in the therapeutic decision.

Conflict of interest

no

## **Contribution ID: 1137**

### **Presentation form**

Poster

### **Arboviruses at Urgency and Emergency Health Care Centers in Campo Grande, Mato Grosso do Sul, Brazil**

#### **Authors**

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**Introduction/ Aim:** In Brazil, arboviruses are a serious public health problem. Dengue was responsible for hundreds of deaths, the center-west region being one of the endemic areas with three epidemics occurring in 2007, 2010 and 2013 in Campo Grande / MS. The objective of this study was to perform the diagnosis and follow-up of patients suspected of dengue infection in a Emergency Care Unit (PMU).

**Materials and Methods:** In order to implement epidemiological surveillance, an active search was conducted in the region with the second largest infestation of the city, the University, where the Liraa IPP was 6.3%. A prospective longitudinal study, with age greater than 18 years, of both sexes, with fever syndrome of up to 5 days, two or more symptoms, from April to December 2018, in the city of Campo Grande, in the state of Mato Grosso do Sul, Brazil. The form, e-CRF (Redcap), was used to collect epidemiological data, signs, and symptoms. Blood samples were collected at three visits (0, 7 and 14 days) and performed Enzyme-Linked Immunosorbent Assay (ELISA) for differential diagnosis of dengue, zika and chikungunya. Results: A total of 103 participants were included, of which 22 (21.3%) dengue IgM reagents and 14 (13.6%) were indeterminate. No cases of zika and Chikungunya were identified.

**Conclusions:** These results show the importance of structuring surveillance practices in primary care with measures of vector control and dengue prevention in order to avoid a new epidemic.

Conflict of interest

no

## **Contribution ID: 1161**

### **Presentation form**

Poster

### **Petechial fever and rash in adolescents**

#### **Authors**

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<sup>3)</sup>Emergency Medicine, Servicio Andaluz de Salud, Granada, Spain

**Introduction:** Petechial fever and rash.

**Clinic history:** Personal history: Penicillin allergy.

**Anamnesis:** Male, 17 years old, goes to family doctor for petechial rash. Since last week he has a high fever and odynophagia so he went to the emergency department at that time. He has been on azithromycin 500 mg for three days without clinical improvement. Also mild transient bleeding in urine. No epistaxis.

**Materials and methods:** Physical examination: T38.5°C, BP 90/55mmHg, HR 55 bpm. Sat. O2 normal. Abdomen without increase in size of internal organs.

Oropharynx flushed with hypertrophic tonsils with some pultaceous plates, laterocervical and posterocervical lymphadenopathy. Purpuric exanthema with petechial morphology, predominantly in the lower limbs. Enantema on the palate.

Chest X ray normal. Blood count: leukocytosis (13,400 / $\mu$ l with 10,800 lymphocytes) and thrombocytopenia (5000 / $\mu$ l of platelets with MPV 13 fL ) Normal coagulation and BQ except transaminases elevation (GOT 212 U L, GPT 351 U/L) Peripheral blood smear with the presence of activated lymphocytes. IgM CMV positive with not conclusive heterophyl antibodies.

**Result:** Thrombocytopenia secondary to cytomegalovirus infection.

**Treatment:** Hospitalization and starting polyvalent gamma globulin is decided at a dose of 1 g /Hg /day, as corticoid 1.5 mg /kg /day.

**Conclusions:** The Infectious mononucleosis is usually a benign and self-limited disease courses. Thrombopenia in the acute phase is extremely rare. To constitute an aggravating factor disease, the assessment of symptoms that make people suspect the presence of these or other complications by Attention Primary.

Conflict of interest

no

## **Contribution ID: 1164**

### **Presentation form**

Poster

### **Syphilis: the great masquerade**

#### **Authors**

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**Introduction:** Syphilis is an infectious, sexually and vertically transmitted disease caused by the spirochete *Treponema pallidum*. It's a pathology of mandatory declaration and its incidence is increasing in Europe, particularly in Portugal. It can have a non-specific clinical presentation, in which the manifestations are polymorphic and include genital ulcers, rashes, lymphadenopathy, myalgias, headaches and ophthalmological alterations among others.

**Case/Results:** In this context, we present the case of E.A.M., 28 years old, a Brazilian native who moved to Portugal a few months ago. The patient, not on regular medication, has a history of Psoriasis diagnosed 5 years ago, and Rheumatic Fever diagnosed in childhood. He consulted the family doctor due to polyarthralgia of the peripheral joints with symmetrical involvement, occurring over a one-month period. This symptom was resistant to treatment with corticosteroids and oral NSAIDs, previously prescribed in an emergency setting. The objective examination was normal. After performing a comprehensive blood panel and imaging of the affected joints, we diagnosed syphilis of indeterminate duration, with a positive VDRL titer of 1/2. The patient started treatment and is currently asymptomatic with VDRL titer reduction.

**Conclusions:** Although it is assumed by the majority of the population as a virtually eradicated disease, this pathology is a present reality in Europe and has been disseminated due to the phenomenon of migration and globalization. Thus, because of its non-specific clinical presentation, and because we are all citizens of the world today, Syphilis must be present in the differential diagnosis done by any family doctor.

Conflict of interest

no

**Contribution ID: 1196**

**Presentation form**

Poster

**A rare cause of low back pain - the role of the family doctor**

**Authors**

Tânia Tavares<sup>1)</sup>, Miguel Pisco<sup>1)</sup>, Telmo Guerreiro<sup>1)</sup>, Carolina Reis<sup>2)</sup>, Cristiana Craveiro<sup>2)</sup>

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**Background:** The Family Doctor is often the patients' first contact with the health care system and is frequently considered a bureaucratic barrier to access to hospital specialties. Low back pain is a common reason for consultation in Primary Care. The involvement of the spine by tuberculosis is called Pott disease, which is a rare cause of low back pain.

**Methods:** Review of the patient's file; clinical history

**Results:** A 36-year-old woman with a personal history of Systemic Lupus Erythematosus, immunosuppressed, consults her Family doctor to request referral to Gastroenterology. The patient reports low back pain with 6 months of evolution, with irradiation to the left lower limb. Initially intermittent, but in the meantime permanent, it relieves with the discharges and that is why she assumed a gastrointestinal cause. A lumbar CT scan is required. It reveals a psoas abscess with infectious spondylitis. The patient is referred to Emergency Department and is hospitalized. A history of recent paresthesias, weight loss, episodes of fever and nocturnal sweating has been reported in recent months. During hospitalization, the diagnosis of vertebral tuberculosis is confirmed through the presence of BAAR in pus drained from the abscess. Treatment with Tuberculostatics is started.

**Conclusions:** The family doctor plays a key role in the diagnosis, assessment and orientation of patients. In this case, the anamnesis and diagnostic exams requested in a rational manner allowed a correct referral of the patient to the hospital, which allowed the diagnosis of the etiology of low back pain and its appropriate treatment.

Conflict of interest

no

**Contribution ID: 798**

**Presentation form**

Poster

**Health beliefs and vaccination coverage of adults in rural Crete**

**Authors**

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**Objectives:** Assessing factors associated with low coverage rates and disparities in vaccination is important for implementing strategies to improve vaccination

coverage. To explore immunization status, attitudes and beliefs about adult vaccinations relative data was collected in one rural community of Southern Crete.

**Methods:** Our study was conducted using an interviewer-administered questionnaire, especially designed to assess demographic, behavioral and psychosocial factors associated with vaccinations barriers, based on the Health Belief Model. Participants' vaccination coverage for seasonal influenza, pneumococcus, tetanus/diphtheria and herpes zoster vaccines was also assessed.

**Results:** We interviewed 295 inhabitants who consent (form the total population of 314) aged 20–83 years. Most of the people were aware of the influenza (94.5%) and tetanus (52.7%) vaccines. Influenza vaccination coverage among adults aged  $\geq 60$  years was 54%, significantly higher in females, while for tetanus only 23.9% had received booster vaccination during the past 10 years. Among the reasons for not receiving a vaccine, was the lack of physician recommendation and misguided assumptions e.g. people easily recover form almost all those diseases. Concerns about side effects/effectiveness of the vaccine, lack of knowledge about illness prevention and confusion about recommended vaccination schedule, were the main findings.

**Conclusion:** Our data highlight the need for continuing efforts to increase adult vaccination coverage, through evidence-based practices, including routine recommendation and implementation of reminder-recall systems in primary care. We need to identify innovative ways to improve access to primary care especially for vulnerable populations and develop an individualized care plan to promote patient self- management.

Conflict of interest

no

## **Contribution ID: 806**

### **Presentation form**

Poster

### **BEST POSTER: Analysis of a specific vaccination campaign in COPD patients**

#### **Authors**

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**Introduction:** Vaccination in people who fall into certain risk groups is a key to protect them from infectious diseases. Aware of this fact, the primary care physicians of our health center decided to perform a self-audit to assess the figures of vaccination in patients with chronic obstructive pulmonary disease and we discovered that in the 2016-2017 vaccination period 50% of patients with COPD had been vaccinated against influenza and that only the 0.6% of COPD patients were vaccinated against pneumococcal virus. With these suboptimum vaccination data we decided to carry out an intervention in this regard. The aim of this study is to determine the impact of an especific vaccination campaign in patients with COPD.

**Materials:** Quasi-experimental study(before and after) in a COPD population. The 13 physicians of the health center determined their patients with COPD through the

computer system of clinical groups. A telephone contact was made to inform patients with COPD about the 2017-2018 vaccination campaign start and their individualized need of vaccination against Influenza and/or Pneumococcus, giving them the possibility of acquiring a direct appointment for vaccination.

**Results:** 174 patients were contacted: 174 required vaccination for influenza and 149 required vaccination for Pneumococcus. 66% of patients with COPD(115) were vaccinated against influenza and 31.5% of patients(47) against pneumococcus. 41% of COPD patients are currently adequately vaccinated against Pneumococcus.

**Conclusion:** The active vaccination campaign is an adequate tool to increase the number of vaccinations in at-risk populations and detect the factors involved in their implementation.

Conflict of interest

no

## **Contribution ID: 823**

### **Presentation form**

Poster

### **Flu vaccination coverage doesn't improve with common strategies**

#### **Authors**

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**Introduction:** Seasonal influenza causes excess morbidity and mortality. This epidemic changes every year, own to differences in virus type and lineages. Seasonal influenza vaccines remain the cornerstone for prevention. Pregnant women, children above 6 months, chronic patients, health care professionals and elderly people remain the principal target groups. In our setting, where children and pregnant women are attended elsewhere, family doctors have predefined goals for vaccination coverage among groups. Our aim was to improve vaccination coverage.

#### **Methods:**

Population: Those attending our Primary Health care center in Barcelona.

Period: September-December 2018

Study-Type: Observational experimental study with a pre-post evaluation after intervention.

Interventions:

- Videos with influenza infographics where shown at our center information screens.
- Two talks were offered to general public at the local market and elderly day center.
- Two further training talks were offered to FPP at the center.

Vaccination coverage among groups was used as main outcome variable.

**Results:** Vaccination coverage in people older than 60 dropped from 41.05 to 40.14; and improved in chronic patients from 14.89 to 15.24. Vaccination coverage among doctors also improved from 45.49% to 50%. Differences were non-significant.

**Discussion:** The minimum coverage requested was only achieved among chronic patients. Our local health initiatives to improve vaccination coverage in those for whom we are responsible were successful in people attending our primary health center (doctors and chronic patients). Community activities do not modify general population coverage. Further health measures, such as mass media communication campaigns, should be used to achieve this goal.

Conflict of interest

no

**Contribution ID: 1063**

**Presentation form**

Poster

**The effect of physician's advice: Geriatric patients' influenza and pneumococcal vaccination status at home care**

**Authors**

TARIK EREN YILMAZ<sup>1</sup>, TUĞBA YILMAZ<sup>2</sup>, ŞÜKRAN CEYHAN<sup>1</sup>, ÖZNUR KÜBRA ODABAŞ<sup>1</sup>, ÖZNUR SARGIN<sup>1</sup>, ABDULKADİR KAYA<sup>3</sup>, İSMAİL KASIM<sup>1</sup>, ADEM ÖZKARA<sup>1</sup>

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**Introduction/Aim:** The aim of this study is to determine the knowledge and status of influenza and pneumococcal vaccinations in geriatric patients and to increase the vaccination rates by informing the patients and their relatives.

**Materials and Methods:** This research is a prospective observational study to determine patients' current vaccination status and the changes after brief information by a physician. A questionnaire and a short standardized information form about the importance and necessity of vaccination has been established. All patients registered in the Home Health Care Unit were informed. To determine the effect of recommendation, participants were questioned after 4 months.

**Results:** The mean age of 295 patients in the study was 83.6±7.6. 74.2% of the patients were female, 31.2% of the patients appeared to have never been informed about influenza, 53.1% about pneumococcal vaccinations. Last year, vaccination rates were 22.1% for influenza and 6.4% for pneumonia. There was a significant relationship between the patients' knowledge about vaccination and vaccination rates for influenza and pneumonia ( $p < 0.001$ ,  $p = 0.020$  respectively). After 4 months of follow-up, an increase in influenza (25.11%) and pneumococcal (14.9%) vaccinations were observed. Increase in pneumococcal vaccination rate was significant ( $p < 0.001$ ). Significant reduction in the incidence of influenza ( $p < 0.001$ ) and pneumonia ( $p < 0.001$ ) and also a reduction in hospital admissions were observed.

**Conclusion:** It was determined that patients receiving home health care didn't have enough knowledge about the vaccines. By informing the patients, the rate of vaccination has increased and the incidence of diseases has decreased.

Conflict of interest

no

**Contribution ID: 1064**

**Presentation form**

Poster

**Pediatric Vaccinations in the Polish population**

**Authors**

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<sup>2)</sup>*Medical University of Lodz, Lodz, Poland*

**Aim:** To analyze the approach of the Polish populous towards mandatory vaccinations, voluntary vaccinations and to elucidate their knowledge of possible vaccination adverse effects.

**Tools and Methodology:** Data collection was carried out by the use of a comprehensive questionnaire which was available to respondents in paper format as well as online. Over 2600 people were examined. The average respondent age was 23.

**Results** 89% of respondents vaccinated their children according to the recommended vaccination schedule. 30% of them think that their child had an adverse reaction. When asked to describe the reaction, respondents mentioned the following: fever, increased muscle tone, brain damage, severe regression, speech loss, atopic dermatitis, autism and down's syndrome.

**About** 45.3% of respondents believe that a child is incapable of infecting others after the administration of live attenuated vaccine. As many as 86.3% of people are aware of the possible contraindications for vaccination with a live attenuated vaccine and 53.5% of people are aware that children are vaccinated against tuberculosis and viral hepatitis on the first day of life.

**Conclusions** In Poland, the vaccination of children is mandatory. In recent years, more and more parents have decided to withdraw from the vaccination calendar due to information from various sources that vaccinations may cause disease. It is an important role of all medical staff to make parents, who do not possess knowledge of the etiology of diseases, aware of the potential side-effects to their child's health post-vaccination.

Conflict of interest

no

**Contribution ID: 360**

**Presentation form**

Poster

**BEST POSTER: Dyspnea as the first manifestacion of systemic lupus erythematosus**

**Authors**

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**Introduction:** SLE is a chronic autoimmune disease of connective tissue that attacks various organs in the body. Symptoms of lupus may vary.

**Aim:** To point out the significance of dyspnea as the possible first symptom of SLE

**Method:** The review has been made based on anamnesis, data from medical records and medical consultations.

**Case report:** A female patient, at the age of 45, complained of shortness of breath, chest pain, rapid shallow breathing, fatigue, skin changes that had lasted for about two months prior to the check-in. Auscultatory findings in the lungs showed added sounds in the left lung. The patient was referred for a chest x-ray and laboratory examination. The chest x-ray showed the existence of Effusio pleurae l. sin, the laboratory exam showed the presence of Se 106 and Hgb 92, while other findings were normal. The administered antibiotic treatment did not improve the patient's health condition, and the patient was consequently referred for a pulmonary treatment. Additional immunological and serological treatments were performed, after which the diagnosis of SLE was confirmed, and the patient received adequate therapy. One year later there was an exacerbation that was manifested in acute renal failure and lung thromboembolism. The patient then received additional pulse therapy with cyclophosphamide. The patient has been in remission for several years now and has undergone a constant evaluation of the disease.

**Conclusion:** Considering that this disease has a broad spectrum of symptoms, dyspnea can be first manifestation of systemic lupus erythematosus

**Key words:** dyspnea, SLE, early detection of disease

Conflict of interest

no

## Contribution ID: 375

### Presentation form

Poster

### Hereditary angioedema with C1-inhibitor deficiency: levels of serum fetuin-A, tumor necrosis factor alpha, D-dimer and C-Reactive Protein

#### Authors

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**Introduction/Aim:** Hereditary angioedema with C1-inhibitor deficiency (C1-INH-HAE) is a rare disorder characterized by localized, non-pitting, and transient swelling of submucosal or subcutaneous region. Due to possible airway obstruction and unnecessary abdominal surgery, it is important that general practitioners be aware of HAE. We aimed to determine serum fetuin-A, C-reactive protein (CRP), tumor necrosis factor alpha (TNF $\alpha$ ) and D-dimer concentrations in patients with C1-INH-HAE during symptom-free period and during attacks. Human fetuin-A is a multifunctional glycoprotein that belongs to the proteinase inhibitor cystatin

superfamily, an acute phase reactant with anti-inflammatory characteristics.

**Materials and Methods:** Serum samples of 25 C1-INH-HAE patients (8 men, 17 women, age: 33.1±6.9 years, mean±SD) were compared to 25 healthy controls (15 men, 10 women, age: 32.5±7.8 years).

**Results:** Compared to healthy controls, patients with C1-INH-HAE in the symptom-free period had significantly decreased serum fetuin-A 258 µg/ml (224-285) vs. 293 µg/ml (263-329), (median (25-75% percentiles, p=0.035) and TNFα 2.53 ng/ml (1.70-2.83) vs. 3.47 ng/ml (2.92-4.18, p=0.0008) concentrations. During HAE attacks fetuin-A levels increased from 258 (224-285) µg/ml to 287 (261-317) µg/ml (p=0.021). TNFα and CRP levels did not change significantly. We found no significant correlation among fetuin-A and CRP, TNFα, D-dimer levels.

**Conclusions:** Patients with C1-INH-HAE have decreased serum fetuin-A concentrations during the symptom-free period. Given the anti-inflammatory properties of fetuin-A, the increase of its levels may contribute to the counter-regulation of edema formation during C1-INH-HAE attacks.

Conflict of interest

no

## Contribution ID: 568

### Presentation form

Poster

### IgG4 Related Disease: case report of an elusive diagnosis mimicking malignancy

#### Authors

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**Introduction:** IgG4-related disease (IgG4RD) is an immune-mediated entity characterized by tumour-like lesions, IgG4-positive plasma cells infiltration, variable fibrosis and elevated serum IgG4. While extranodal sites are mainly affected, lymph node involvement is common. Clinical and laboratory features lack specificity, rendering diagnosis challenging, requiring histopathological exclusion of other conditions with IgG4 infiltration. IgG4RD usually responds to steroids, particularly at early stages. The involvement of vital organs should be treated aggressively to avoid serious dysfunction and combination of immunomodulators or anti-CD20 therapy may be recommended.

**Material and Methods:** Case report.

**Results:** A 45-year-old male presented in our primary care unit with one-month history of left hypochondrium postprandial discomfort, weight-loss and hyperhidrosis. Laboratory data showed increased inflammation markers with unremarkable blood counts and biochemistry. Abdominal ultrasound and subsequent CT showed numerous enlarged lymph nodes in the upper quadrants, raising concern for a malignant process. Excisional laparoscopic biopsy revealed characteristics of IgG4 related lymphadenopathy and excluded malignant lymphoproliferative disease. IgG4 serum increase supported the final diagnosis of IgG4RD. Corticotherapy was

instituted and, after 3 months, Rituximab was given for 3 months more due to refractory disease. Patient is currently under close clinical and imaging follow-up.

**Conclusion:** In family medicine routine, nonspecific symptoms and findings may conceal a potentially harming disease and should be properly investigated. We unraveled an autoimmune process which frequently associates with significant morbidity and mortality, demanding timely diagnosis and treatment. Malignancy must be excluded at presentation, while inflammatory manifestations and increased risk of lymphoproliferative disorder require long-term surveillance.

Conflict of interest

no

## Contribution ID: 642

### Presentation form

Poster

### Component-resolved diagnostics can contribute reducing the burden of food allergy among Swedish schoolchildren: a population-based simulation study

#### Authors

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**Introduction/Aim:** Elimination diets due to food allergy remain vastly unmonitored among Finnish children [Palmu 2018, Savolainen 2018]: special diets are often followed even after tolerance to foods is achieved, generating avoidable costs. With a structured diagnostic algorithm including component-resolved diagnostics (ImmunoCAP<sup>TM</sup> ISAC) and food-challenges it was possible to reduce special diets by 65% in Finland [Savolainen 2018].

This study aims to quantify the hypothetical savings in Sweden, simulating the usage of the same intervention among all schoolchildren following a special diet.

**Materials and Methods:** In Sweden children receive free meals at school; a doctor certificate is required in order to have access to special meals; the yearly additional costs of a special meal is on average 3440 SEK per child.

In 2017 there were 1397533 schoolchildren; the effectiveness of our intervention was modelled either as A) 65% [Savolainen 2018] or B) 87.5% [Nilsson 2018]; in both cases 4% of food-challenges were simulated.

**Results:** 170499 schoolchildren requested special meals in 2017, costing additional 582 million SEK per year.

A) Using ISAC in 42% of children on a diet and assuming 65% effectiveness, the simulated diagnostic algorithm costed 247 million SEK, thus saving 132 million SEK.

B) Using ISAC in all children requesting special schoolmeals and assuming a 87.5% effectiveness, special diets for 509 million SEK could be avoided, while the proposed intervention costed 484 million SEK.

**Conclusion:** Our structured intervention including component-resolved diagnostics and food-challenges could hypothetically lead to substantial cost savings ranging 25-132 million SEK per year in Sweden.

Conflict of interest

yes

## Contribution ID: 936

### Presentation form

Poster

### Allergy to beta-lactam antibiotics in pediatric population

#### Authors

Beatriz Meneses<sup>1)</sup>, André Rainho Dias<sup>2)</sup>, Mariana Santos<sup>1)</sup>, Nádia Mendes Silva<sup>1)</sup>

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**Introduction:** Antibiotics are the drugs with the highest rates of hypersensitivity and beta-lactams are the most common cause of allergies to drugs in children. However, most patients with a history of drug reaction are immediately classified as "allergic" without accurate diagnostic tests and perpetuate this label into adulthood. To review the knowledge about allergy to beta-lactams, namely the mechanisms involved in their pathophysiology and clinical manifestations, with the main objectives being to clarify, encourage and alert for the need to make a correct and safe diagnosis of "allergy".

**Materials and Methods:** Systematic bibliographical research in scientific databases such as PubMed, SciELO, in Acta Médica Portuguesa with the keywords: "beta-lactams"; "penicillins"; "antibiotic allergy"; "drug allergy"; "cross-reactivity". Original and review articles, published in English and Portuguese, were selected in accordance with the objectives.

**Results:** Drug Allergy is confirmed in less than 10% of cases of drug reactions and is clearly overdiagnosed. Since beta-lactams are a group of antibiotics widely prescribed during the pediatric age, this problem takes on considerable dimensions. Children labelled "allergic" are often treated unnecessarily with an alternate broad spectrum antibiotic, which could contribute to the development of antibiotic resistance and increase health care costs. Thus, if there is a suspicion of an allergic reaction, the child should be able to make a complete diagnostic evaluation and confirm or rule out the diagnosis.

**Conclusion:** Adequate identification, assessment and management of children with a history of beta-lactam allergy are essential components of good medical care for these children and the community.

Conflict of interest

no

## Contribution ID: 974

### Presentation form

Poster

### Pressure urticaria limits my quality of life.

## Authors

Rosa Elaine Heredia Heredia, Monica Beatriz Figueroa Caiche, Vicenta Mayans Font, Jaume Almendro Nogueres, Anna Borrás Gallen, Rafael Díaz Cid  
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A 38-year-old male adult who works in construction has presented with the appearance of large, painful, pruritus lesions in different regions of the body for 2 years. After 4-6 hours of being exposed to prolonged pressures coinciding in place and form of the object in contact; including sensation of burning and general discomfort.

We decided to carry out a literature review on this condition from this case, unknown to many primary physicians with years of experience in clinical practice. Pressure urticaria is a physical urticaria that is found within the subtype of chronic urticaria characterized by the presence of pruriginous hives, which may affect up to 1% of adults. It's not a banal annoyance, but a disturbance of repercussion on the quality of life. It manifests as an erythematous inflammation of the skin that develops from 4-6 hours after sustained pressure in an area. Less frequently patients report burning sensation, pain or pruritus. It could be accompanied by arthralgias. Treatment is a challenge, it usually does not respond to antihistamines and needs corticosteroids. Antileukotrienes have shown utility. Cases with response to Omalizumab, as well as Dapsone, Chloroquine, and Sulfasalazine have been reported. Our patient showed delayed onset of lesions after initiation of corticosteroids and antihistamines.

We conclude by explaining that we started managing the patient with high doses of corticosteroid in association of antihistamines for 4 weeks with progressive reduction until withdrawal, achieving delay in the appearance and size of the lesions.

Conflict of interest

no

## Contribution ID: 1007

### Presentation form

Poster

### The importance of primary care approaching rare diseases

#### Authors

Diana María Narganes, Ángela María Arévalo, Raisa Álvarez, Marta Rodríguez, Blanca Blanco, María González, María Eugenia Sanchis  
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**Introduction:** Hereditary angioedema (HAE) is a rare disorder caused by deficiency or dysfunction of the C1 inhibitor. It is characterized by recurrent episodes of angioedema, without urticaria or pruritus, which most often affect the skin or mucosal tissues of the upper respiratory and gastrointestinal tracts.

**Materials and Methods:** A 22-year-old woman, without any pathologic background in his medical records, oral contraceptives treatment. She referred, in the last five years, recurrent episodes of abdominal pain and limbs swelling without fever; always self-limited, lasting two to four days. The clinical picture has worsened by the onset of recurrent diffuse nonpruritic edemas unresponsive to corticoids.

**Results:** Laboratory evaluation revealed C4:<5 mg/dL, C1INH:5 mg/dL, C3 and TSH:normal. For the high suspicion of HAE, the patient was referred to our reference allergy Unit. Treatment consists of intravenous C1 inhibitor concentrate.

**Conclusions:** The prevalence of hereditary angioedema is estimated at 1 individual per 50.000. In most cases, the diagnosis is difficult and can be further delayed if there is no family history. Stressful events, menstrual cycle and trauma sometimes triggered the swelling. Because of the clinical similarities between bowel attacks of angioedema and true surgical emergencies, as many as one-third of patients may undergo unwarranted abdominal surgery. It's fundamentally different from the angioedema that occurs with allergic reactions that respond to epinephrine, antihistamines or glucocorticoids. In most cases, the diagnosis of suspicion can be made in Primary care. The family doctor must cover the fundamental needs of the patient with a rare disease and his family.

Conflict of interest  
no

## **Contribution ID: 388**

### **Presentation form**

Poster

### **Tuberculous Lymphadenitis**

#### **Authors**

Romero Portero Victoria, Herrada Díaz Elena Isabel, Castillo Fernandez Nerea  
*Distrito Poniente. Almería., Almería, Spain*

**Introduction/Aim:** When adenopathy of suspicious characteristics appears, it is necessary to think about infectious causes (bacterial, viral, fungal and parasitic); Hematological, Metastatic, Immunological, Inflammatory and Granulomatous diseases.

**Material/Methods:** A 33-year-old patient who came to our clinic for a left supraclavicular adenopathy. Born in Guinea Conakry, lives with 6 people. In his background, we observed that although he had lived with a family member suffering from pleural tuberculosis, contact studies hadn't been carried out. He couldn't be identified by the TBC team of the Western District, in charge of carrying out the study of contacts and establishing the necessary chemoprophylaxis. He had supraclavicular adenopathic conglomerate, 5-7 cm, painful, hard, adhered to deep planes.

**Results:** Mantoux 20 mm. Rx thorax and abdomen without findings. CERVICAL CT: Left posterior laterocervical necrotic lesion measuring 36x35 mm. Eco-guided biopsy needle with mycobacterial study: chronic inflammatory granulomatous process with foci of abscess and granulation tissue development. PCR Mycobacterium Tuberculosis: positive.

**Conclusions:** Although tuberculous cervical lymph node involvement accounts for only 5% of the lymphadenopathic processes in this area, in our work environment (west of Almeria), with a high percentage of immigrant population, we must suspect this pathology, in addition to consider the difficulty of studying and monitoring of these patients, due to the language barrier and their social characteristics. We must

carefully investigate all the risk factors present in the community with which we work and the social and family environment of our patients.

Conflict of interest

no

## **Contribution ID: 668**

### **Presentation form**

Poster

### **Persistent constipation in a bolivian female. What should we think?**

#### **Authors**

Nerea Castillo Fernández, Manuel Jesús Soriano Pérez, Cristina Ocaña Losada  
*Internal Medicine, Hospital de Poniente, El Ejido (Almería), Spain*

**Introduction:** A 25-years-old Bolivian female without any disease arrived to Primare Care with persistent constipation. She had lived in a rural area and had not return to her country for 15 months. She had 4 children, 3 of them died because of an unknown cause. The physical examination was normal. In the stool culture, it was detected *Giardia duodenalis*.

**Methods:** Hemogram and biochemistry with liver function, renal, CRP, ions, TSH, iron metabolism and urine were normal. Serologic tests for HIV, HCV, HBV and syphilis were negative. Serologic tests for Chagas: IgG-indirect immunofluorescence positive (> 1/160) and IgG-ELISA positive (2.13). PCR Chagas was positive. The ECG and ecocardiogram were normal. The barium esophagogram was normal. The barium enema revealed a dolichomegacolon (sigmoid colon and descending colon diameter 8.2 cm).

**Results:** Chagas gastrointestinal disease.

**Conclusion:** Chagas disease is caused by an infection with the protozoan parasite *Trypanosoma cruzi*, the major manifestations are Chagas cardiomyopathy and gastrointestinal disease. It should be suspected in individuals who have lived or spent significant periods of time in areas of Latin America with vector-borne transmission, especially those who lived in houses with adobe walls or thatched roofs. Colonic manifestation results in progressive dilation and the patients usually present with slowly progressive constipation. The diagnosis of Chagas gastrointestinal can be made in patients with motor abnormalities and positive laboratory diagnosis of chronic Chagas disease. The patient completed treatment with benznidazol for 60 days and symptomatic treatment for the megacolon (high-fiber diet, abundant fluid take and osmotic laxative).

Conflict of interest

no

## **Contribution ID: 670**

### **Presentation form**

Poster

### **Migraine in a subsaharian female. It's not always what it seems.**

#### **Authors**

Manuel Jesús Soriano Pérez, Nerea Castillo Fernández, Cristina Ocaña Losada

*Internal Medicine, Hospital de Poniente, El Ejido (Almería), Spain*

**Introduction:** A subsaharian 35-years-old woman with a medical history of epilepsy in treatment with Carbamazepine complains about few month parieto-occipital headache without any improvement with antiinflammatory treatment. She lives in Spain and the last time she went to her country was 18 months ago.

**Methods:** The blood test revealed normal hemogram and basic biochemistry. ESR 75mm. Serologic tests for HIV, HCV, HBV and syphilis and the Mantoux were negative. The chest-abdominal X-Ray and ECG were normal. Cysticercosis serologic test: Positive. Brain CT: Cortical cystic lesions with constrast enhancement in both hemispheres, subarachnoid space and left cerebelum in relation with cysticercosis in initial phase. Cortical brain and basal ganglia nodular calcifications in relation with nonviable phase. Brain MRI: Multiple supratentorial and infratentorial space occupying lesions with the identification of scolex within 10 mm cystic lesion in relation with cisticercosis in initial phase. The ophthalmologic examination excluded ocular cysticercosis.

**Results:** Intraparenchymal neurocysticercosis.

**Conclusion:** The patient was admitted into hospital for a treatment with dexametasone 48 hours prior to Albendazole. She completed 12 days of hospitalized treatment and 1 month of ambulatory treatment. Cysticercosis is caused by the larval stage of the pork tapeworm *Taenia solium*. Intraparenchymal neurocysticercosis is the most common form of cisticercosis and the most usual etiology of epilepsy in young adults living in an endemic area. Diagnostic criteria for cysticercosis are based on clinic, neuroimaging findings, serologic test and epidemiologic exposure. Ophtalmologic examination and screening for latent tuberculosis infection is required prior to initiation of therapy.

Conflict of interest

no

**Contribution ID: 808**

**Presentation form**

Poster

**Night sweating and weight loss. About a tuberculous primary infection**

**Authors**

Silvia Milán Gutiérrez, Marina Sánchez Infante, Diego Ámez Rafael

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**Introduction:** A 30-year-old woman attended a primary care clinic, with no relevant medical history. A native of Romania, resident in Spain since 2013, he has a month-long history of poor general condition, asthenia, profuse sweating at night, chills without thermometrated fever, and cough with a brownish expectoration. In the last days fever of 38.5 °C. For 10 months, hyporexia with progressive weight loss (she has lost 10 kg of weight in the last two months).

**Materials and Methods:** Regular general state, conscious, oriented and collaborative, well hydrated and perfused. Pale skin, eupneic. Cardio-respiratory auscultation: rhythmic tones without murmurs. Vesicular murmur preserved, no pathological sounds added. Rest of anodyne exploration. Weight: 46 kg. Rx

thorax:interstitial alveolus infiltrate in right upper lobe with cavitated lesion, middle lobe, right lower lobe and normal left middle field.Hemogram:Leukocytes 13.240 (Neutrophils 68.1%), Hemoglobin 12, 1 g / dL;Hct 35.7%;platelets 499,000.Coagulation:fibrinogen 550 mg / dL, normal.Biochemistry: glucose, ions, normal renal function PCR 9.87 mg / dL. Serologies: syphilis, hepatitis C and HIV negative.Hepatitis B:HbsAg: negative.HbsAc: positive and HbcAc: negative.Ag of S.Pneumoniae and Legionella: negative.Urine: normal.test of pregnancy: negative.Mantoux 10 mm; BAAR sputum: positive in two samples.**Results:**Pulmonary Tuberculosis.

**Conclusion:**The importance of carrying out a complete anamnesis and using the complementary tests within our reach, such as chest x-ray, which in this case was fundamental for the diagnosis, as well as knowing the pathologies prevalent in the area.

Conflict of interest

no

## **Contribution ID: 42**

### **Presentation form**

Poster

### **BEST POSTER: Prevalence and risk factors associated with common mental disorders among medical students**

#### **Authors**

Ana Rosa Murad Szpilman, Amine Selim de Salles Gonçalves Melado, Filipe Alvarenga Caetano Vitorino, Wanêssa Lacerda Poton  
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**Introduction/Aim:** Scientific research that addresses the mental health of medical students' points to stress in medical training and practice as a possible etiological factor of common mental disorder (CMD). The aim of this study was to identify the prevalence and risk factors of CMD among medical students at Vila Velha University (UVV), Brazil.

**Materials and Methods:** A cross-sectional study with 360 medical students from UVV, from February to April 2018. It was used a self-administered, confidential and online questionnaire containing socio-demographic and economic data, family support, friends network, physical activity and academic performance, as well as the Self-Reporting Questionnaire (SRQ-20). Statistical analyzes were performed by the STATA program, version 13.0. This project was approved by the Human Research Ethics Committee.

**Results:** The prevalence of CMD among students was 45.6%. The predictive factors for CMD were family mental disorder (RR 1.24, 95% CI 1.01, 1.54), poor sleep quality (RR 1.49, 95% CI 1.17, 1.90), which compromises students' quality of life (RR 1.33, 95% CI 1.01, 1.77), feeling rejected by friends (RR 1.45, 95% CI 1.07, 1.96), which implies not receiving emotional support, (RR 1.67, 95% CI 1.29, 2.17), as well as physical discomfort during the test (RR 1.63, 95% CI 1.21, 2.20).

**Conclusion:** The overall prevalence of CMD among UVV medical students was high, as were the risk factors for CMD. Thus, it is imperative that educational institutions

and responsible government agencies formulate and subsidize corrective actions and demands appropriate to the mental health care of their students.

Conflict of interest

no

## **Contribution ID: 113**

### **Presentation form**

Poster

### **Late presentation postpartum depression: a case report**

#### **Authors**

Teresa Rodrigues, Ana Marta Neves, Benvinda Barbosa, Francisco Fachado, Pedro Fonte, José Rui Caetano

*USF do Minho, ARS Norte, Braga, Portugal*

**Introduction:** Postpartum depression is a condition that affects the health of the mother, infant and family. Although it is often defined as an episode of major depression that begins within four weeks after delivery, the time of onset is highly variable and can occur anytime within the first year postpartum.

**Materials and Methods:** Clinical case.

**Results:** A 40-year-old mother of a 12-month-old son and a 6-year-old daughter, employed as a seamstress, from a nuclear family on stage 4 according to Duvall's family life cycle, reported to her family doctor with irritability, low energy and tearfulness with 2 months duration. She was not suicidal or psychotic. She had no previous medical or medication history. Her pregnancy was uneventful, and she was euthymic at her puerperium appointment six weeks after childbirth. She was prescribed sertraline 50mg od, offered psychotherapy and advised to seek care if her symptoms worsened. One month later, she went to a psychiatric appointment and her sertraline dose was increased, as she still reported severe irritability and sadness. Due to worsening symptoms and inability to cope, her children were temporarily taken from her care.

**Conclusion:** We report a case of a patient with postpartum depression whose symptoms began 10 months after childbirth. This case report should prompt family doctors to consider this condition beyond its usual timeframe of four weeks after childbirth. The family doctor must be aware of these symptoms, as postpartum depression may cause harm and require pharmacotherapy, psychotherapy and social support.

Conflict of interest

no

## **Contribution ID: 236**

### **Presentation form**

Poster

### **Psychiatric comorbidity in women with obesity**

#### **Authors**

Cristina Borra, Olga Casado, Concepcion Ausejo

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**Introduction/Aim:** Depression and obesity are established as one of the main health problems worldwide. At present, there is no clear relationship between obesity and psychopathology and it has not been clarified whether the possible psychological disorders are a cause or a consequence of obesity. The aims of this study were to characterize depressive mood patterns in women with obesity and to assess whether depressive symptoms are associated with other sociocultural and endocrine-metabolic factors.

**Material and Methods:** Design: Cross-sectional descriptive study. Community sample: 175 women (100 women with Body Mass Index  $\geq 25$  and 75 normal-weight controls). Interventions: The Beck Depression Inventory, the Goldberg Anxiety Subscale, the Holmes-Rahe Scale and a questionnaire about sociocultural and clinical factors, stressful life events, psychopharmaceutical and toxic consumption and cardiovascular risk factors.

**Results:** Depression prevalence in women with obesity was 20% (95%CI 11.6-28.3) and 8% (95%CI 1,2-14.8) in control group ( $p < 0,05$ ). Past episodes of depression and anxiety, family history of depression, alcohol consumption, psychopharmaceutical use and anxiety were related to depressed mood in women with BMI  $\geq 25$  ( $p < 0.05$ ). In multivariate logistic regression model significant associations between depression and obesity (OR 0.12(0.02-0.23)), higher alcohol consumption (OR 0.19(0,07-0,33)) and anxiety (OR 0.28(0.18-0.39)) were found. Comparatively with control group no differentiating clinical patterns were found.

**Conclusions:** Obesity is not just a simple symptom, but there are psychopathological factors like depression and anxiety, along with alcohol consumption, which should be evaluated in women with obesity within a multidisciplinary plan for a psychological therapeutic intervention in primary care.

Conflict of interest

no

## Contribution ID: 345

### Presentation form

Poster

### Benzodiazepines. Do we use it properly?

#### Authors

Carlos Pérez Llanes<sup>1</sup>, Aranzazu Sánchez de Toro Gironés<sup>1</sup>, Rita Rico Gómez<sup>1</sup>, Ana Cristina Menéndez Lopez<sup>1</sup>, Lázaro De Castro Peral<sup>2</sup>, Jose Luís García Riquelme<sup>3</sup>

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<sup>3</sup>Escuela Técnica Superior de Ingeniería de Minas y Energía, Universidad Politécnica de Madrid, Madrid, Spain

**Objetives:** Main: to measure the number of patients in our health center who make adequate use of benzodiazepines. According to clinical guidelines, if they adequately keep the duration of treatment, if it is supported with antidepressants and if the doses are adequate. Secondary: to know the main reasons for the consumption of these drugs, the level of prevalence of side effects and the role of the general practitioner with the problems that may arise from this treatment.

**Methodology:** This is a cross-sectional descriptive study of patients from our health center receiving benzodiazepines. Questionnaire 44 items, previously validated. Completed voluntarily by 96 patients of the San Javier Health Center. Statistical analysis G-STAT 2.0.

**Results:** The main reasons for taking benzodiazepines are insomnia and anxiety. - Patients with long-term anxious symptoms are undertreated. - In general, the daily dose is adequate. - Most have noticed improvement, but 53% suffered adverse effects. - The doctor is active in the withdrawal of the drug, using the different methods. - The average patient knows the effects combined with alcohol and the danger of driving.

Conflict of interest

no

**Contribution ID: 378**

**Presentation form**

Poster

**The connection between ventricular tachycardia and antidepressive therapy**

**Authors**

Branka Sošić, Marijana Tomic Smiljanic

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**Introduction:** Ventricular tachycardia is always a serious clinical event. It may occur with the prolonged QT interval syndrome.

**Aim:** To point out the possible aetiology of ventricular tachycardia

**Method:** Patient interview, data obtained from the medical card, discharge lists, ECG and laboratory analyses.

**Case report:** A male patient, aged 52, complained of fatigue, nausea and vomiting. His blood pressure was found to be 95/65 mmHg, the cardiac action was tachycardic. The patient claimed he had not experienced heart palpitations and chest pains. An ECG was performed, which established the existence of ventricular tachycardia with the frequency of 170. The patient was administered one ampoule of 5 mg Metoprolol intravenously, and was transported in an emergency vehicle to the urgent cardiology clinic. For the previous ten years the patient had been taking medication for the treatment of hypertension and depression. At the urgent cardiology clinic the patient was administered two ampoules of Amiodarone in 300 ml of 0.9% saline solution and his sinus rhythm was converted to the frequency of 72. Because of the previous administration of two antidepressants from the serotonin withdrawal inhibitor group, he was advised to discontinue the use of Trazodone and to continue using Paroxetine in therapy because of the increased risk from the QTc interval prolongation, which can lead to chamber tachycardia of the cardiac twist type.

**Conclusions:** It is necessary to perform an ECG and determine the QTc interval before introducing antidepressant therapy.

**Key words:** Ventricular tachycardia, anti-depressive therapy

Conflict of interest

no

**Contribution ID: 387**

**Presentation form**

Poster

**Multidisciplinary approach in syringomyelia**

**Authors**

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<sup>2)</sup>*Poniente Hospital, El ejido Almeria, Spain*

**Introduction:** 33-year-old woman that presents dysesthesias in lower limbs and face of months of evolution. No loss of strength or pain. Refers differences in relation to temperature and pain sensitivity.

**Materials and Methods:** Exploration and complementary tests: Exploration of cranial nerves, normal; with conserved strength, normal muscle tone and ROT little alive but symmetrical. Dysesthesias in left limbs and half left face. Normal march. Cerebral MRI: discrete descent of cerebellar tonsil. Cervical MRI: syringomyelic cystic cavity from C2 at the dorsal level.

**Results:**

- Clinical judgment: Arnold Chiari type I malformation with syringomyelia.
- Differential diagnosis: spinal cord tumor, disc hernia at cervical level, deficit of B12.

**Conclusion:** 90% of patients with syringomyelia have an associated Chiari malformation. In these cases, craniocervical decompression can result in an improvement of neurological functions or non-progression between 31-63%. On the other hand, failures in surgical decompression (such as headache and cervicalgia) have been recorded in up to 40% of patients. That is why some experts suggest that sensory symptoms or pain in isolation should not be indications for surgery. In this case, the patient persists with hypoesthesia in the hands and cervicalgia, so she continues to be followed up by Rehabilitation and by Mental Health. This is not an isolated case, it has been proven that these patients benefit from a combined medical and psychological intervention due to the great emotional burden that their illness entails. So, it is of vital importance to inform about the possible results of the surgery.

Conflict of interest

no

**Contribution ID: 395**

**Presentation form**

Poster

**Headaches in primary care: how to manage?**

**Authors**

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**Introduction/Aim:** Headaches are one of the most frequent symptoms reported by patients in Primary Care; this review outlines the main evidence regarding this clinical entity, which can be crucial for its proper management.

**Materials and Methods:** Research in Pubmed and Google Scholar for results in English and Portuguese, published in the last 10 years, including the keywords "headache", "management", "diagnosis", "treatment", "primary care" and the equivalent descriptors in Portuguese.

**Results:** Headaches may be associated to organic, psychological and psychosomatic causes, and can be classified as primary or secondary. The first are most common and considered benign, while the latter are less frequent and may be caused by organic conditions with varying degrees of severity. A thorough anamnesis is key to differentiate these types of headaches. This also detects signs which can lead to further evaluation and assist with deciding the best course of treatment. Here there are multiple options, including using different pharmacological groups for the management of acute symptoms or as prophylaxis.

**Conclusions:** Although the majority of headaches are considered benign, their impact in terms of quality of life, function impairment and work absenteeism cannot be ignored. Being the first resource for most patients, it is crucial that Family Doctors are equipped with the right tools to assess this clinical entity, identify the situations that deserve further investigation and treat the remaining ones appropriately.

Conflict of interest

no

## Contribution ID: 505

### Presentation form

Poster

### Diagnosis and management of bipolar disorder in primary care: a case report

#### Authors

Teresa Rodrigues<sup>1</sup>, Benvinda Barbosa<sup>1</sup>, José Rui Caetano<sup>1</sup>, Francisco Fachado<sup>1</sup>, Pedro Fonte<sup>1</sup>, Ana Neves<sup>2</sup>

<sup>1</sup>USF do Minho, ARS Norte, Braga, Portugal

<sup>2</sup>ARS Norte, Vila Nova de Famalicão, Portugal

**Introduction:** Bipolar disorder is a chronic, incapacitating and difficult to treat mental illness with significant societal, familial and professional impact. Primary care providers are well suited to recognize this condition at its early stages and thus reduce morbidity and improve prognosis. Appropriate follow-up with familial involvement is central to preventing relapses and disability.

**Materials and Methods:** Clinical case.

**Results:** A 52-year-old woman with family history of first-degree bipolar disorder, previously medicated with sertraline 50mg for 6 months after a depressive episode, presented with agitation, confused speech and decreased need for sleep with 2 months duration. Her husband reported unusual behavior at work and at home that were causing great family instability. Given the likelihood of acute mania, an urgent psychiatric referral was suggested, which the patient refused. She agreed, however, to be reevaluated a week later. At this consultation, due to further deterioration, a new referral to the emergency department was proposed, to which she agreed. She was diagnosed with bipolar disorder, hospitalized and medicated with lorazepam 2,5mg, flurazepam 15mg, quetiapine 100mg and aripiprazole 10mg. Currently, she

maintains her usual follow-up and is clinically stable. Family involvement has been one of the key elements in therapeutic success.

**Conclusions:** We report a case that emphasizes the pivotal role of primary care clinicians in detecting, managing and referring bipolar disorder, while still maintaining a working relationship with patients, understanding their life circumstances, and providing support and information to their family.

Conflict of interest

no

## **Contribution ID: 521**

### **Presentation form**

Poster

### **Impact of Physical Exercise on Cognitive Aging**

#### **Authors**

Catarina Ribeiro<sup>1)</sup>, Joana Fiúza<sup>2)</sup>, Rui Fernandes<sup>1)</sup>, Inês Sousa<sup>1)</sup>, Soraia Abreu<sup>1)</sup>

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**Introduction/Aim:** The global population is aging. The increase in longevity is associated with an increase of older individuals with cognitive impairment. Considering the devastating effects of cognitive decline on life quality and general health, the establishment of appropriate interventions to prevent, rehabilitate, and/or manage these age-related dysfunctions are important goals for public health. The development and implementation of non-pharmacological interventions as an alternative or adjuvant therapy seems to represent an advantageous option.

The aim of the present research was to review relevant information about the effects of physical exercise on cognitive function in older adults, to consider its implementation as an alternative or adjunctive therapy to improve the cognitive performance of this population.

**Materials and Methods:** A literature review on the impact of physical exercise on cognitive aging, from reference books, journal articles and indexed databases (PubMed, UpToDate and Medscape and b-on).

**Results:** The practice of physical exercise among the elderly population was positively associated with better performance in various cognitive domains, such as memory, processing speed and executive function. The mechanisms underlying this relationship appear to be related to many specific processes that are necessary for the cognitive control.

**Conclusion:** The results of this literature review, allows us to ascertain causal relationships between an active lifestyle and better cognitive health outcomes. The implementation of physical exercise programs as a coadjuvante and non-pharmacological alternative to improve cognitive function, represent an advantageous option, especially for its applicability, for being an economically accessible and adaptable method to the particularities of this population.

Conflict of interest

no

## Contribution ID: 522

### Presentation form

Poster

### BEST POSTER: ADHA in adulthood... a forgotten diagnosis!

#### Authors

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**Introduction/Aim:** Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by impairment of personal functioning (inattention, disorganization and/or hyperactivity and impulsivity). It is one of the most common neuropsychiatric disorders in children/adolescents. Despite being diagnosed mostly during childhood, studies show that many people continue to present diagnostic criteria in adult life with an estimated prevalence of 2.5%. The present study aims to review the clinical, diagnostic and prognostic characteristics of ADHD, emphasizing the particularities of the pathology and its underdiagnosis in adult life.

**Materials and Methods:** Research of scientific articles published in indexed databases Pubmed and UpToDate and consultation of journals and reference books of psychiatry.

**Results:** It was verified that ADHD in the adult is underdiagnosed despite its impact on patients' daily lives. In adults, ADHD is associated with increased risk of isolation and social rejection, low self-esteem, accidents, family and job instability (low level of performance and success, poor attendance, high levels of interpersonal conflict, higher probability of unemployment, low-level academic success), abuse of drugs and delinquency. The differential diagnosis of this pathology with Personality Disorders is hampered by the presence of similar characteristics of disorganization, social intrusion, emotional and cognitive dysregulation.

**Conclusion:** The analysis, inferred in this review, found that ADHD in the adult continues to be an often neglected diagnosis in clinical practice. It is possible to conclude the importance of sensitizing health professionals to the diagnosis of this pathology that has so much impact in the most diverse areas of the patient's daily life.

Conflict of interest

no

## Contribution ID: 565

### Presentation form

Poster

### Approach to benzodiazepines and other types of sedative-hypnotics consumption in elderly– assessment and quality improvement

#### Authors

Natalina Rodrigues, Jéssica Peres, Miguel Pereira

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**Introduction:** Benzodiazepines and other types of sedative-hypnotics consumption have increased in the last decade. Their use has been conditioned due to the risk of dependence, falls, memory impairment and tolerance, which challenges treatment cessation. Aim: To improve the quality of health care provided for the prescription of anxiolytics, sedatives, and hypnotics in the elderly.

**Materials and Methods:** Data collection: May 2018 and October 2018, consulting the clinical records and prescription data. Type of intervention: data exhibition, discussion of results and presentation the major national recommendations and international guidelines, on June 2018. Analysis of data: Excel®. Population: Users with ages > = 65 years, from a primary health care unit. Inclusion Criteria: Users with ages > = 65 years with excessive prescription of anxiolytics, sedatives, and hypnotics. Exclusion Criteria: deceased. Evaluation/quality criteria: identification and duration of drug prescribed; Identify if after the intervention there was a decrease in the ratio of elderly people with anxiolytics/sedatives/hypnotics prescription.

**Results:** On the first evaluation there were a total of 330 users, with an excessive prescription of anxiolytics/sedatives/ hypnotics, 75.5% female, with a ratio of 14,1%. After the educational session, in the second evaluation, 501 patients were included, 75.4% female, and a ratio of 21,5%.

**Conclusion:** There was an increase in the proportion of elderly patients with prolonged anxiolytic/sedative/ hypnotic prescription, which suggests that the intervention did not have any impact. It is important to implement new corrective measures, promoting the importance of a correct prescription of these drugs.

Conflict of interest

no

## Contribution ID: 629

### Presentation form

Poster

### Physicians burnout - a proposal for prevention and intervention in primary care

#### Authors

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**Introduction:** Burnout can be defined as a prolonged response to chronic emotional and interpersonal stressors at work. The prevalence among physicians is high but there is lack of consensus on methods to effectively reduce it. Family doctors are one of the most affected. Several stressors are the leading cause of this syndrome and work overload is one of the most relevant. Burnout is preventable and can be reversible. Our aim is to propose simple and effective strategies to reduce burnout within the family doctors community considering the existing evidence based best results. **Methods.** We research for all types of studies with full text free access, published in the last five years in PubMed, DARE and other specific sites of international societies, with the terms MeSH "physician burnout" and "prevention" and "intervention". We have selected 8 articles that were analyzed and used to design our proposal for prevention and intervention in burnout.

**Results:** Proposal:create a flyer with burnout information to deliver to all family doctors; identify risk factors and more vulnerable family doctors; scheduled trimestral meetings to adress organization and individual problems; give support to colleagues and encourage them to share their difficulties; help colleagues to get access to health care; promote solidarity between colleagues by organizing team sport events.

**Conclusion:** Burnout is characterized by emotional exhaustion, depersonalization and reduced personal accomplishment. It can lead to personal consequences so it is imperative to create a structured response in order to prevent burnout and support family doctors affected by it.Reorganization of the work environment and individual interventions are fundamental to achieve good results.

Conflict of interest

no

## **Contribution ID: 693**

### **Presentation form**

Poster

### **Food refusal during pregnancy – a case of misdiagnose**

#### **Authors**

Mariana Mina, Joaquim Nunes, Ana Santos

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**Introduction:** Mental disorders are a common cause of suffering and social stigma, usually affecting the whole family. Pregnancy is a period of increased risk for psychopathology due to all the physical, hormonal and emotional changes that naturally occur.

**Materials and Methods:** We present the case of a 37-year-old pregnant woman that presented to her family doctor for her prenatal care appointment at 17 weeks of pregnancy. Her medical records were consulted, and literature review was made on the subject.

**Results:** The patient had a history of anorexia nervosa and panic disorder for 10 years and suspended her chronic medication at the beginning of the pregnancy due to "long term clinical stabilization". She presented very concerned, mentioning that, because of the suspicion of a single cord in her 1st trimester ultrasound, she resumed panic attacks and anxious symptomatology. She expressed great worry about the baby's well-being, since she refused to eat and take prenatal vitamins, having increased only 300g in the last 4 weeks. All other medical exams were normal. Throughout her emotional speech, we realized that the woman's chronic food avoidance was not due to fear of gaining weight, but because of a phagophobia, associated with her panic disorder (Avoidant Food Intake Disorder). She was medicated with Sertraline 50mg and referred to Psychiatry.

**Conclusion:** This woman was wrongly labelled with anorexia nervosa for 10 years. Family doctors must use their skills to properly identify and orient psychiatric disorders, especially in those at higher risk such as pregnant women.

Conflict of interest

no

**Contribution ID: 757**

**Presentation form**

Poster

**BEST POSTER: Warning signs of frontotemporal dementia in primary health care**

**Authors**

Ana Filipa Sousa, Adriana Sarmiento, Daniela Mateus  
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**Introduction/Aim:** Frontotemporal dementia (FTD) is one of the most common causes of early-onset dementia. Despite its own clinical features, it remains an underdiagnosed disease. With this review, the authors intend to alert to the FTD main aspects and the role of primary care physicians.

**Materials/Methods:** We reviewed the main epidemiological, clinical, diagnostic, therapeutic and prognosis aspects of FTD. The literature search was undertaken on November 15, 2018, using The Cochrane Library, MEDLINE and EMBASE with language restriction (English; Portuguese; Spanish), publications in the last 10 years and MeSH term "frontotemporal dementia".

**Results:** Patients with FTD have relatively preserved memory and behavioural and language manifestations are its core features. FTD is characterized by an insidious onset of behaviour features including apathy, loss of insight, social inappropriateness, emotional blunting, neglect of self-care, impulsivity and hyperorality. Usually, these patients turn earlier to primary health care, compared to patients with Alzheimer's disease. Mini Mental State Examination does not allow early identification of FTD. Clinical diagnosis is based on a detailed medical history provided by the family and caregivers, along with neuropsychological tests. There is no specific treatment but selective serotonin reuptake inhibitors may be beneficial for behavioural symptoms. Thus, treatment is focused on symptom management and support for patients, families, and caregivers.

**Conclusions:** The family physician has a privileged position for early identification of FTD and to reduce its underdiagnosis, as he knows the patient's previous personality. The biopsychosocial approach in primary care, allows the patient's follow-up and the support of his family.

Conflict of interest

no

**Contribution ID: 761**

**Presentation form**

Poster

**Do you prescribe complementary therapies to your patients for anxiety treatment?**

**Authors**

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**Introduction/ Aim:** Anxiety is a common cause of appointments in primary care. Plenty of the patients become addicted to anxiolytics and it's an urge to have more options to deal with this burden. Complementary therapies are defined as any practice or product that is not part of conventional medical care. Additionally, complementary medicine is the use of a therapy in conjunction with conventional medicine. Integrative medicine is the use of evidence-based conventional care in association with evidence-based complementary therapies. The aim of this review is to improve the know-how of the doctors in complementary therapies to manage anxiety.

**Materials and Methods:** We performed a classic review, with the following query using the MeSH terms "Complementary Therapies" AND "Anxiety" AND "Family Physician" at PubMed database. Inclusion criteria was based in reviews published in the last 5 years.

**Results:** From the selected eight articles, music therapy, meditation, including mindfulness-based stress reduction, yoga, stress management programs are recommended to reduce longer term anxiety. Acupuncture, relaxation and massage therapy can be considered for short-term relief of anxiety. Also the exercise has a small to moderate effect in reducing symptoms in persons with anxiety.

**Conclusions:** Doctors and patients should adopt shared decision-making approaches when evaluating each therapy for the treatment of anxiety. Integrative medicine may be taken into consideration to control and improve quality of life in anxious patients. Furthermore, more studies are needed given the lack of systematic reviews with clear evidence-based options of complementary therapies, assessing the benefits and harms of each therapy.

Conflict of interest

no

## **Contribution ID: 774**

### **Presentation form**

Poster

### **Anxiety with hypochondriacal disorder as a cause of hypertensive decompensation.**

#### **Authors**

Silvia Milán Gutiérrez, Marina Sánchez Infante, Carmen Aguilera Montaña  
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**Inroduction:** 51-year-old man, chronic migraine, dorsolumbalgia, BDZ abuse and obesity, hypertension. Smoker 2 packages/day. He consulted three times with high blood pressure (160/110, 150/100; 165/100 mmHg) improvement after treatment. Now he went to the hospital emergency referring oppressive headache, dizziness, palpitations, malaise and weakness. He reports hyporexia and loss 8kg last month and feeling depression. Usual treatment/day: Diazepam, Enalapril, Propranolol.

**Materials and Methods:** Good-general-appearance, well hydrated-perfused. Eupneic. Afebrile. Obese. BP: 140/90. ACR: normal. Abdomen: globose without pathological findings. LIMBS: normal. EKG: sinus rhythm 130 bpm. no pathological findings. RX TORAX: no cardiomegaly, no signs of congestion or infiltration. Analytical without alterations. Hemogram: three normal series-VSG. Coagulation: normal, including

D-Dimer. Biochemistry: Glucose, Uric acid, PCR normal. Normal renal-hepatic function, normal ferrokinetics, folic acid and vitB12. Lipids: Triglycerides 213, Cholesterol 237, HDL 32 LDL 162. Normal TSH-immunity. HbA1c 6%. Plasma basal cortisol and urine in 24h normal. Normal urine. Negative serologies. Cranium tac and MIR: normal. ECHOCARDIO: light-moderate HVI. Abdominal-ECHOGRAPHY: hepatic steatosis. HOLTER: no pathological findings.

**Results:** good clinical evolution, hemodynamic stability and absence of important pathological findings, organicity is ruled out, with suspected functional origin and hypochondriasis. In Primary Care did a family study with dysfunctional family. Presence of stressful life. Nonspecific dizziness, weight loss without data of organicity. Palpitations with Holter-ECG without significant alterations. No significant structural heart disease. Anxiety syndrome with hypochondriacal disorder. Abuse of benzodiazepines. CVRF.

**Conclusions:** Arterial Hypertension cause morbidity and contributes to increased mortality, as it is an important risk factor for coronary heart disease and cerebrovascular disorders. Emotions and stress under certain conditions generate negative emotional states such as anxiety and depression that can aggravate hypertension. In the current clinical case, after 6 months of pharmacological treatment, changes in lifestyle and follow-up in Psychology with good therapeutic adherence and stability of their socio-family situation, our patient presented an important clinical improvement.

Conflict of interest

no

## **Contribution ID: 830**

### **Presentation form**

Poster

### **Depression and suicide in the elderly**

#### **Authors**

Ana Gonçalves<sup>1)</sup>, Ana Domingues<sup>2)</sup>, Lúcia Carvalho<sup>1)</sup>, Vanda Figueiredo<sup>1)</sup>

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**Introduction/Aim:** Depression in the elderly is a major public health problem. It is a multidimensional disorder with multiple risk factors, such as advanced age, male sex, chronic alcoholism, psychiatric illness, social isolation, mourning and chronic disabling illness.

Severe depression may not be diagnosed in elderly due to the atypical presentation in this age group and suicide is the most important complication.

The aim of this work is to emphasize the importance of the prevention and recognition of risk situations and to improve the approach of the elderly with depression.

**Description:** The case reports a 77 year-old female who visit her family doctor with an emergency episode letter, due to a suicidal attempt. It was also described depressed mood, anhedonia, insomnia, fatigue and anorexia in the last months.

The patient lived alone, as her husband had passed away 12 years ago and her two sons lived far away. She admitted that she was feeling very lonely, had financial problems and weak social support.

**Conclusions:** Depression in elderly is a common but frequently unrecognized condition that can culminate in suicide.

Family doctors should be alert to detect risk situations, having the opportunity to act in time.

In fact the approach of elderly people with depression should be patient-centered, involving a biopsychosocial model. Therefore, it is important to provide preventive health care and adequate social and family support for the elderly in order to reduce the risk of suicide.

Conflict of interest

no

## **Contribution ID: 871**

### **Presentation form**

Poster

### **n-3PUFAs and Mild Cognitive Impairment: What is the evidence of supplementation in the elderly?**

#### **Authors**

Daniela Silva<sup>1)</sup>, Ana Morais<sup>2)</sup>, Maria Domingues<sup>1)</sup>, Mónica Silveira<sup>2)</sup>

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**Introduction/Aim:** Mild Cognitive Impairment (MCI) lies between normal aging and early dementia, making it important to monitor symptoms and undertake neuroprotective measures. No treatment is currently recommended to delay MCI. Studies show that populations with a high fish intake (rich in n-3 polyunsaturated fatty acids / n-3PUFAs) have lower dementia and MCI rates. Supplementation has no demonstrated benefit in Alzheimer's Disease, but its effects in MCI are under discussion. The aim of this work is to review scientific evidence on the impact of n-3PUFAs supplementation in the elderly with MCI, compared with placebo.

**Materials and Methods:** A query using the MeSH terms "Cognitive Dysfunction" OR "Cognitive Impairment" AND "Fatty Acids, Omega-3" was used to search for relevant articles at PUBMED/Medline, National Guideline Clearinghouse, NICE Guidelines-Finder, CMA InfoBase, The Cochrane Collaboration, DARE, Bandolier and EBM. Inclusion criteria selected human studies, ≥ 65 years old, written in English, Portuguese or Spanish, published between 12/05/2015 and 30/06/2018. The SORT scale was applied to evaluate each article.

**Results:** Thirty-two articles were retrieved, of which four were included (two systematic reviews, two randomized controlled clinical trials). All evaluated the effectiveness of n-3PUFAs supplementation compared with placebo (other fatty acids of similar caloric value) on the impact of MCI, as measured by neuropsychological tests.

**Conclusion:** The doses and duration of treatments with n-3PUFAs among studies were heterogeneous and current investigation cannot support supplementation for the prevention of MCI (Evidence Level 2, Strength of Recommendation B).

Conflict of interest

no

## **Contribution ID: 887**

### **Presentation form**

Poster

### **Antidepressants treatment audit**

#### **Authors**

*Isabel Legazpi Rodríguez, Carolina Comas Palahí, Roger Fitó Tarragó, Raquel Tena Rodríguez, Anna Gallart Bargalló, Begoña Muerza Amo, Teresa Planas Callao, Verónica Alfonso Reyes, Francesc Planellas Vancells, Omar Moh Bachir Nafe ABS Sant Feliu de Guíxols (Girona), Institut Català de la Salut, Sant Feliu de Guixols, Spain*

**Introduction/Aim:** Mood disorders and anxiety are among the most common reasons for seeking medical attention, and antidepressants are usually prescribed when patients ask to doctors. Between 2000 and 2013 antidepressants' use in Spain has increased up to a 200% more. There's no solid evidence supporting this escalate, especially in patients with mild depressive disorders or anxiety (where scarce differences between antidepressants and placebo are observed). Serious side effects have been described: antidepressants treatment doubles risk of suicide and violence (the number need to harm one healthy person is 16). We want to check antidepressants use in a Catalan Primary Care Team.

**Methods:** Descriptive study. We extracted data from our electronic computing system, analyzing a reference population from 29750 people (older than 15). We looked for patients with active antidepressant treatment taking into account whether they are diagnosed for depression, anxiety, personality disorders, fibromyalgia, obsessive compulsive disorder or any other mental disorder or not.

**Results:** There are 2437 people with active treatments with antidepressants (a 8,2% of our study population). A 75,96% of these (1851 patients) are diagnosed for depression and / or anxiety. And in 362 patients (a 14,85%) no mental disorder had been ever related.

**Conclusion:** We observed an important percentage of people (a 14,85%) taking antidepressant treatment with no medical justification. These data are congruent with antidepressants drugs consumption in Spain. Changes in the approach for mood disorders and anxiety treatment are needed in order to reduce the antidepressants use and their adverse effects.

Conflict of interest

no

## **Contribution ID: 929**

### **Presentation form**

Poster

### **Clinical case – "About a headache"**

#### **Authors**

*Beatriz Meneses<sup>1</sup>, André Rainho Dias<sup>2</sup>, Nádia Mendes Silva<sup>1</sup>, Mafalda Salvado<sup>1</sup>*

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**Introduction:** Headache is one of the most common symptoms in family doctor consultation, affecting about one in 20 people during their lifetime. Because it has a major impact on the quality of life, it is important to characterize the type of headache, taking a careful approach to uncover its cause.

**Case Description:** A 22 year-old male came to his family doctor with complaint of a very intense headache, of temporal predominance that awakened him, with intolerance to light and noise, which conditioned his daily interpersonal relationship. The resistance to the analgesic and anti-inflammatory therapy instituted was one of the warning signs that motivated a more in-depth study, although objective examination did not have alterations. Cranioencephalic CT revealed an expansive lesion that occupied the right cavernous sinus and part of the sella turcica, suggestive of macroadenoma of the pituitary gland. Despite being immediately treated, he began to manifest addictive behavioral, an emotional reaction to his clinical situation. These behaviors, never before demonstrated by the patient, were a matter of great concern to the parents who started to resort to the Family Doctor more frequently.

**Conclusions:** This case of headache in the young man warns of the risk of undervaluing such common complaints. More importantly, it emphasizes the crucial role of the Family Doctor in managing family problems, intervention and support for the whole family in a life crisis, and in the detection and monitoring of "side effects" of a more disturbing diagnosis, such as addictive behaviors and other behavioral changes.

Conflict of interest  
no

## **Contribution ID: 952**

### **Presentation form**

Poster

### **The borderside of resources – a case report**

#### **Authors**

Inês Correia Tavares, Sara Oliveira Nunes, Leila Marques, Pedro Godinho Fernandes, Mónica Cró Nóbrega, Marta Maria Duarte  
*USF LoureSaudável, Loures, Portugal*

**Introduction:** A 23-year-old girl went to her family doctor with a 2-year history of irritable mood worsened recently by social isolation. Her mother accompanied her and said she was worried about their frequent conflicts; she started dating a year ago, but her mother doesn't like the boyfriend because he overcontrols her and lowers her self-esteem.

**Methods:** This first appointment was entirely conducted by her mother. The girl avoided eye-contact and her speech was mostly provoked. She agreed to be sad and then started sertraline. In the next appointment, she felt better and revealed self-criticism, admitting difficulties on making decisions and dealing with her boyfriend, so she started psychotherapy.

Her evolution had highs and lows. A few months later, her psychologist draw a letter relating instability in her relationship, with psychological abuse by the boyfriend; she was also suspicious of psychosis, based on some bizarre ideas and behaviors she presented. She was then referred to Psychiatry and signalized to the regional team of Prevention of Violence on Adults (EPVA).

**Results:** After a 6-month follow-up on Psychiatry, the patient is being treated with aripiprazole, assuming cluster B personality disorder and psychosis; EPVA is investigating the suspicion of violence. She found a job and familiar relationships' are getting better, despite the high emotional expression still shown by her mother.

**Conclusion:** The management of the patient's resources is centered on the family doctor; this work is particularly important for success in these cases where the biopsychosocial sphere of disease is evident.

Conflict of interest

no

## **Contribution ID: 1033**

### **Presentation form**

Poster

### **Analysis Of Patients Referred From a Health Center to a Mental Health Center During 12 Months**

#### **Authors**

JOSE-CARLOS PEREZ-SANCHEZ, Isabel-Maria Camara-Bravo, Lucia Ocaña-Martinez, Irene Roldan-Gomez, Pedro-Rafael Martinez-Lopez, Jesus Herrera-Imbroda, Sheila Santiago-Gonzalez, Maria Macias-Sanchez, Jose-Angel Sanchez-Ortiz  
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**Introduction:** Anxious-depressive syndromes occupy a big part of the family doctor's consultation time. Within the anxiety-depression process, we carried out an inter-levels coordination program in our area to tend to patients referred from our Health Center to Mental Health Center; we only included patients with mild or moderate symptoms. We intend to describe and analyze all patients were treated at the Mental Health Center of Rincon de la Victoria during 2017.

**Methodology:** We analyzed age, gender, reasons for consultation, final diagnosis and discharges of all our patients by applying the statistical program SPSS. The frequencies of existence of psychopathology and discharges made by a single-act interconsultation were described and measured. The differences between single-act discharge frequencies according to gender and age were compared by applying chi-square and Student's t-test statistics; an estimate of the corresponding association measures was made.

**Results:** The sample was 134 individuals; 76,11% were females. Reasons for referral were: depression in 44,78% of patients, anxiety in 25,37%, anxious-depressive disorder in 12,69%, and there were 17,16% uncoded diagnosis. The diagnosis of Mental Health Center were: maladaptative behavior disorder in 22,39% of patients, anxious-depressive disorder in 21,64%, and 19,40% uncoded diagnosis.

**Discussion:** 23,88% of all the patients who went to the consultation did not present psychopathology. This should make us reflect on the high number of "avoidable" referrals, which could be influenced by the limited time we have in Primary Care to

evaluate our patients correctly. 79.10% of referrals were solved in a single act, which indicates the great utility of the program as a high resolution intervention.

Conflict of interest

no

## **Contribution ID: 1056**

### **Presentation form**

Poster

### **Trazodone efficacy in primary insomnia: a based-evidence review**

#### **Authors**

Vasco Fontainhas, José Costa, Ana Sabugueiro, Cátia Brito  
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**Introduction:** Insomnia is the most frequent sleep disorder in primary health care and is associated with significant impairments in daytime activity. Trazodone has been off-labeled used as sleep medication despite being approved for depression. The purpose of this study is to evaluate the literature on the efficacy and safety of trazodone when used as treatment for insomnia.

**Methods:** A literature search was conducted using science databases such as British Medical Journal (BMJ) Clinical Evidence, Evidence Based Medicine online, National Guideline Clearinghouse, National Library of Guidelines, The Cochrane Library, DARE, Bandolier e MEDLINE/PubMed from the past 10 years and using the keywords insomnia and trazodone.

The results were restricted to english and portuguese language.

To assess the evidence level it was applied American Family Physician scale – SORT (Strength of Recommendation Taxonomy).

**Results:** Four articles were selected for thorough study. Low dose of trazodone has been demonstrated effective as a short-term treatment for insomnia. It reduces sleep latency and improves sleep quality. Side effects are dose-dependant, and the most common is drowsiness and dizziness. There are no studies that demonstrate its efficacy and safety for more than six months, so it is not recommended as a long-term treatment for insomnia.

**Conclusion:** Although studies are inconsistent, trazodone may have a short-term use for treatment of insomnia. More studies are needed to assess its safety as long term option.

Conflict of interest

no

## **Contribution ID: 1080**

### **Presentation form**

Poster

### **Gut microbiota and mental health**

#### **Authors**

Vanessa Carvalho<sup>1)</sup>, Ana Miranda<sup>1)</sup>, Leonor Troni<sup>1,2)</sup>

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**Introduction:** The role of intestinal microbiota in host's health and illness is a matter of growing interest among scientific community. Recent data has brought up evidence of a strong contribution of several environmental factors on the development of mental diseases, namely the role of gut's microbiota on several central nervous system illnesses, notably on mental disorders as anxiety, autism, schizophrenia and depression, among others.

**Objective:** This review will focus on gut microbiota relation with the most common mental health disorders seen in Primary Care: anxiety and depression.

**Methods:** The MEDLINE, EMBASE and Cochrane Library databases were searched for the last five years, using the search terms: "gut microbiota", "mental health", "anxiety" and "depression". Human studies published in English or Portuguese language, from which full paper was available, were included.

**Results:** Microbiota is the conjunction of all microorganisms in a particular location of the human body, such as the GI tract. Dysbiosis and gut inflammation have a negative impact on host's health. Recent data suggests a correlation between microbiota variations and some of the most prevalent central nervous systems disorders such as anxiety and depressive disorders. A better understand of brain-gut-microbiota axis may bring a new insight in the understanding of mental disorders pathophysiology and might change medical approach of mental disorders, eventually through microbiota manipulation.

**Conclusions:** This review demonstrates the link between gut dysbiosis and inflammation and the development of anxiety and depression disorders. Therefore, it reinforces the relevance of a healthy gut microbiota for patients suffering from those pathologies.

Conflict of interest  
no

## **Contribution ID: 1081**

### **Presentation form**

Poster

### **Does Metformin have a role in reducing the risk for dementia? - An evidence-based review**

#### **Authors**

Cristiana Craveiro<sup>1)</sup>, Carolina Reis<sup>1)</sup>, Tânia Tavares<sup>2)</sup>, Miguel Pisco<sup>2)</sup>

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**Introduction/Aim:** Studies have shown a link between type 2 diabetes, mild cognitive impairment and dementia. Insulin resistance appears to be higher in individuals with dementia. Despite this, it remains uncertain if drugs such as metformin have a role in reducing the risk of cognitive impairment.

**Methodology:** Search for systematic review research (SR), meta-analysis (MA) and randomized clinical trials (RCT), published in the last 10 years, with the Mesh terms: "metformin" and "dementia". Databases selected were Medline, Cochrane, NHS evidence and BMJ. Articles whose title or abstract were considered relevant were

selected. The recommendation strength was evaluated with the SORT scale by American Family Physician.

**Results:** Out of the 57 articles found, we selected 2 MA and 2 RCT. Two MA showed an association between metformin and the incidence rate of dementia, being lower in patients with diabetes treated with this drug. One RCT showed that treatment with metformin is associated with improved executive functioning. The other RCT showed that metformin reduces the risk of dementia in patients with type 2 diabetes.

**Conclusion:** The results show that treatment with metformin might be useful in reducing the risk for dementia in diabetic patients (SR B). This becomes important given the increasing number of diabetics and the burden of dementia. However, more studies with larger samples are needed to confirm this.

Conflict of interest

no

## **Contribution ID: 1083**

### **Presentation form**

Poster

### **Efficacy of pregabalin in generalized anxiety disorder**

#### **Authors**

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**Introduction/Aim:** Generalized anxiety disorder (GAD) is a common disease with a estimated prevalence in Europe of 5 to 10%, defined as a excessive anxiety and worry about a number of events, causing clinically significant social, occupational and functional impairment. Selective Serotonin Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake Inhibitors or benzodiazepines are first line but 50% of patients present an inappropriate response. Although Pregabalin is a anticonvulsant, some authors suggest, as well, that is useful in the treatment of acute GAD.

The aim of this work is to evaluate the efficacy of Pregabalin in treatment of GAD symptoms.

**Materials and Methods:** Literature search of guidelines (GL), systematic reviews (RS), meta-analysis (MA) and randomized controlled trials(RCT), published from january 2009 to january 2019 inEnglish, Portuguese and Spanish, with the MeSH terms pregabalinAND generalized anxiety disorder in the following databases: National Guideline Glearinhouse, Canadian Medical Association Practice Guidelines InfoBase, NICE, Cochrane Library, DARE, Medline, Bandolier e TRIPdatabase.

**Results:**There has been an improvement in symptomatic control of GAD in patients treated with Pregabalin versusplacebo, Venlafaxin XR and Benzodiazepines, with faster start of action and less adverse effects. Pregabalin administrated in dosis greater than 200mg/day is a efficient option in GAD.

The bibliographic research resulted in the identification of 199 articles, being selected 11 (2 GL, 3 RS, 3 MA and 3 RCT).

**Conclusion:** Pregabalin is efficient controlling both psychic and somatic symptoms of anxiety in GAD, comparable with other first line therapies (Strength Recommendation A).

Conflict of interest

no

## Contribution ID: 1089

### Presentation form

Poster

### When the mouth is an inferno: a case of burning mouth syndrome in primary care

#### Authors

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**Introduction:** Burning Mouth syndrome is a chronic pain condition characterized by a burning sensation in the oral cavity with no detectable cause. It typically affects post-menopausal women.

**Case description:** 86 year-old women, with a medical history of insomnia and multiple osteoarthritis, complains of persistent burning sensation in the right oral mucosa, progressing over several years. She refers this symptom in every routine consultation in the last 6 years, having been excluded medical and odontological causes, and is causative of significant anxiety, with limitations in the day-to-day activities. Multiple pharmacological treatments were tried, including proton pump inhibitors, sucralfate, topical agents, antidepressants and benzodiazepines, with little to no success.

**Discussion:** The specific etiology of Burning Mouth Syndrome remains unknown, but it seems to be multifactorial. It is a diagnosis of exclusion. It is more frequently associated with psychiatric comorbidities. There are various modalities of treatment, but success is variable. It is a syndrome that can have great impact in the quality of life, with interference in alimentation, sleep, and a significant emotional burden. Family doctors must consider this diagnosis in post-menopausal women with persistent unspecific complaints of the oral cavity with no apparent cause, reassure the patient, explain the benign, but chronic, course of the disease, and intervene for a disease management that can be complex, often with the use of various psychiatric medications, and also highly debilitating.

Conflict of interest

no

## Contribution ID: 1102

### Presentation form

Poster

### Teenagers and the onset of psychopathology

#### Authors

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**Introduction/Aim:** 13 year old girl reports being insulted and beaten up by her parents who complain of habitual attitude problems, tantrums, impulsiveness and a neglect of daily hygiene. She has previously had an anxiety attack. No usual medical treatment.

**Methods:** It is vitally important to explore the possibility of child abuse. The protocole for child abuse was activated. Exploration: Little collaboration. Structured and coherent speech. No apparent delusions. No formal alterations of thought. No hallucinations. No phenomena of diffusion of the self. No suicidal ideation. No psychomotor alterations. Physical exploration Normal. No evidence of external injuries or data suggestive of abuse was found.

**Results:** The possibility of abuse was ruled out with the intervention of the judicial police and the absence of any warning signs. Behavioral disorder was diagnosed and the patient was sent home to wait for Mental Health assesment. The diagnosis was a probable psychotic disorder, treated with aripiprazole and fluoxetine. Organic disorders were ruled out.

**Conclusions:** Under any sign of child abuse, we must always follow the regulations and the appropriate channels established for this purpose. Adolescence is a stage with specific characteristics due to the changes that occur in this period. It is important to act in consequence without losing the global vision of the patient and to discard incipient pathology that in many cases can be masked by the characteristics inherent in this stage of life.

Conflict of interest

no

## **Contribution ID: 1142**

### **Presentation form**

Poster

### **Is there any benefit in the treatment of migraine with cannabinoids? - evidence based review**

#### **Authors**

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**Introduction/Aim:** Cannabis has been used for many years to treatment different medical conditions. However continues to have huge social stigma based on its recreational use. Cannabinoids are involved in several underlying processes in neurological pathologies, particularly in migraine. Reason why there has been little interest in this area. The objective of this work is to investigate the benefit in the use of cannabis in the treatment of migraine.

**Materials and Methods:** A systematic research was made in several scientific bases including Pubmed, using the terms MeSH: "migraine " and " cannabinoids". Only articles in English or Portuguese were included.

**Results:** Of the 39 studies found in the first analysis, only 5 met all the inclusion criteria. In some studies patients who used cannabis for the migraine led to a

reduction of frequency of their migraine. In others, migraine presented clinical and pathophysiological patterns that suggest an underlying clinical endocannabinoid deficiency that could adequately be treated with cannabinoid medications. On the contrary another article reports that the early and long-term use of cannabis caused a higher incidence of headache. And it has been shown to have more unpredictable results, but without serious side effects. Other two cases of migraine were possible associated to the use of cannabis.

**Discussion:** The use of cannabis seems to have a beneficial effect in the treatment of migraine, both in reducing intensity and frequency. However, there are just a few studies who are still insufficient for clearer conclusions. Further prospective and randomized studies are needed.

Conflict of interest

no

## **Contribution ID: 1**

### **Presentation form**

Poster

### **Prevention and rational treatment of patients with a back pain**

#### **Authors**

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**Prevention and rational treatment of patients with a back pain**<sup>1</sup>Prim. MD Danijel Atijas, <sup>2</sup>MD.Ph.D. Suzana Savić , <sup>3</sup> MD. Ph.D. Draško Kuprešak <sup>1</sup> **Primary Health Care Center DOBOJ**,<sup>2</sup>**Primary Health Care Center Banja Luka**, Faculty of Medicine, University of Banja Luka<sup>3</sup> **Primary Health Care Center Čelinac**

**Introduction:** Prevalence of lower back pain is about 5%, and most often occurs at the age of 30 to 60 years. It is ranked as the first cause of disability and incapacity for work, and is expected to affect 90% of the world's population .

**Objective:** To determine whether the daily use of the celiant belt was reduced by the use of parenteral and oral therapy in subjects with lower back pain.

Determine the number of patients sent to the physician or to spa treatment, because of pain in the lower part of the back, after using the celiant belt.

**Methodology:** The research is a prospective retrospective study conducted at the Primary Health Care Center Doboj from November 25, 2016 to November 30, 2017. The study involved 106 patients, both sexes, with lower back pain recommended for the use of a celiant belt, by a family doctor. By examining electronic health records, the recommended parenteral and / or oral therapy was documented by a family doctor, with lower back pain subjects using the celiac belt during the examined period, as well as the number of patients sent to the physician or to spa treatments.

**Keywords: lower back pain, celiant belt.**

Conflict of interest

no

## Contribution ID: 39

### Presentation form

Poster

### Are our patients with hip fractures correctly treated?

#### Authors

Alvaro Perez Martin, Maria Jose Agueros Fernandez, Nadia Huarachi Berne, Javier Bustamante Odriozola, Mario Caballero Alvarez, Diego Hernando Santos, Antonio Alonso Gonzalez, Pedro Echave Ceballos, David Peña Otero, Jose Ignacio Gutierrez Revilla

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**Introduction/Background:** Hip fractures are a cause of great morbidity and mortality in our environment.

**Objective/Methodology:** To study the profile, characteristics, and aftercare of patients with hip fractures. A transversal, descriptive study of patients with hip fractures treated at an urban primary care medical centre in Santander (Spain). A random sample was taken (1:7).

**Results:** 40 patients were analysed, with an average age of  $84.5 \pm 12.3$ , predominantly female (85%). 17.5% had had previous fractures (71.4% vertebral fractures), 80% were menopausal, 16% smoked, and 7.5% consumed alcohol. 97.5% were admitted to the Orthopedics department, and 98.5% required surgery. Average admittance was  $7.7 \pm 4.7$  days. 22.5% had a prior diagnosis of osteoporosis, Of those who had had previous fractures, 42.9% were being treated (denosumab 66.7%). 10.3% had had a DEXA scan previously, 12.5% had a DEXA scan subsequently (osteoporosis 80%), and 52.% (average  $25.5 \pm 16$ ) had had a Vitamin D level test. After suffering a fracture, 35.9% were prescribed with antiresorptives, mainly denosumab (63.6%); 62.5% were prescribed vitamin D, and 20%, calcium.

**Conclusions:** The profile of a patient with a hip fracture is that of a 85 year old female, menopausal, non-smoker, with no osteoporosis diagnosis, and not taking any medication, with low vitamin D levels, and who is monitored at primary care level.. Only 35.9% were receiving antiresorptive treatment. Knowledge of the risks should be reinforced in order to be able to assess the use of preventative treatments in patients with hip fractures.

Conflict of interest

no

## Contribution ID: 45

### Presentation form

Poster

### Association between bone mineral density and serum iron indices in premenopausal women in South Korea

#### Authors

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**Introduction:** Osteoporosis is characterized by a decrease in bone mineral density (BMD) and increased risk for fragility fractures. Notably, the serum iron level may interact with the bone health status. This study investigated correlations of BMD with serum iron and hemoglobin levels and total iron binding capacity (TIBC).

**Materials and Methods:** We performed a retrospective analysis of the medical records of premenopausal women in South Korea. BMD and Z scores of BMD were verified using dual-energy X-ray absorption. Participants were stratified into quartiles for analyses of the associations of serum iron, TIBC, and hemoglobin levels with BMD.

**Results:** A simple linear regression analysis revealed associations of iron [ $\beta$ : -0.001; standard error (SE), 0.001;  $p < 0.001$ ], hemoglobin levels ( $\beta$ : 0.015; SE, 0.003;  $p < 0.001$ ), and TIBC ( $\beta$ : 0.001; SE, 0.001;  $p < 0.001$ ) with changes in BMD, and this pattern was also observed in a multiple linear regression analysis. Multivariate logistic regression analysis of iron and TIBC for low BMD revealed odds ratios of 1.005 ( $p < 0.001$ ) and 0.995 ( $p < 0.001$ ), respectively.

**Conclusion:** This study demonstrated clear relationships of changes in BMD with serum iron levels and TIBC and thus confirms the usefulness of these markers in the clinical evaluation of iron storage and BMD in younger women.

Conflict of interest

no

## Contribution ID: 84

### Presentation form

Poster

### The use over 1 year of antiresorptives in a region in Spain

#### Authors

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#### Introduction/Aim: Antiresorptives treatments suppose an important cost

**Objectivos:** The study of all the prescriptions for antiresorptives in an autonomous region in Spain over one year.

**Methodology:** The analysis of all the prescriptions for anti-resorptives over the year 2017 in Cantabria(Spain), population: 581,109, assessing the final repercussion on spending. In order to calculate pharmaceutical consumption, we used spending, the total number of prescriptions made, the daily dosage defined for every 1000 inhabitants per month.

**Results:** The treatments for osteoporosis in 2017 made up 2.84% of total spending (this therapeutical group represents the 20th position with regards to spending). By spending vs active ingredient: : teriparatide (44.7% vs 7.4%), denosumab (31.2% vs 9.3%), alendronate+Vit D (6.5% vs 21.7%), risedronate (5.6% vs 18.5%), alendronate (3.9% vs 21.2%), ibandronate (2.5% vs 12.7%), bazedoxifene (1.8% vs 18.5%), raloxifene (1.2 vs 4.04%), strontium ranelate (0.02% vs 0.03%), synthetic salmon calcitonin (0.01% vs 0.04%), etidronate (0.0004 % vs 0.0001%). The dosage/1000 inhabitants / month for denosumab is 181, for alendronate 67.1, for risedronate 57.7, for ibandronate 42.8, for teriparatide 22.2, for raloxifene 12.08, for bazedoxifene 10.6, for alendronate associated with cholecalciferol 1.7, for strontium ranelate, 0.09, and for calcitonin 0.05.

**Conclusions:** Treatments for osteoporosis is in 20th position with regards to spending. Teriparatide (2,247,021.34 euros) and denosumab (1,572,587.89 euros) are those in the highest positions with regards to total pharmaceutical spending (10th and 22nd). alendronate+VitD and alendronate have the highest number of prescriptions. The use of strontium ranelate, calcitonin, and etidronate is quite low. Conflict of interest  
no

## Contribution ID: 122

### Presentation form

Poster

### Facio- Scapulo -Humeral Muscular Dystrophy

#### Authors

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**Aim:** 55 year old man, with no drug allergies and no chronic treatments. Functionally independent for daily life. Parents are first-degree cousins. Familial antecedents of miscarriage in mother. Two siblings (second female and third male) were born with polimalformative syndromes and died in neonatal period. Since youth he reports episodes of generalized weakness and unsteadiness while standing, that resolve with movement. Along last 2-3 months he cannot tolerate standing. There is no pain.

**Material and methods:** During a year the patient has been studied with general biochemistry, spirometry and cardiological workup with no findings. Neuroimaging displays spondyloarthrosis that does not explain symptomatology.

**Results:** Physical examination reveals elongated face with weakness of mimic muscles. Rest of cranial nerves are normal. Deltoid, biceps and triceps are amyotrophic, being trophism in lower limbs normal. There is weakness for arm flexion, for extension of forearm, wrist and hand and for hip flexion.

Electromyography reveals denervative/myopathic signs in upper limbs and neurogenic pattern in lower limbs. Genetical D4Z4 test is negative.

**Conclusion:** Facioscapulohumeral muscular dystrophy (FSHD) is a neuromuscular disorder, usually evolving in a progressive way with occasional flares. It affects face, shoulder and arm muscles. It is a rare familial condition with a prevalence of 1/20000. Age of first symptoms varies between 3-50 years old. Clinical picture is variable. Initially affecting only face, later limb symptoms are usually more prominent. Treatment is symptomatic and its main goal is prevention of muscular contractures, based in pasive mobilisation and analgesics. Life expectancy is not changed.

Conflict of interest  
no

## Contribution ID: 153

### Presentation form

Poster

### Association of hand grip strength with health related quality of life in Korean adults

#### Authors

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**Introduction:** Decrease of muscle mass can affect the overall health and health related quality of life (HRQOL). Hand grip strength (HGS) has been proposed as a useful marker of frailty. We investigated the association between HGS and HRQOL.

**Materials and Methods:** A total number of 9,211 participants from the sixth Korean National Health and Nutrition Examination Survey (2014-2015) were included. HRQOL was measured by EuroQol-5 dimension (EQ-5D) and EQ-5D index score. Participants were classified as normal HRQOL group or impaired HRQOL group according to the EQ-5D responses and the EQ-5D index scores. HGS was measured using Takei dynamometer.

**Results:** Impaired HRQOL group represented lower mean HGS than that of normal HRQOL group. According to the quintile groups of HGS, Group with the lowest HGS showed the lowest mean EQ-5D index score in both sexes. And the more HGS increases, the more EQ-5D index score increases also. (p for trend <0.001) Men and women with lower grip strength were more likely to report 'some' or 'extreme problem' in EQ-5D domains(except Anxiety/depression, pain/discomfort domain in men), and also more likely to belong to the lowest 20% level group in EQ-5D index score according to logistic analyses.

**Conclusion:** Our findings suggest that HGS is associated HRQOL. Low HGS is associated with impaired status of HRQOL by EQ-5D and EQ-5D index score in Korean men and women. More research is needed to evaluate the specific plausibility between HGS and HRQOL.

Conflict of interest  
no

## Contribution ID: 159

### Presentation form

Poster

### Carpal Tunnel Syndrome associated with Kiemböck

#### Authors

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**Aim:** 47 year old woman with no allergies. Type 2 diabetes mellitus (diagnosed 2 years ago). Obesity. Studied for iron deficiency. Reumathoid arthritis (diagnosed 4 months ago). Chronic treatment with glycosuric drug, metothrexate, folate and gabapentine (300 mg bid). During the last 2 years she has suffered from inflammatory type polyarthralgia, more intense in right carpal area.

**Materials and methods:** X-ray of right wrist displays abnormal morphology of lunate bone. MRI shows hypointensity of lunate bone with irregularity of articular surface to radius. Electromyography reveals only a sensitive-motor neuropathy of right median nerve.

**Results:** With the diagnose of Kiemböck disease and carpal tunnel syndrome, shortening osteotomy of radius is performed, followed by one month immobilisation and magnet therapy. After treatment the patient complains of sensitive abnormalities, color changes, excessive sweating, muscle rigidity and local hair growth increase. Sudeck syndrome is diagnosed, performing stellate ganglion block and starting 8% capsaicine topical patch with no favourable results.

**Conclusion:** Kiemböck disease involves idiopathic avascular necrosis of the carpal lunate. Initial sclerosis of the lunate leads to collapse and osteoarthritis as the disease progresses. It is more common in 20-40 year old males, and more frequent in dominant hand. It can present without wrist pain. Simple radiology is the initial imaging method for assessment. Our patient was incidentally diagnosed with Kiemböck disease while studing carpal tunel syndrome. No explanation for such an association has been defined yet. Being a rare condition, post-operative complications are not well known but can include Sudeck syndrome.

Conflict of interest

no

## Contribution ID: 258

### Presentation form

Poster

### Patients profile and risk of fall. Fallskip studio

#### Authors

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**Introduction:** Falls represent one of the most important problems of geriatric pathology. Objective instruments for the risk of falling are necessary.

**Materials and Methods:** The objective of this study is to describe the profile and identify the risk of falls of patients in Primary Care (PC) through an instrument called FallSkip. Descriptive-transversal study. Patients aged over 65 years were included. Data were collected between February and May 2018.

**Results:** 45 patients with a mean age of 76.58 years were included, 53.3% males. BMI of 28.48 Kg/m<sup>2</sup>, almost 60% are overweight. They had an average of 3.73 diseases, 20% of the patients were multi-pathological. They took an average of 4.13 drugs, 26.7% of patients were polypharmacy. The most prevalent disease was hypertension (84.4%). Many comorbidities act as risk factors of falls, these were the prevalences: arthrosis 60%, lumbar pathology 31.1%, pathologies of the feet 28.9%, osteoporosis 15.6%, cataract 26.7%, low vision 15.6%, glaucoma 11.1%, vertigo 15.6%, tinnitus 13.3%. 80% took antihypertensive drugs. 40% were taking benzodiazepines or antidepressants. 31.1% took analgesics and 20% antidiabetics. According to our fall risk measurement instrument, more than half had a moderate, high or very high risk; the risk was very high for 33.3%. The gender was statistically significant related with the risk of falls, higher risk for women.

**Conclusions:** The prevention (identify risk factors) of falls is a basic objective in PC. Having a target measurement instrument such as the FallSkip could be a great help.

Conflict of interest  
no

## Contribution ID: 318

### Presentation form

Poster

### Uncommon diseases in primary care

#### Authors

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<sup>2)</sup>CS Puerto de La Torre, Hospital Carlos Haya, Málaga, Spain

#### Introduction/Aim:

Patient Age: 35

Sex: male

Ethnicity: caucasian

Disorder: patient who visits his family doctor for acne and arthralgias that date back to 2011.

Case history:

No surgery history.

No smoker, no drinker.

Diseases known: acne, anxiety

Medication: diazepam.

Works as a chef

NKA

**Materials and Methods:** The patient has been consulting for generalized joint pains in large joints: knees, ankles, left carpus, left shoulder. Generalized acne is appreciated at the facial level that didn't improve since 2011.

Blood analyzes were performed without findings of relevance and radiographs without alterations.

It has been treated symptomatically with analgesia and corticosteroids until now that his pathology has worsened, not allowing him to function at work.

Failing to identify their pathology, we decided to refer it to rheumatology.

**Results:** The rheumatology department run a complete blood test and a bone scintigraphy was performed, finding reinforcement of uptake at the level of the sterno-clavicular joints and specially in the first cost-sternal junctions that suggest a certain degree of osteitis in a probable relationship with SAPHO syndrome. Inflammatory signs are also seen in the shoulders, right carpus, knee and left ankle. The patient is treated with methotrexate and folic acid presenting a good evolution.

**Conclusions:** Infrequent diseases such as the SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis and osteitis) are not very prevalent, but it is fundamental for the general practitioner to pay attention to the patient's clinic to find the adequate solution to improve the patients quality of life.

Conflict of interest

no

## Contribution ID: 372

### Presentation form

Poster

### Low back pain

### Authors

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**Introduction/Aim:** Male 27 years old, he consults us for lumbar, morning pain, which forces him to get out of bed to walk, to improve the pain walking. This pain began 5 months ago progressively. In the last two years this happens frequently. Exploration: loss of lumbar lordosis. Contracture of lumbar paravertebral musculature. SchÖber test increased the distance between the spinous process of L5 and the signal 10 cm above when flexing the lumbar spine, an increase of two centimeters. Finger-floor distance 5 centimeters. With the patient in supine position: pain when compressing both iliac crests trying to approximate both iliac spines (Erichsen maneuver), also pain when separating them (Volkman maneuver).

**Materials and Methods:** Analytical: HLA-B27 +; normal rest. X-ray of the anteroposterior pelvis: subchondral bone sclerosis in both sacroiliac joints.

**Results:** The patient is diagnosed with ankylosing spondylitis. He dealt with anti-inflammatories. In case of poor clinical control with persistence of pain, after 3 months of treatment with at least 2 anti-inflammatories and only axial involvement,

we will go on to treatment with anti-TNFa (Etanercept; Adalimumab; Infliximab). The surgery reserved for the hip, if there is intense pain and limited mobility of the hip.

**Conclusion:** The patient had to be finally treated with Adalimumab, obtaining pain improvement and remaining stable on radiography. From Primary Care it is important to pay attention to chronic low back pain, because the early diagnosis of this pathology can slow down its evolution.

Conflict of interest

no

## **Contribution ID: 446**

### **Presentation form**

Poster

### **Evaluation of family medicine residents' and specialists' knowledge and outpatient approaches about osteoporosis : a cross-sectional study in turkey**

#### **Authors**

Alican Bahadır, Adem Özkara

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**Introduction/Aim:** Osteoporosis is characterized by low bone mass, microstructural degradation and skeletal fragility, and it causes decreased bone strength and increased fracture risk. The role of family physicians is important about this public health problem that causes high rates of morbidity and mortality. The aim of our study is to evaluate the knowledge, awareness and practical approaches of family medicine residents and specialists in Turkey about osteoporosis.

**Material and Method:** In our cross sectional study we applied a structured survey on family medicine residents and specialists by social media and e-mail groups from various regions of Turkey. Our structured survey is based on international and national osteoporosis guidelines. **Results:** (Preliminary Results) We have sent our questionnaire to 644 family medicine residents and specialists in 25 regions. There are 120 responses. Their mean age was 30.44 years (minimum - 24, maximum - 51) and mean occupation period was 5.31 years. 40 were male and 80 were female. 97 of 120 were family medicine residents and 23 were family medicine specialists. 97 were working at Training and Research Hospitals or University Hospitals, 17 were working at Family Health Centers, 3 were working at Public Hospitals and 2 were working at administrative unit.

**Conclusion:** Our study is ongoing and full results will be announced at WONCA Europe Conference.

Conflict of interest

no

## **Contribution ID: 513**

### **Presentation form**

Poster

### **BEST POSTER: Management of leg cramps in primary care**

## Authors

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**Introduction/Aim:** Leg cramps are a quite common event, involving around 30% of the general population at some point. While they are most often idiopathic, sometimes other pathologies may be at play. The aim of this narrative review is to summarize the existing evidence concerning the diagnostic approach and the treatment of leg cramps in a primary care setting.

**Materials and Methods:** We searched Pubmed/Medline for review articles, guidelines and meta-analysis published in the last 10 years in English with the MeSH term "Muscle Cramps", which yielded 74 articles. From these, we selected 6, based on their pertinence and relevance to the subject of this review.

**Results:** A thorough history and physical examination is important to distinguish idiopathic from secondary causes, such as hypothyroidism, electrolyte imbalances, cirrhosis, radiculopathies, or peripheral neuropathies. Some drugs have also been associated a higher likelihood of cramps, such as inhaled beta2 agonists, diuretics or alcohol. As for prevention and treatments, there is limited evidence. Stretching or massage of the muscle can help during a cramp, but regular stretching won't prevent it. Quinine is effective as prophylaxis, but may have severe side effects. Naftidrofuryl, vitamin B complex, lidocaine, and diltiazem may have a positive effect. Magnesium has been proven not to be effective.

**Conclusion:** Leg cramps are quite common and generally idiopathic, but secondary causes should be excluded. Prevention and treatments have limited evidence. Quinine is effective as prophylaxis but can have important side effects. Magnesium supplementation has proven not to be effective.

Conflict of interest

no

## Contribution ID: 533

### Presentation form

Poster

### Atypical fracture due alendronate treatment – a case report

#### Authors

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**Introduction:** Bisphosphonates have frequently shown their efficacy in the treatment of osteoporosis. In the literature is mentioned case reports of patients taking a long-term bisphosphonate and undergoing an atypical fracture associated with this therapy. Some studies suggest that Asian race, glucocorticoid use, duration of treatment with bisphosphonate, lateral femoral bowing and varus hip geometry, may increase the risk of atypical fracture. **Aim:** We report a case of a subtrochanteric pathological fracture due to long term alendronate treatment.

**Material and methods:** Review of the literature in Pubmed database using mesh words "biphosphonates AND hip AND atypical fracture". The authors also reviewed the patient medical files.

**Results:** A 58-year-old woman presented in emergency service, describing an acute pain in the left hip, followed by a falling in the floor. She had been diagnosed with osteoporosis and have been done alendronate along eight years. Radiographs demonstrated transverse subtrochanteric femoral fracture with thickening of the lateral cortex and spike of the medial cortex at the site of fracture. The contralateral femur showed thickening of the lateral cortex at the same site.

**Conclusion:** The ratio of benefits and risk needs to be reassessed as bisphosphonate therapy is prolonged. Various radiologic signs can identify bisphosphonate-associated stress fractures before they progress to complete fractures. Identifying patients who are at risk and modifying treatment can prevent these fractures. General practitioner plays a central role in the management of these patients, detecting individual risk to initiating and prolonging osteoporosis therapy

Conflict of interest

no

## **Contribution ID: 611**

### **Presentation form**

Poster

### **Poland Syndrome: a Clinical Case Report**

#### **Authors**

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In this clinical case report we present a case of a 15 year old male that lives with parents (nuclear family), highly functional in phase V of Duvall life cycle. There is no personal/familiar relevant history, no tobacco or alcoholic habits and no chronic medication. At 9 years of age a significant atrophy of the right pectoralis major muscle was noted associated to homolateral nipple retraction and also left cryptorchidism.

Patient was referred to pediatric specialty and a scrotal ultrasound was requested. In pediatry specialty, patient was diagnosed with Poland Syndrome with thoracic asymmetry and hypotony of right hemithorax muscles causing deficient right arm abduction

At 13 years old he was referred to thoracic surgery specialty to evaluate the possibility of reconstructive plastic surgery but it was decided to delay the surgery a few more years because the patient is in developmental phase. Now it continues to be accompanied in pediatric and thoracic surgery specialties. Until now the patient is developing in a stable way, with normal height-weight growing and can perform exercises like riding bicycle and swimming well. Poland syndrome is characterized by partial (28%) or complete (72%) absence of the pectoral muscles, most commonly unilateral and may be associated to other abnormalities like other chest wall muscles and ribs hypoplasia, high riding scapula,

cryptorchidism and syndactyly/brachydactyly. With this clinical case report we want to aware family physicians to this abnormality allowing them to early refer this cases to secondary care services.

Conflict of interest

no

## **Contribution ID: 631**

### **Presentation form**

Poster

### **Cervical meningioma superimposed on chronic neck pain: a case report**

#### **Authors**

João Alves

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**Introduction/Aim:** Meningiomas are the most common intradural spinal tumors. Despite being mostly benign, they may induce significant morbidity and mortality through local compression. We present a case report of a female patient diagnosed with a cervical meningioma superimposed on prior chronic neck pain.

**Materials and Methods:** Case report.

**Results:** A 56-year-old woman with a prior history of hypertension, dyslipidemia and depression, first reported neck pain to her family doctor in 2009, which she attributed to her work as a seamstress. It radiated to her right arm and limited her daily activity. The patient would present similar symptoms throughout the following years, with plain x-ray and CT scans indicating degenerative cervical findings. In 2017, due to worsening symptoms and new-onset paresthesia of the right arm, she was referred to secondary care. Due to progressive 4-limb weakness and frequent falls, she required emergency admittance to the local neurosurgical ward, where a cervical meningioma was identified and promptly removed the following week. Despite a complicated recovery, she regained most of her previous functional status.

**Conclusion:** This case report illustrates the importance of monitoring patient complaints over time, as a change of their usual pattern might require further work-up or referral. As longitudinal care providers, family doctors are in a prime position to achieve this goal.

Conflict of interest

no

## **Contribution ID: 666**

### **Presentation form**

Poster

### **Binocular diplopia in a 26-years-old female in the Emergency Department.**

#### **Authors**

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**Introduction:** A 26-years-old female smoker of 5-6 cigarettes/day and without any previous disease arrived to Emergency Department with blurred vision and binocular diplopia in the last 4-5 days. The patient realizes ocular symptoms are getting worse throughout the day with no symptoms upon waking and a high evidence of them after work. No other clinic associated. The neurologic examination was normal.

**Methods:** Blood values showed an elevated antibody against the acetylcholine receptor without elevated inflammation values. The chest x-ray was normal. A computed tomography did not show any cerebral pathologies but the chest computed tomography showed the presence of thymic abnormalities in relation with thymoma. A decrement in the amplitude of the compound muscle action potential after repetitive stimulation was demonstrated in the electrophysiology study.

**Results:** Myasthenia gravis with ocular manifestation and thymoma.

**Conclusion:** Myasthenia gravis is a relatively uncommon autoimmune disorder but the most common of neuromuscular transmission. The most important sign of the disease is a fluctuating skeletal muscle weakness with true muscle fatigue. The question about if patients who present ocular manifestations will develop generalized disease is important. About 50 percent of patients present a generalized disorder by two years. The diagnosis of myasthenia gravis can be established by clinical and serologic test. The autoantibodies and electrophysiologic studies (repetitive nerve stimulation and single-fiber electromyographic studies) are the most reliable methods for the diagnosis. The interdisciplinary therapeutic approach for our patient was pyridostigmine, azathioprine, corticosteroids and a thymectomy with intravenous immune globuline previous to the surgery.

Conflict of interest

no

## Contribution ID: 667

### Presentation form

Poster

### Hip fracture in the elderly. It is not always osteoporosis.

#### Authors

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**Introduction:** A 73-years-old woman with autonomy in daily life activities and a medical history of hypertension and mellitus diabetes. The patient was admitted in the Orthopaedics Department because of an incomplete femur fracture after an accidental fall.

**Methods:** In blood test, the ESR was 69 mm. Perypheral smear showed 54% of polymorphonuclear leukocytes, 26% of lymphocytes, 12% of monocytes, 4% of eosinophils and 4% of basophils and anisocytosis. Immunology tests: Kappa chain: 200mg/L; Lambda chain: 8mg/L. Kappa/Lambda ratio: 25. The rest of immunoglobulines were normal. Immunoelectrophoresis revealed monoclonal bands for Kappa chains. Chest-abdominal-pelvic CT: Osteolytic lesion in the left femoral head and neck with cortical erosion and pathologic fracture. Other osteolytic lesions were shown in right bones like pubis, ischiopubic ramus and femoral head and neck

and T12, L5 and S1 vertebral bodies. Femoral lesion biopsy: Finding compatible with plasma cell myeloma with fracture and osteonecrosis. Bone marrow aspirate: Plasma cells constituted more than 10 percent of all nucleated cells.

**Results:** Ligh chain myeloma and hip pathologic fracture.

**Conclusion:** Multiple myeloma is characterized by the neoplastic proliferation of plasma cells producing a monoclonal immunoglobulin. A fracture through an area of bone pathology is termed a pathologic fracture. It is higher among patients with multiple myeloma, in which the pattern of bone metastases is lytic created by osteoclast activation and osteoblast inhibition. Pain and deformity are usually the clinic and the most common long affected bone is the femur. Our patient was treated with total arthroplasty, lenalidomide and corticosteroids.

Conflict of interest

no

## **Contribution ID: 685**

### **Presentation form**

Poster

### **Is not a simple tingling**

#### **Authors**

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**Introduction/Aim:** A 48-year-old woman with no relevant medical history. Consultation for clinical symptoms of numbness, tingling and pain of the hands predominantly nocturnal compatible with probable syndrome of the carpal tunnel bilateral of right predominance of months of evolution.

**Materials and Methods:** The physical examination showed signs of positive Tinel, Phalen and Phalen inverse. To complete the study, an Electromyogram was requested that showed a bilateral carpal tunnel syndrome and decreased motor velocity distal ulnar in the medial epicondyl that causes a mild bilateral ulnar elbow syndrome. This could make us think about ruling out a pathology sensitive to pressure or tomaculous neuropathy. The patient reported not knowing a family history of hereditary neuropathy. Currently awaiting genetic study to confirm result.

**Results:** Tomacular neuropathy.

**Conclusion:** In the presence of recurrent mononeuropathies, especially without a recognizable causative factor, we will perform a correct clinical history including a family background. A neurophysiological and / or molecular study will be carried out in cases of clinical suspicion, thus allowing a correct diagnosis and establishing genetic counseling, as well as the implementation of preventive measures to avoid peripheral nerve involvement in vulnerable anatomical locations.

Conflict of interest

no

## **Contribution ID: 690**

### **Presentation form**

Poster

### Education and Neuroscience in the management of chronic pain

#### Authors

MARIA DE LA O GUTIERREZ GARCIA<sup>1</sup>), HECTOR AVELLON LIAÑO<sup>2</sup>), MIGUEL ÁNGEL GALÁN MARTÍN<sup>3</sup>), FEDERICO MONTERO CUADRADO<sup>3</sup>)

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**Aim:** Stressing the importance of advances in Neuroscience in the management of frequent pathologies.

**Materials and methods:** 53 year old woman with no drug allergies or chronic treatments (except sporadic intake of analgesics due to foot pain). 8 years ago had a Morton neuroma resected in her left foot. After the surgery she complains of bilateral trochanteric pain, mainly in the right side, impairing daily activity and nocturnal rest. Intensity in Visual Analogue Scale (VAS): 9.

Surgery did not relief her pain. Analgesics, postural measures and rehabilitation caused a slight improvement of trochanteric pain. The patient is enrolled in a program of Education in Neuroscience of Pain and physical exercise for patients with persistent pain. The Neuroscience program consists of a 10 hour educational intervention in actualized neurophysiology of pain. Then a program of physical exercise is performed to achieve functional improvement.

**Results:** Clinical examination confirms the diagnosis of central sensitization. Radiological exams rule out severe pathology. After the treatment the patient reports a better functionality, and pain intensity drops to VAS: 5. Daily activities and nocturnal rest improve.

**Conclusions:** Interventions based in advances of Neuroscience give patients a knowledge that allows them to live painful experience with less alarmism. These interventions, together with physical exercise programs to improve functionality and physical condition are an excellent tool to activate endogenous analgesia mechanisms and reduce central sensitization in patients with musculoskeletal chronic pain.

Conflict of interest

no

### Contribution ID: 744

#### Presentation form

Poster

### Most frequent form of presentation of Myasthenia Gravis

#### Authors

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**Introduction:** 76- year-old man with a personal history of diabetes, high blood pressure, dyslipidemia, and peripheral arterial disease operated by femoropopliteal bypass. In treatment with metformin, enalapril, atorvastatin and acetilsalisilic acid. Entered the emergency department due to bilateral lateral eyelid ptosis predominating in the right eyelid and vertical diplopia for 2 weeks, accompanied by blurred vision.

**Exploration and complementary tests:**

Blood pressure 143/79mmHg, heart rate 61bpm, oxygen saturation 94%.

Isochoric pupils normoreactive, bilateral

asymmetric ptosis right predomination, no clear deconjugation, diplopia horizontal major in the left gaze compatible with paresis of the muscle of the right internal rectus muscle. The rest of cranial pairs without alteration. Antigravity maneuvers normal. No fatigue in bulbar musculature or scapular or pelvic waist.

Normal cardiorespiratory auscultation

Blood tests performed, EKG normal, CT skull without alterations in cerebellar or brain parenchyma.

Neurology charged. Significant alteration of the neuromuscular transmission at postsynaptic level, chest CT: anterosuperior nodular lesions in the mediastinum suggesting the existence of thymoma. Brain MRI: reported as global parenchymal atrophy.

After the introduction of anticholinesterase drugs at low doses, the patient presented good evolution.

**Result:** Ocular myasthenia gravis

**Differential diagnosis:** Botulism, Lambert - Eaton, toxic and metabolic myopathies, Guillain - Barré syndrome and Graves' disease.

**Conclusions:**

Myasthenia gravis is an autoimmune disease, frequent and controllable, which occurs frequently with ocular manifestations, constituting in many cases the only location: ocular myasthenia.

There are 2 types of treatments: symptomatic (anticholinesterase) and immunomodulatory (thymectomy, corticosteroids, immunosuppressants, plasmapheresis and immunoglobulins), the latter less used in localized forms.

Conflict of interest

no

**Contribution ID: 756**

**Presentation form**

Poster

**Weakness and falls, case report**

**Authors**

Sandra Murgui Betran, Amparo Hervas Docon, Nuria Sanchez Ruano, Lidia Pallisa Gabriel, Joan Clos Soldevila, Rafael Garcia Prado

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**Introduction:** a 62-year-old woman with autoimmune hypothyroidism, megaloblastic anemia, atrophic gastritis and obsessive compulsive disorder. During the last few years, she has consulted frequently for episodes of low back and extremities pain, asthenia and anxiety.

**Materials and Methods:** in 2017 appeared fluctuating palpebral ptosis, studied and treated as Myasthenia Gravis with Pyridostigmine. Simultaneously she developed weakness in all four extremities and dysphonia. Myasthenia is discarded and oriented as metabolic myopathy, referred to endocrine for therapeutic hyperthyroidism. The symptoms persist, with worsening stiffness in the legs, blockage of walking in open spaces and frequent falls. Neurologist request determination of anti GAD antibodies, lumbar puncture and EMG.

**Results:** anti GAD positive, EMG with continuous motor unit activity at bilateral psoas muscle level. The diagnosis of stiff person's syndrome is confirmed. Treatment with Diazepam and Azathioprine was started, with progressive improvement of symptoms.

**Conclusion:** Stiff person syndrome (SPS) is a rare neurological disorder, characterised by fluctuating rigidity and stiffness of the axial and proximal lower limb muscles, with superimposed painful spasms triggered by tactile or auditory stimulus, and continuous motor unit activity on electromyography. It is frequently associated with diabetes and other autoimmune diseases. Symptoms often begin during a period of emotional stress. The diagnosis is essentially based on clinical observation and is confirmed by the detection of anti GAD in serum and by characteristic electromyographic abnormalities. Spinal cord scans may help to exclude other causes. Up to 5% of all SPS may have a paraneoplastic variant.

Conflict of interest  
no

## Contribution ID: 759

### Presentation form

Poster

**BEST POSTER: Neurogenic thoracic outlet syndrome – a rare presentation...**

### Authors

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**Introduction:** Neurogenic thoracic outlet syndrome (NTOS) is subdivided into true and disputed forms depending on the compression of the brachial plexus is in its upper or lower portion, respectively. Disputed NTOS accounts for greater than 95 percent of cases of thoracic outlet syndrome, however true NTOS is rare with an estimated incidence of 1:1,000,000.

**Case Description:** It is intended to describe a clinical case, about a 45 year old woman, previously healthy, with no relevant personal or family history, and no usual medication, that went to consult her family doctor complaining of inability to hold objects with her right hand, often dropping them. She reported progressive lack of strength of the right hand, with at least 2 years of evolution. On the physical

examination, there was atrophy of the right thenar eminence, and weakness in opposition of the right thumb. It was requested an electromyography of the upper limbs that highlighted severe motor compromise of the right median nerve and sensitive compromise of the ulnar nerve of the axonal type, compatible with the diagnosis of NTOS. The patient was then referred to physical therapy and to the hospital specialty of Neurosurgery for decompression surgery.

**Conclusion:** True NTOS is typically presented by progressive unilateral thenar atrophy and unlike the most common form of NTOS, it benefits from decompression surgery and therefore a quick referral for secondary health care by the family doctor.

Conflict of interest

no

## Contribution ID: 779

### Presentation form

Poster

### Polymyalgia rheumatica: a case report

#### Authors

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**Introduction/Aim:** Polymyalgia rheumatica is an inflammatory rheumatic condition characterized clinically by aching and morning stiffness at the shoulders, hip girdle and neck. It affects adults over 50 years old and the prevalence increases with advancing age.

**Materials and Methods:** Man, 70 years old, German, retired. Medical history of diabetes mellitus, arterial hypertension, ulcerative colitis and lumbar disc herniation operated in May and November 2017. Nuclear family, in stage 8 of the Duvall cycle. Graffar scale adapted: middle-upper class. APGAR familiar: 9.

**Results:** In March 2018 he presented mixed joint complaints in his appointment, particularly in the hips and shoulders. By the suspicion of tendinous pathology versus inflammatory joint disease, he was treated with non-steroidal anti-inflammatory drugs (NSAID) and muscle relaxants, which improved his complaints. Shoulder radiographs revealed arthrosis. The sedimentation velocity (SV) and C-reactive protein (CRP) presented values of 20 mm/h and 4.63 mg/L, respectively. Physiotherapy was requested. Two weeks later, he returned with hand edema, pain in the shoulders, basin, knees and wrists, worsening VS (38 mm/h) and CRP (23.5 mg/dL). Prednisolone 20mg was prescribed, with relief of inflammatory signs, and reference to rheumatology, due to the suspicion of polymyalgia rheumatica.

**Conclusion:** The language barrier and the lack of specificity of joint complaints, in association with his antecedents, may difficult the obtaince of the definitive diagnosis. The continued access to his family doctor was a key factor in the study and orientation of the differential diagnosis and in the management of the patient's comorbidities.

Conflict of interest

no

**Contribution ID: 799**

**Presentation form**

Poster

**Magnitude of detecting the adverse**

**Authors**

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**Introduction/Aim:** atorvastatin is a standard lipid-lowering therapy, whose side effects are well known but there are some physicians need to take into account despites its rareness.

**Material/Methods:** Chief complaint: 75 year old woman attends primary health center referring asthenia, myalgia and right hypochondrium pain. Past medical history: no allergies, high blood pressure, dyslipidemia, familial hypercholesterolemia, ischemic heart disease. Regular medications: Atorvastatin 40mg/24h, Valsartan 80mg/24h, Ezetrol 10mg/24h, AAS 100mg/24h. History of presenting complaint: 5 months of progressive asthenia associated to hyporexia, right hypochondrium pain and coluria, proximal myalgias with stiffness of bilateral upper arms and in her hip. No nausea, vomits, diarrhea, acolia nor fever. Physical examination: soft, nontender, nondistended abdomen, no pain, preserved peristalsis, hepatomegaly, no splenomegaly.

**Results:** Analytics: TotalBilirubin 5.6mg/dl, ConjugatedBilirubin 3.1mg/dl, GOT 1865UI/L, GPT 1440UI/L, FA 252UI/L, GGT 638UI/L, LDH 2280UI/L, Amylase 51 UI/L, lipase 11UI/L, 202,000 platelets, INR 1.12, CK 53408U/L, myoglobin 25696 ng/ml, serology HBV, HCV, HAV, negative HEV, CMV IgG + / IgM -, antinuclear and cytoplasmic negative antibodies. She was referred to hospital emergencies, infectious and autoimmune causes were not found. Abdominal ultrasound: Gallbladder diffusely thickened walls due to acute hepatitis. Chest-x-ray nonaltered.

**Conclusion:** patient affected by a rare side effect to Atorvastatin, producing myopathy and hepatotoxicity. After cessation, progressive improvement of hepatic profile. We must always keep in mind possible side effects and therefore never delay the notification, magnitude of detecting it is immense.

Conflict of interest

no

**Contribution ID: 840**

**Presentation form**

Poster

**Approach of a temporary headache**

**Authors**

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**Introduction:** 73 years old woman. Non-smoker. Arterial hypertension grade III, diabetes mellitus and obesity III. Personal history: polymyalgia rheumatica, chronic

venous insufficiency. She consulted in Primary Care for temporo-occipital headache (with different characteristics from his migraines and refractory to NSAIDs), dizziness with loss of vision for two months. Cranial CTscan and analytical were requested and she was referred to internal medicine with suspicion of temporary arteritis and for ruling out ischemic optic neuritis.

**Materials/Methods:** Almost daily temporo-occipital headache respecting sleep time, jaw claudication, difficulty to elevate upper members, pain in lower limbs (she came in a wheelchair) and retroocular pain. Weight 80kg, Blood pressure 152/85 mmHg, Heart rate 76 bpm, SatO<sub>2</sub> 98%. Palpation of temporary not indurated but slightly painful. Analytical: Normal blood count, biochemistry and coagulation, ESR 105, normal TSH, glycosylated hemoglobin 7%. Normal autoimmunity. Cranial CTscan: hypodensity of the periventricular and subcortical white matter of probable chronic ischemic etiology.

**Results:** Giant cells Arteritis.

**Conclusion:** In view of clinical and analytical suspicion (ESR 105) of giant cell Arteritis, treatment with prednisone 50mg was started and interconsultation was performed with ophthalmology for ophthalmic evaluation, ruling out optic neuritis. Analytical post-treatment: normal blood count and biochemistry, ESR 66 with great improvement of headache and clinic of polymyalgia rheumatica. Subsequently, 3rd Analytical was performed with ESR 26 Corticosteroids dose was reduced little by little. In summary, it is a headache suggestive of giant cell Arteritis, without histological filiation with systemic clinical symptoms of polymyalgia rheumatica with good evolution after steroid treatment.

Conflict of interest

no

## Contribution ID: 897

### Presentation form

Poster

### Myotonic dystrophy type 1 (MD1)

#### Authors

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Male, 38 years old from Pakistan comes to his first visit at the primary care center in our city arguing about affected of impaired walking, muscle weakness in legs, intrarotation of left feet with tendons retraction that patient correlates with ankle sprain a couple of years ago.

Physical examination: Distal muscle weakness, ptosis with "hatchet appearance" calf hypotrophy more evident in left side, frontal balding.

Laboratory findings: transaminitis

Electromyogram: Sensory conduction of the sural nerve and motor nerves in the lower extremities with a slight decrease in driving speed. Abundant motor discharges in gastrocnemius muscle and anterior tibial muscle with neurogenic recruitment pattern with insertion needle at rest.

The genetic study confirmed Myotonic dystrophy type 1 (MD1).

The predominant symptom in classic DM 1 is distal muscle weakness. We must look for myotonia, posterior subcapsular cataracts, conduction disturbances and tachyarrhythmias, gallstones, dysphagia in the context of neuromuscular respiratory failure, constipation due to decreased peristalsis may develop pseudo-obstruction and megacolon which may be due to either myotonia or smooth muscle loss in the bowel. disturbances of the thyroid, pancreas, hypothalamus and gonads, frontal balding, anxiety and depression.

Liver function tests are elevated in up to 50% of patients of unknown etiology.

Brain MRI often shows cerebral atrophy, increased white matter signals on T2 weighted images and thickening of the cranial vault.

The intelligence of patients with classical DM1 may be incorrectly assumed to be reduced because of facial expression, speech disturbance and apathy.

Conflict of interest

no

## Contribution ID: 923

### Presentation form

Poster

### Managing systematic diseases from primary care: the reactive arthritis clinical example.

#### Authors

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**Introduction/Aim:** Reactive arthritis is one of the forms of seronegative spondyloarthropathies, a group of diseases sharing a similar clinical presentation and genetic predisposition. It consists in an aseptic joint inflammation following a bacterial infection, generally enteric or sexually transmitted. The difficulties of the diagnosis results from the complex clinical presentation and the lack of unequivocal diagnosis criteria in the initial phases. General Practitioners (GP)/Family Doctors (FD) are key in the suspicion and management of these patients, even though multidisciplinary approach might be needed to contribute in the differential diagnosis.

Through a clinical case we intend to highlight the importance of recognizing this disease.

**Materials and Methods:** A 20 years old man, so far healthy, was consulting in several occasions with different complains: digestive, urinary, ocular and knee pain.

**Results:** Blood tests were negative but joint fluid's analysis showed: leukocytosis with a negative microbiological and cristal results, excluding septic arthritis, chondrocalcinosis and gout. First, he was treated unsuccessfully with nonsteroidal anti-inflammatory drugs and actually he is under control with corticosteroids and antimetabolite.

**Conclusion:** Although reactive arthritis is an easily managed disease, it could be also missed easily in young healthy patients who might not present the classic symptoms. The course of the disease is highly variable, either with a single outbreak or a relapse and GPs/FD are in a unique position to help preventing complications

and managing the patients' worries and concerns, specially when they are young and have to learn to live with a systemic disease.

Conflict of interest

no

## **Contribution ID: 995**

### **Presentation form**

Poster

### **Osgood Schlatter disease: a case report**

#### **Authors**

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**Introduction/Aim:** A 16-year-old male who came to the clinic for a lump in the right knee of long evolution with pain when rubbing or palpation. His father suffered a similar injury in adolescence that disappeared without treatment. He was derived to Traumatology with Rx of both knees, and rest of the extensor muscles of the knees is recommended until assessment and is prescribed naproxen 550 mg every 12 hours and local cold for pain control.

**Materials and Methods:** The right knee presents a tumor of hard consistency, attached to deep planes and painful to the palpation of about 3 cm in diameter. No pain with movements, or functional limitation, or instability of the joint. The left knee was normal.

**Results:** Lateral Rx and bilateral AP of knees: In the left knee we observed a small solution of continuity of the anterior tuberosity of the tibia, without displacement or fragmentation. In the right knee, a fracture with displacement of several fragments of the anterior tuberosity of the tibia plus increase of soft tissues.

**Conclusion:** The diagnosis of this disease is fundamentally clinical. A good anamnesis and physical examination can help us diagnose it. The treatment is fundamentally conservative, so it is necessary to reassure the family and the patient explaining the benign of the pathology. It is important in all cases to reinforce the flexor muscles of the knee (ischitibial).

Conflict of interest

no

## **Contribution ID: 999**

### **Presentation form**

Poster

### **The role of duloxetine in the symptomatic treatment of osteoarthritis - Evidence-based review**

#### **Authors**

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**Introduction/Aim:** Osteoarthritis (OA) is characterized by loss of cartilage causing joint pain and stiffness, having a great impact on the quality of daily life. First-line analgesic therapy consists of non-steroidal anti-inflammatory drugs (NSAIDs) and opioids but these may be associated with considerable side effects. Duloxetine is increasingly being used to treat chronic pain. The aim of this review is to review the evidence for the use of duloxetine in the symptomatic treatment of osteoarthritis.

**Methods:** Relevant studies were identified through PUBMED, Cochrane Library, TRIP Database, DARE, National Guidelines Clearinghouse, Canadian Medical Association Practice Guidelines InfoBase, NICE Evidence Search and Bandolier were searched for clinical guideline standards (GL), meta-analysis (MA), systematic reviews (SR) and randomized controlled trials (RCTs). Articles in English, Portuguese and Spanish published between January 2009 and January 2019 were selected using the MeSH terms osteoarthritis and duloxetine hydrochloride. The Strength of Recommendation Taxonomy (SORT) was used to assign the levels of evidence and recommendation strength.

**Results:** This research identified 231 articles having 197 been excluded. Of those contemplated in the review, 5 GL, 2 MA, 2 SR, 5 RCTs and 1 cohort study were considered. Duloxetine showed efficacy and a good safety profile in the symptomatic treatment of osteoarthritis when a daily dose of 60mg was used.

**Conclusion:** According to the available evidence, duloxetine appears to reduce pain in OA when compared to placebo and is noninferior to other first-line treatments. In conclusion, the authors strongly recommend its use. (Strength of recommendation A)

Conflict of interest

no

## Contribution ID: 1010

### Presentation form

Poster

### Doctor, I can not walk! A case report

#### Authors

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**Introduction:** Miller-Fisher syndrome (MFS), a variant of Guillain-Barré syndrome (GBS), is an acute inflammatory demyelinating disease that occurs in 10% of GBS cases in Western countries. The typical presentation is characterized by the triad of ophthalmoplegia, ataxia and areflexia and the diagnosis is clinical. The only available treatments are immunoglobulin and plasmapheresis and usually has a favorable outcome.

**Case report:** A female patient aged 47 presented to the clinic with sudden onset of difficulty walking. Objective examination revealed ataxic gait, areflexia and paraparesis of the lower limbs. She was sent to the emergency department where he underwent some exams that revealed no abnormalities. Two days later she noticed lack of coordination of the right upper limb and her GP sent her to the emergency

department with the possible diagnosis of GBS. On admission she did not manage to walk on a straight line, heel to shin test with cerebellar ataxia and generalized areflexia. MFS was assumed and she was started immunoglobulin with symptom improvement and was referred to the Neurology and Physiotherapy outpatient clinics. In the last evaluation by her GP, in last September, she was clinically improved, still with a slight gait abnormality.

**Conclusion:** GBS and its Miller-Fisher variant are uncommon conditions in Primary Health Care. However, it is important to aware of this diagnosis when we come across theses symptoms in particular if following an infection episode. Timely reference for diagnostic confirmation and therapy are important for reducing the risk of motor sequelae

Conflict of interest

no

## Contribution ID: 1020

### Presentation form

Poster

### BEST POSTER: Young patient who consults for the fourth time

#### Authors

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**Introduction:** Young patients who consult for the same reason on several occasions, represent an important diagnostic challenge.

**Material and methods:** A 28-year-old male presented a fourth episode of pain in the quadriceps area, radiating to the trochanter zone. No traumatic or sports background. Pain prevents him from walking when it is at its maximum expression. These episodes usually last 3-4 days, regardless of whether you take medication or go to the physiotherapist. The pain appears milder when doing sports. First episode happened six months ago. Exploration: No pain when exploring hip and femur. In the medial muscular belly of the quadriceps, there is a clear, painful tumor.

**Results:** X-ray of hip and femur: Continuous periosteal reaction in layers of onion, without objectifying cortical destruction. Ecography of soft parts: Solid tumor with calcifications, intense vascularization, and destruction. The finding raises as first diagnostic option aperiosteal sarcoma, recommending complete study with magnetic resonance. Differential diagnosis should be made with Ewing's sarcoma, osteomyelitis, osteosarcoma and eosinophilic granuloma.

**Conclusion:** Bone sarcoma can occur in any bone of the body but is more common in the bony parts near the knee joint, such as the distal end of the femur and proximal to the tibia. The second most frequent location is the humerus at the proximal level. The growing tumor invades the tissues that surround the bone, weakening it. The most frequent symptoms are pain that is accentuated with movement and the appearance of thickening or enlargement of a part of the bone.

Conflict of interest

no

## Contribution ID: 1021

### Presentation form

Poster

### BEST POSTER: Medicine and Literature: the only malady Jerome does not have

### Authors

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**Introduction/Aim:** In the beginning of the book "Three Man on a Boat" of Jerome K. Jerome, the reader is gifted with an hilarious scene where the main character fancies himself to have all maladies except for housemaid's knee. Jerome questions "Why hadn't I got housemaid's knee? Why this invidious reservation?". We aim to review this pathology and understand why it is unlikely to affect Jerome.

**Materials and Methods:** We conducted an online search on UptoDate and PubMed of the terms "housemaid's knee" or "prepatellar bursitis" during January 2019. On UptoDate we select two articles. On Pubmed we obtained eighty-seven results and selected six based on title and relevance.

**Results:** "Housemaid's knee" is a descriptive term from the age of heavy physical labor, when the housemaid would kneel to scrub the floor producing recurrent trauma to the soft tissues of the prepatellar region resulting in prepatellar bursitis. It is a condition documented in multiple professions and recreative activities and presents as localized tenderness and swelling anterior to the patella or patellar tendon. The clue to distinguish this condition from an articular effusion is that patients prefer to lie with the knee fully extended. In most patients it will resolve with avoidance of trauma and the use of NSAIDs.

**Conclusions:** Since Jerome is a XIX century gentleman without known physical activities that imply kneeling or knee trauma, he is unlikely to have housemaid's knee (or any of the one hundred and seven fatal maladies he claims to be a victim of).

Conflict of interest

no

## Contribution ID: 1078

### Presentation form

Poster

### Moyamoya

### Authors

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**Introduction/Aim:** Moyamoya's disease consists of the constriction of the cerebral arteries, and this may be due to bilateral stenosis of the internal carotid artery, or even only the constriction of the arteries that form the polygon of Willis. When

obstruction of normal circulation occurs, the development of collateral circulation close to the site of obstruction, and this collateral circulation is formed by vessels of smaller caliber located near the origin of the carotid, on the cortical surface and branches of the external carotid artery.

**Materials and Methods:** Case report

**Results:** 12-month-old female child who does not crawl or stand by herself (but manages to stand up if someone helps her). The father is a 42 years old, operated on the right Achilles tendo at three years of age, and the physiotherapy was done in Alcoitão, but the result was a pending right foot. He was diagnosed with Moyamoya disease at the age of 4. He denies school and learning difficulties and says he started walking at an early stage. The daughter is a child with a good cognitive development and has delayed acquisition of posture and global motricity. The suspicion of Moyamoya disease should arise in children with acute neurological deficits or cerebral ischemic symptoms that we do not know the cause.

**Conclusion:** This case reinforces the importance of family history, the evaluation of genetic risk and the evaluation of neurodevelopment.

Conflict of interest

no

## **Contribution ID: 1086**

### **Presentation form**

Poster

### **Diagnosis, physical exam and a migraine in general practice - case report**

#### **Authors**

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**Introduction/aim:** The headache is a frequent complaint in General Practice (GP) consult. Migraine, in particular, implies high rates of morbidity, medication and absenteeism. The differential diagnosis of migraine includes different pathologies, which may go unnoticed. We aim to present a case of myofascial pain which was misunderstood, diagnosed and treated as migraine.

**Material and methods:** Interviews and clinical file consulting.

**Results/case:** A 30 years old female, from a nuclear family, functional APGAR, Duvall's stage 2, followed by her family doctor for birth control, migraine and by occasional lumbago. She was medicated with combined oral contraceptive, ibuprofen and almotriptan in SOS. During the previous two years the headache forced her to change her habits and way of living (personal and professional). She was taking almotriptan twice a week, and booked a GP appointment to review her pain. The pain was persistent, frontotemporal, alleviated with manual pressure, without photo or phonophobia or other associated factors. During the physical exam, GP notice several points around masseters and temporal muscles, which triggered the referred pain (trigger-points). A treatment with electrostimulation (enervation, myotomes, sclerotomes) was provided, at different Hertz, with significant pain relief. The patient was also referred to a stomatologist (hospital consultations). The patient was diagnosed with ear-jaw articulation dysfunction, and takes SOS pain medication once a month.

**Conclusion:** Sometimes the objective examination is forgotten. This case reminds us the need of physical exam in the initial diagnosis or even in the pre-established diagnostic review, such as common migraine.

Conflict of interest

no

## **Contribution ID: 1087**

### **Presentation form**

Poster

**BEST POSTER: Hip fracture due to skin cancer. Clinical case presentation.**

### **Authors**

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**Introduction/Aim:** A pathological fracture caused by a bone metastasios may occur in patients with known cancer and as well in those with no known cancer and it should be considered routinely in patients with long bone fractures with no traumatism. The aim of this case report was to evaluate the characteristics on a patient with metastases in the femur from malignant melanoma.

**Materials and Methods:** We want to present a case of metastatic malignant melanoma in the femur with known primary tumour in a 57-year old-male who presents in the Emergency Room complaining of severe pain and functional impotence in the right hip. Some pains in the left thigh and gluteal region were present for about a months, but at a lower intensity. Physical examination, during active and passive mobilisation attempts, reveals major pain in the hip and functional impotence were highlighted.

**Results:** The patient undergoes a surgery with partial replacement of the right hip. In a 6 - months follow up presents correct recovery from the surgery.

**Conclusion:** Malignant melanoma is a cancer that may metastasise in the skeleton. However most of bone metastases are found in the axial skeleton and they rarely involve the femur, as in our case. Only a few case reports are published in the literature. Clinicians must be aware of the varied clinical manifestations of disseminated malignant melanoma.

Conflict of interest

no

## **Contribution ID: 1234**

### **Presentation form**

Poster

**Cherubism in children: a case report**

### **Authors**

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Cherubism is a skeletal dysplasia characterized by bilateral and symmetric fibro-osseous lesions limited to the mandible and maxilla. This condition was described in 1933 by Jones, who named these children "cherubins" due to their round faces and their eyes which seemed to be looking at the sky.

It's an autosomic dominant disease (SH3BP2 gene on chromosome 4p16.3 mutations), even though there are sporadic cases too. Symptoms start between 2 and 7 years of age with swelling of the jaws that proliferates until puberty. Then, lesions regress and the bone remodels until age 30.

**Case report:** We present the case of a two-and-a-half-year-old girl who developed delayed dental eruption as well as a three-month progress noticeable facial asymmetry with large jaw growth.

Previously, she was a healthy girl with a normal development and had no remarkable family history.

Physical examination:

Facial hypertrophy of the lower third, dental malposition and abnormalities in both dental arches.

Complementary tests:

Normal blood test, including calcium, phosphorus, PTH, alkaline phosphatase and vitamin D.

Cranial CT: bilateral lytic lesions in both maxilla with appearance in soap bubble.

Teeth malposition with floating teeth.

Standard genetic test: normal. Clinical evolution:

Today, she is 5 years old and has some teeth missing, as well as mandibular hyperplasia and retrognathia, which cause snoring problems. She is provided periodic supervision by orthodontist, maxillofacial surgery, otorhinolaryngology and ophthalmology.

**Conclusions:** Cherubism is a benign bone dysplasia which requires close monitoring until adulthood to detect progressive forms that could cause severe esthetical and functional problems.

Conflict of interest

no

## Contribution ID: 1235

### Presentation form

Poster

### Early diagnosed Danon's disease: a case report

#### Authors

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We present a 7-year-old boy treated at primary care for overweight (BMI 22.5). He was healthy, with normal PMD. School performance: normal-low. Death of mother: 7 months prior (ovarian cancer). Blood test: normal except for AST 107 / ALT 93. Posterior control: similar. Referred to gastroenterology service. Hypertransaminasemia remains plus LDH 580 / CK 544. Neuromuscular disease suspected. At that moment he's 8 years old, retaking school year, has no motor problems.

### Complementary studies:

- Abdominal ultrasound: normal.
- Cranial CT and NMR: normal
- EMG: moderate signs of myopathic condition, spontaneous activity.
- Metabolic studies / tandem mass: normal.
- EKG + echocardiogram: normal.
- AST 116 / ALT 80 / GGT 16 / LDH 1367 / CPK 604 / FA 925
- Muscle biopsy + genetic study for congenital myopathies were proposed, preferring the latter, resulting in diagnosis of Danon's disease.

### Danon's disease:

Caused by a lysosome-associated membrane protein 2 (LAMP2) deficiency due to gene mutations at Xq24. Shows severe cardiomyopathy, mild skeletal myopathy, ophthalmic abnormalities, variable intellectual disability. Onset age: from infancy to adulthood. Female carriers may have later onset. There's no specific treatment, cardiac transplantation being the most effective for the cardiomyopathy.

Its heterogeneous nature complicates genetic counselling.

### Family study:

- 16-year-old brother: affected, hypertrophic cardiomyopathy criteria. - 14-year-old sister: carrier. Asymptomatic.

Today he's 11 years old, hasn't developed hypertrophic cardiomyopathy, has mild muscle weakness. Needs school support.

He follows periodic reviews in neurology, ophthalmology and cardiology. A study of the maternal family is being carried out.

Conflict of interest

no

### Contribution ID: 234

#### Presentation form

Poster

#### Pain and dyspnea after traumatism, is not always what it seems

#### Authors

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**Introduction:** Description of the case: 52-year-old patient, smoker, who went to the hospital emergency room due to chest pain secondary to costal contusion. In the emergency room they performed a physical examination without complementary tests and they guided it as intercostal pain. Reconsults after 48h due to pain and respiratory problems.

**Results:** Exploration and complementary tests: Good general condition. Normotensive. Cardiorespiratory auscultation: rhythmic tones, without murmurs, hypophonia in left hemithorax. Oxygen saturation: 94%. An urgent chest radiograph was requested which is reported as a massive left pneumothorax with contralateral displacement of mediastinal structures.

Under diagnosis of pneumothorax, the patient underwent thoracic drainage with pleurecath without incidents. During admission, they performed a CT chest scan that showed a large left pulmonary bubble without evidence of pneumothorax, passive collapse of the left lower lobe, discrete right apical bubbles and pulmonary emphysema.

Differential diagnosis:-Radiological: Giant bubble; Diaphragmatic hernia; Bronchogenic cyst; Congenital lobar emphysema.-Clinical: Pericarditis; Ischemic heart disease; Aortic dissection; Esophageal pathology; Pulmonary embolism; Other pleural pathologies.

**Conclusions:**In front of a patient with pleuritic chest pain after contusion or chest trauma, an urgent chest x-ray should be requested to dismiss pneumothorax. In our case, although the x-ray showed a compatible image with pneumothorax, the CT scan showed that the cause of the opacity of lung parenchyma was caused by a giant bubble secondary to Chronic obstructive pulmonary disease. Our patient underwent surgery with improvement of the clinic.

Conflict of interest  
no

## Contribution ID: 237

### Presentation form

Poster

### Horner syndrome in a patient with carotid dissection

#### Authors

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**Introduction:** this case report is about a patient consulting for ptosis, miosis and enophthalmos.

**Materials and methods:** case presentation. Personal history: ex-smoker, dyslipidemia, atrial fibrillation (electric cardioversion in 2000), benign prostatic hypertrophy. History, physical examination and complementary tests: 51-year-old male consulted at his primary care center for drooping of the right eyelid and occipital headache of one week evolution. On examination, he presented right upper

ptosis, miosis and right enophthalmos. With the presumptive diagnosis of Horner's syndrome, an urgent chest x-ray was requested, which was normal. The patient was then urgently referred to Neurology Service.

**Results:** diagnosis, treatment and evolution: a magnetic resonance angiography (MRA) was requested, showing internal carotid artery dissection. Acetylsalicylic acid was prescribed. The patient presented total remission of symptoms 4 months after the diagnosis, and treatment was withdrawn.

**Conclusion:** Horner syndrome requires a rapid and accurate diagnosis, since it can be produced by potentially serious causes but also reversible with the appropriate treatment

Conflict of interest

no

## **Contribution ID: 277**

### **Presentation form**

Poster

### **BEST POSTER: Giant cell arteritis: a case report**

#### **Authors**

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**Introduction:** Giant cell arteritis (GCA) is a systemic autoimmune disease affecting the elderly. The main symptoms include headache, visual disturbances and jaw claudication. The most feared complication of GCA is permanent visual loss. The temporal artery biopsy (TAB) confirms the definitive diagnosis. GCA requires treatment with corticosteroids.

**Case presentation:** A 71-year-old woman presented bitemporal headache of 6 weeks' duration, which was maximal over the left temple. Last 24 hours she had three episodes of amaurosis fugax in the left eye. The physical examination showed thickened, hard and tortuous temporal arteries, the left with slight local inflammatory signs. Additionally, arteries presented bilateral diminished and symmetrical pulses. The analytical results of inflammatory markers were not significantly raised (C-reactive protein of 2.88 mg/dL and erythrocyte sedimentation rate of 40 mm/h). The ophthalmological evaluation was normal. The ultrasonography of the temporal artery revealed the inflammation of the vessel wall as a "halo sign". The biopsy of temporal artery showed a transmural inflammation and luminal occlusion, confirming the diagnosis of GCA. Treatment was initiated before TAB with daily high-dose prednisone. A few weeks later, symptoms were completely resolved.

**Conclusions:** Headaches are common in primary care and sometimes may mask potentially serious diseases. However, performing an appropriate clinical history and detailed physical examination can lead the doctor to do an accurate diagnosis. This clinical case highlights the importance of considering giant cell arteritis in the differential diagnosis of headache.

**Keywords:** Giant cell arteritis, Amaurosis fugax, Headache

Conflict of interest

no

## Contribution ID: 287

### Presentation form

Poster

### Analysis of the variability in the management of acute low back pain in the emergency department

#### Authors

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Lumbar pain is one of the most prevalent and recurring pathologies. The approach to this pathology is based on discarding an underlying serious pathology and alleviate the symptoms, being pain a frequent reason of attendance to the hospital emergency rooms.

**Objective:** To assess the adequacy and variability of the treatment of lumbar pain as well as the different ways to approach it in a hospital emergency department.

**Methods:** Retrospective transversal descriptive study in patients attended because of lumbar pain in a hospital through 2015. A database with the variables to be studied was made and it was analysed with SPSS.

**Results:** 261 patients and their re-attendances: 317 episodes. Average of 50. 54% of the sample suffers from repeated lumbar pain. Rapid validated scales like EVA are not used neither to assess the pain nor the response to the treatment. Abdominal and neurological exploration appears in less than 50% of the episodes. In more of 50% of the attendances a lumbar radiography has been performed. The procedures of administration were intravenous and intramuscular (mainly performed for AINEs). A high percentage of AINEs are prescribed against a low percentage of paracetamol. Weak opioids are prescribed at discharge in a 25% of the cases and the same percentage of opioids are given at the emergency room.

**Conclusions:** Lumbar pain is a recurring problem that provokes a great number of attendances to the emergency departments. A adequate detection and monitorization to approach it with the available therapeutics is important. Further studies to assess the effectivity and efficiency of the different groups of medicines are needed.

Conflict of interest  
no

## **Contribution ID: 368**

### **Presentation form**

Poster

### **Approach to vertigo in primary health care**

#### **Authors**

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**Introduction:** Dizziness is a very common non-specific and disabling symptom in primary health care (PHC). Vertigo constitutes the most prevalent subtype and consists of a "spinning" sensation of body or surroundings. A correct diagnosis of vertigo is crucial, since it implies specific treatment and prognosis. The objective was to review the literature on approach, diagnosis and therapeutic strategies for vertigo and to create an algorithm for action in PHC.

**Materials and Methods:** A review of the medical literature was conducted in the databases of evidence-based medicine using the search terms "vertigo", "management", "primary care". Articles published in English between April/2008 and April/2018 were included.

**Results:** Differential diagnosis of vertigo includes central, peripheral or other causes (namely, drugs, psychological causes). In the approach to the patient in PHC, a careful anamnesis is critical and includes a correct diagnosis and characterization of vertigo and the exclusion of alarm signals. The objective exam involves an evaluation of the ear and neurological and cardiovascular examinations. Benign Positional Paroxysmal Vertigo, Vestibular Neuritis or Meniere's Disease correspond to 93% cases of vertigo. Its distinction can be made through the characterization of vertigo and associated hearing loss.

**Conclusion:** Vertigo is a common symptom in PHC. A careful anamnesis and objective examination are of paramount importance when it comes to distinguishing peripheral from central causes. Since the treatment is specific to the cause, it is vital that the general practitioners are aware of the alarm signals in order to ensure a correct referral of the patients.

Conflict of interest  
no

## **Contribution ID: 443**

### **Presentation form**

Poster

### **Hypoglykaemia or sepsis, which is the worst?**

#### **Authors**

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**Aim:** To highlight the need of investigating the possible trigger causes, when managing patients with hypoglycaemia.

**Material and Methods:** A 59 year-old gentleman came to our clinic because of drowsiness and disorientation; he has previous medical records of Type II Diabetes, permanente urinary catheter because of neurogenic bladder (previous infectious spondylodiscitis), high blood pressure and miocardial infarction. A capillary glycaemia was determined during anamnesis, showing 24 mg/dl. Normal levels were instantly restored after administration of Glucose 50% previous peripheral endovenous catheterization. Conscience level was restored up to Glasgow Coma Scale 15. He referred short of breathness and expectoration. On Physical examination discrete decrease in vesicular murmur was the only pathological finding

**Results:** EKG showed no variations when compared to previous: Lab tests revealed leukocytosis with left deviation, High C-reactive protein and Procalcitonine of 15 ng/mL. Blood and urine cultures were extracted. Urinary tests revealed intense bacteriuria and pyuria. Chest x-ray was normal. With diagnosis of Urinary sepsis, he received fluid and antibiotic therapy immediately, and was admitted to Hospital. Urine and blood cultures revealed presence of *Proteus mirabilis*. The patient improved with no complications, being discharged 7 days after admission.

**Conclusions:** Severe hypoglycemia is a medical emergency, easy to sort out. But in patients with sepsis, presence of hypoglycemia indicates a situation of metabolic failure in which liver failure plays a major role. If during the evaluation of a hypoglycemic patient sepsis data are found, we must keep an eye on the severity and start accurate treatment immediately.

Conflict of interest  
no

**Contribution ID: 493**

**Presentation form**

Poster

**A wolf in sheep's clothing**

**Authors**

Valter Santos, Luís Morato  
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**Introduction/Aim:** A female 41-year-old, healthy, habitual medication or allergy turns to the family doctor for headache and 1 episode of vomiting and some imbalance after class in the gym.

**Materials and Methods:** In the Health Primary Care Center: Patient, hemodynamically stable, conscious, oriented and calm that presents dysmetria in the finger-nose test with pronation to the left in the test of extended arms, apparent hypoaesthesia left hemicorpe. Patient signaled to the Emergency Department by neurological alterations, where blood and urine collection takes place. It performs CT scan of the skull that reveals the recent temporo-occipital and left thalamocapsular ischemic infarction in the cortical arterial artery and perforating of the Right Middle Cerebral Artery, with present thrombus. 13hours after the entrance to the

Emergency Room, the patient performs a new CT scan of the skull, which identifies the absence of hemorrhagic transformation, without hydrocephaly, evolution of recent ischemic infarction in the territory of the cortical artery and perforating of the Right Posterior Cerebral Artery.

**Results:** Diagnosis of ischemic cerebrovascular accident with left vertebral artery that initiates enoxaparin and acetylsalicylic acid.

**Conclusion:** An apparent headache associated with physical exercise can be a reason for frequent consultation in primary health care. As the case presented, is the role of the family physician understanding and integrating an exhaustive physical assessment that can save the patient's life, after all, not everything is what it seems is, this is the example of a seemingly simple headache, which, after all, was a cerebral stroke.

Conflict of interest

no

## Contribution ID: 549

### Presentation form

Poster

### Ultrasonic diagnosis of pneumothorax in polytraumatized patient

#### Authors

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**Introduction:** Case report about how the findings observed in the thoracic ultrasound in a polytraumatized patient allowed confirming the diagnosis of pneumothorax and ruling out other possible origins of arterial hypotension, making possible to apply effective therapeutics quickly.

**Materials and methods:** A 50-year-old patient who came to emergency department after a motorcycle accident. No conscience loss. Severe pain in the right hemithorax and respiratory distress. Blood pressure 90/50, 110 beats per minute. Absence of ventilation in the right hemithorax. Echography: absence of pleural slippage. Lung point. E lines. Thorax computerized tomography: right anterior pneumothorax. Peripheral alveolar infiltrates in the middle lobe and right lower lobe, as well as in the right pulmonary vertex due to small pulmonary contusions. Rib fractures in 5th, 6th, 7th and 8th ribs.

**Results:** Diagnosis: Traumatic right anterior pneumothorax. Right rib fractures. After the ultrasound drainage was performed with abocath and connection to chest drainage. Computerized tomography was performed and the intensive care unit took care of the patient.

**Conclusion:** A theoretical and practical education of the ecography of the residents of family medicine will allow to quickly take the knowledge learned to the daily practice, as it happened in this case, ensuring the quality of the ultrasound scans, a

technique that helps the differential diagnosis in the initial attention to patients both in the health center and in the emergency department.

Conflict of interest

no

## **Contribution ID: 560**

### **Presentation form**

Poster

### **A case report of Madelung's deformity: not everything is fracture in a traumatism**

#### **Authors**

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**Introduction:** Madelung's deformity (MD) is a rare wrist's anomaly caused by premature growth of distal radial epiphysis. Patients, mostly adolescence females, present radial and ulnar's shortening and bowing, pain and/or progressive functional loss of wrist. The etiology is classified into dysplastic, genetic, traumatic or idiopathic. Diagnosis is based on clinical suspicions and confirmed by radiographies of forearm and wrist. Treatment depends on the age at presentation, degree of deformity, magnitude of symptoms and clinical-radiological findings. Serial radiographies are recommended in slight asymptomatic deformity.

**Case report:** The authors report a case of a 27-year-old female patient who came to Primary Care for left forearm and elbow injuries subsequent to a skateboarding fall. Physical examination revealed a left elbow abrasion with hematoma and slight dorsal deformity of the distal ulnar portion. The patient no displayed deficits in elbow range of motion although complained pain. The left wrist movement was slightly restricted to dorsiflexion and supination without distal radioulnar joint's pain. Left forearm radiographies (anteroposterior and lateral) were obtained with no evidence of bone fracture, but demonstrated Madelung's deformity in carpus. Treatment was intended for pain and inflammation's control: analgesic and nonsteroidal anti-inflammatory medication, compressive elastic bandage and ice-bag application.

**Conclusion:** Some chronic bone deformities, such MD, are uncommon and often asymptomatic, being able to confuse our first diagnostic impression in acute trauma. With this approach, radiography is a valuable tool to discern between acute and chronic bone pathologies.

**Keywords:** Madelung deformity, upper extremity congenital anomaly, trauma radius

Conflict of interest

no

## **Contribution ID: 672**

### **Presentation form**

Poster

## Guillain Barre on a 78 y.o. patient on chemotherapy for colon carcinoma. Never take weakness for granted!

### Authors

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We report the case of a 78 years old man with mild diabetes and hypertension, two months after an uncomplicated right hemicolectomy for a T3N1M0 colon cancer, on chemotherapy, applying the FOLFOX protocol. After the third course of treatment the patient started to show progressive weakness including an emergency room visit after falling on the stairs, being discharged with a normal brain CT. A home visit was requested complaining of progressive weakness, the only relevant finding was proximal weakness of both legs 2/5, with no Babinsky sign. An urgent consultation with the neurologist was requested, which referred the patient to the emergency room suspecting Guillain Barre syndrome or side effect of oxaliplatin as a differential diagnosis. At the emergency room the same findings on physical examination were found, laboratory test showed a mild hyponatremia of 129, a brain CT scan and lungs x-rays were normal. A lumbar puncture was performed showing 4 WBCs, 250 RBCs, glucose 139, protein 66 (high). With the diagnosis of Guillain Barre syndrome without respiratory compromise, the patient was treated with IVIG and referred for rehabilitation. Chemotherapy was suspended. After 3 months of inpatient rehabilitation treatment the patient improved from a FIM motor score of 14/91 to 60/91 at discharge. There are some rare cases of Guillain Barre syndrome in the setting of colorectal cancer, being treated with oxaliplatin, although the reported side effect of this drug is a primarily sensory neuropathy.

Conflict of interest

no

### Contribution ID: 814

#### Presentation form

Poster

#### BEST POSTER: Reduce fractures as soon as posible

#### Authors

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**Introduction:** The fat embolism syndrome is caused by fracture of long bones. The classical presentation consists of an asymptomatic interval followed by pulmonary and neurological manifestations combined with petechiae. The most effective prophylactic measure is the early reduction of the fracture.

**Material and Methods:** A 21-year-old male brought to the emergency room at our health center after high-impact trauma in lower limbs. About two hours before, being at a party, he suffered an accident, presenting a large right leg deformity, pain and functional impotence.

**Results:** Initially, the patient remained hemodynamically stable, without neurological alterations and physical examination revealed a slight edema in the right cheekbone, important deformity in both thighs and right leg, suggesting multiple fractures, and weak right distal pulse. After being explored and while we are proceeding to the immobilization of lower limbs for transfer, the patient presents an episode of disconnection, non-reactive to stimuli, with dyspnea requiring orotracheal intubation and transfer to hospital emergency for high suspicion of fat embolism.

**Conclusion:** The most important prophylactic measure to prevent fat embolism syndrome (FES) is to reduce fractures as soon as possible after the injury. It is important too to maintain intravascular volume so is recommended the use of albumin with serum as a plasma expander because hypovolemic shock may exacerbate the lesions caused by this entity.

It should be noted that, as happened in the case in hand, brain computed tomography was normal, requiring the realization of a nuclear magnetic resonance to confirm the diagnosis.

Conflict of interest

no

## Contribution ID: 817

### Presentation form

Poster

### Stroke in a sixteen year old boy?

#### Authors

Paula Colacicchi<sup>1)</sup>, Nicolás Lundahl Ciano Petersen<sup>2)</sup>, Sergio Pérez González<sup>3)</sup>

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#### Introduction/Aim:

Patient Age: 16

Sex: male

Disorder: Deviation oral commissure to the left, loss of consciousness and generalized clonic tonic crisis.

Case history:

NKA

Diseases known: asthma

**Materials and Methods:** The patient initially goes to his health center for flu-like illness and fever of up to 40 degrees with joint pain that lasted for two weeks. While in high school his friend notices that he could not mobilize the right arm, deviation of mouth commissure to the left and loss of consciousness with generalized clonic tonic. We meet the patient at the emergency room when we run an examination: finding slight bradypsychia, normal nerves, not stiff neck or meningeal signs are seen. Claudication in upper right limb in Barré. No sensitive deficit. Reflections preserved. We request blood analysis, blood culture, chest x-ray and skull CT.

**Results:** CT Scan: thrombosis of left sigmoid sinus and ipsilateral transverse sinus with left temporal venous infarction.

Inter-consultations are performed with the Neurology service that indicates the realization of MRI.

The MRI findings are compatible with left temporal venous infarction and cerebral venous thrombosis. The patient is admitted to the Neurology area requesting also the opinion of the Hematology department to study possible thrombophilias.

The evolution was good with anticonvulsant and anticoagulant treatment.

**Conclusions:** The differential diagnosis of a first epileptic seizure is very broad, and includes infectious, ionic or vascular causes that always must be ruled out. Our case is interesting because a thrombosis is rare in a patient of this age range.

Conflict of interest

no

## Contribution ID: 832

### Presentation form

Poster

### Complication after intubation

#### Authors

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**Introduction/Background:** A 52 years old man with a personal history of hypertension. He goes to the hospital emergency department after being found unconscious on the floor at home. Remnants of blood and vomiting were visible next to him. His wife was notified at 061 that he found a Glasgow Coma Scale (GCS) of 4, so he underwent orotracheal intubation and was transferred to our hospital emergency department.

**Objective/Methods:** Physical exam: Upon arrival, he was sedated, with mydriatic and arreactive pupils. Skin pallor. Cardiac auscultation: rhythmic tones. Pulmonary auscultation: bilateral rhonchi predominating in the right hemithorax. Abdomen: soft, depressable, no masses are palpated. No peritoneal irritation. Lower members: no edema or signs of DVT. Complementary test: Hemogram, biochemistry, coagulation and gasometry: without alterations, except elevated RCP. Urine: normal. Negative toxic. Chest x-ray: normal cardiothoracic index. Increase in density on the right base, not clearly condensing. No pleural effusion or air trapping. Cranial CT scan: acute subarachnoid hemorrhage with involvement of the ventricular system. Hypodense image suggestive of acute ischemic injury. We proceed to hospital admission in ICU. At 10 h after admission, bilateral anterior cervical subcutaneous emphysema was observed, predominantly in the right cervical region. Fiberoptic bronchoscopy was performed and evidence of tracheal rupture and pneumomediastinum was found, and emergency surgery was performed.

**Results:** A tracheal rupture. The patient develops unfavorably, with respiratory sepsis after pneumonia associated with mechanical ventilation, dying at 12 days.

**Conclusion:** Tracheal rupture is a very rare complication of orotracheal intubation, but with high morbidity and mortality. It should be suspected in patients with

intubations in emergency situations and difficult, or after the use of double-lumen tube. It presents with the appearance of subcutaneous emphysema with pneumothorax and / or pneumomediastinum.

Conflict of interest

no

## **Contribution ID: 839**

### **Presentation form**

Poster

### **Atraumatic fracture in a young person.**

#### **Authors**

Josefa Cuevas Gálvez, Salvador Camacho Reina, Adrián Barreiro Gago  
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**Introduction/Aim:** 28 years old woman without personal history or pathological relatives of interest, multiparous (G2P2A0), no toxic habits. She consulted in primary care due to pain in left hip for 3 weeks of evolution irradiated to the knee, without a previous traumatic history. During examination, a painful walk with pain on palpation and rotation of the left hip was observed. Preserved pulses. On the radiograph, a possible fracture of the left femoral neck base is seen. In the traumatology service, MRI scan is performed confirming a fracture in the base of the left femoral neck, remaining admitted for surgery.

**Materials and Methods:** Good general condition, blood pressure 110/78 mmHg, heart rate 83 bpm. Examination: pain on palpation and rotation of the left hip. Analytical Blood: normal blood count and biochemistry, normal parathyroid hormone and 25-hydroxyvitamin D. Analytical Urine: normal phosphaturia and calciuria. Rx pelvis: left femoral neck base fracture. MRI scan: Finding compatible with fracture line at the base of the left femoral neck with adjacent edema with small signs of sclerosis at medial cortical.

**Results:** Atraumatic left hip basicervical fracture.

**Conclusion:** Patient operated surgically without incidents. The etiologic cause of her fracture has not been found: not existing previous trauma or changes in recent daily activities, analytical studies ruled out osteomalacia. We believe it could have been caused by transient hip osteoporosis in postpartum period (her last delivery was three months ago).

Conflict of interest

no

## **Contribution ID: 877**

### **Presentation form**

Poster

### **Paget-Schroëttter syndrome or effort thrombosis, a lesser known entity**

#### **Authors**

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**Introduction:** A 45-year-old healthy male presented to the Emergency Department of our hospital with a 10 days history of pain and swelling in his right arm. He initially consulted with his GP and was diagnosed with having cellulitis, going home with an antibiotic regimen, but after a week the swelling worsened. He denied any previous traumatismos or wounds but he did refer he had been doing a lot of weight lifting recently.

**Results:** Physical examination revealed a marked edema and rubor mainly around biceps and triceps. Blood pressure was normal and equal on both arms. No adenopathies were found on neck or armpit. Blood test findings were normal with the exception of an elevated PCR (25.6) and D-Dimer (2495), which led to the realisation of a Venous Doppler Ultrasound of the right arm, revealing a thrombus of the right axillary and subclavian veins. The patient was diagnosed with a Deep Vein Thrombosis (DVT) and admitted in the hospital for treatment.

**Conclusions:** DVT of the axillary and subclavian veins usually occurs due to central catheters, adjacent tumors or hypercoagulability, but this patient presented none of these conditions. The Paget-Schroetter Syndrome or effort thrombosis is a form of DVT associated with repetitive and stressing activity of the upper extremities. It presents more frequently on young and otherwise healthy men, which often delays the diagnosis, and usually involves the dominant arm. Increasing awareness among primary care and emergency physicians is important to ensure early recognition and timely thrombolysis.

Conflict of interest

no

## Contribution ID: 959

### Presentation form

Poster

### Traffic accident: An unexpected finding

#### Authors

Alba Castañeda Pérez-Crespo, Jorge Zieleniewski Centenero, María Rodríguez Romero, natalia Aguilar Lorente, Antonio Llor Muelas, Victoria Avellaneda Ros, Vanessa Martinetti Mieusset, María Carmona Soriano  
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**Introduction/Aim:** Delivering bad news in the emergency department (ED) is very common nowadays and there is little time to prepare for the event and likely little or no knowledge of the patients or family background information.

**Materials and Methods:** We collected the clinical history directly from the patient and the laboratory results from his clinical process.

**Results:** 55-year-old male referred to the ED after a low-impact traffic accident. No abdominal pain, normal urine staining, no diuresis decreases since the accident. No chest pain, no dyspnea. No other symptoms. Accompanied by his wife, asymptomatic, who told us the low impact of the accident. The patient had small lacerations in left preauricular region. Abdominal examination: soft, depressible, right flank pain on deep palpation, right paraumbilical superficial hematoma (2cm). No peritoneal irritation. No masses or visceromegalies. Locomotor examination: pain on palpation of cervico-dorsal paravertebral region, no pain on palpation of spinous

processes. After the examination, the patient reported great abdominal pain in the right flank, for which an abdomino-pelvic ultrasound was requested, which was completed with an abdominal-pelvic-CT showing right renal neoplasia (T4N1M0), compatible with clear cell renal carcinoma.

**Conclusion:** Bad news represents a severe disruption in the life-world of those who are its recipients. When the news are delivered, they move from their previous taken-for-granted-world into a new one. It is necessary to dedicate time to resolve their doubts and explain the findings, especially in young patients with an unexpected diagnosis due to the reason for consultation.

Conflict of interest

no

## Contribution ID: 1051

### Presentation form

Poster

### Non expected alcoholic neuropathy

#### Authors

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**Introduction:** Case report about a patient who came to emergency department due to high blood pressure and paresthesias in legs and hands, and who resulted to suffer from an alcoholic neuropathy.

**Materials and Methods:** A 45-year-old man came after detecting high blood pressure (190/93). He referred pain and decreased sensitivity in legs for 2 months. Paresthesias especially in the soles of the feet, and that had started on the palms of the hands recently. Blood pressure 172/90. Facial erythema. Low sensitivity of lower legs. Difficulty for walking. Decreased reflexes. Blood test: creatin kinase 350. Differential diagnosis: diabetic neuropathy, amyotrophic lateral sclerosis, multiple mononeuritis. The patient after several hours in the emergency room is very nervous with generalized tremors, impressing of alcoholic deprivation. Recognize drinking 16 beers a day.

**Results:** Diagnosis: Alcoholic neuropathy. Admission is proposed for study and treatment. However, the patient, stable, refuses admission and requests voluntary discharge.

**Conclusion:** Alcoholic neuropathy is mainly due to axonal toxicity caused by alcohol and poor nutrition. Paresthesias occur in arms and legs, especially in hands and feet. Walking and posture disorders happen due to degeneration of the cerebellum. Nystagmus. The patient admitted being a long evolution great drinker. During his stay in the emergency department he began to feel symptoms such as tremors, sweating and anxiety, typical of a beginning of alcohol withdrawal syndrome. His general practitioner will have to coordinate the study of this alcoholic neuropathy,

evaluate studies of diabetic neuropathy and hypertension, and help him to stop drinking.

Conflict of interest

no

## **Contribution ID: 1112**

### **Presentation form**

Poster

### **Does the airbag always saves lives?**

#### **Authors**

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**Aim:** Although the main objective of safety devices in vehicles is to save lives and prevent severe injuries, sometimes they develop another life-threatening traumatism.

**Material and methods:** A 25 year-old male consulted for moderate right hemicranial headache, accompanied by dyesthesias in right side face and right upper extremity, with vomiting at this moment. Yesterday he consulted to his family doctor, a migraine was suspected and started on triptans with no relief. No relevant medical history was found. After reinterrogating the patient, he admitted to have suffered a car accident, with airbags involvement, but he had decided not to consult in order to feel seem well. He was the driver, and the seat belt was fastened. On examination, his blood pressure, Heart rate and breathing was normal. Glasgow Comma Scale 15. No neurological signs were found.

**Results:** EKG and lab tests were normal. Brain computed tomography (CT) revealed a subacute subdural hematoma (around 15mm), with mass effect. Immediately, endovenous corticoid therapy and pain killers were put on. The patient was admitted to neurosurgery ward to check evolution. A CT after 4 days showed no changes, and no neurologic focality was developed, being discharged after 5 days.

**Conclusion:** Safety Devices installed in means of transport are strongly recommended and have proven to save lives. However, they can generate lesions derived from their activation, some of them extremely rare, but serious consequences can appear if they are not suspected and/or diagnosed, including unexpected deaths or quality of life impairment.

Conflict of interest

no

## **Contribution ID: 1187**

### **Presentation form**

Poster

### **Antihypertensive medication do not always solve the problem**

## Authors

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**Introduction:** We present a case of a 38 years old male, with no allergies, a medical history of central diabetes insipidus and migraine headache. Who consulted one day complaining of an acute onset intense headache happened while driving, mainly in the occipital area, which did not alleviate taking his usual migraine treatment. Attending him we detected a high blood pressure (BP) measure of 220/105 mmHg. It was stabilized giving him antihypertensives and for that he was discharged home.

**Methods/ Results:** 48 hours later he reconsulted of similar symptoms. This time his physical showed once again a high BP of 180/110 with also a nuchal rigidity. That is for he was sent to hospital to do a CT scan. This last demonstrate intraventricular hemorrhage while the magnetic resonance angiography (MRA) confirmed periventricular cavernoma. While admitted, he presented nocturnal oxygen desaturation so a polysomnography was done showing obstructive sleep apnea and requiring a continuous positive airway pressure (CPAP).

**Conclusion:** Secondary causes of hypertension are not relatively frequent so it is not usually searched for. It is important as family doctors to be careful not to miss signs of possible secondary high blood pressure such as: sudden-onset in young patients or in elderly ones, resistant hypertension on 3 or more blood pressure medications. Correct and early detection of these signs helps administering the right treatment and preventing serious complications.

Conflict of interest

no

## Contribution ID: 98

### Presentation form

Poster

### Elderly patients with extensive bullous pemphigoid

#### Authors

Theocharis Lepenos<sup>1</sup>), Maria Liarou<sup>2</sup>), Annita-Christina Koskina<sup>1</sup>), Georgia Vatheia<sup>1</sup>), Eleni Kostidou<sup>1</sup>), Georgios Kotronopoulos<sup>1</sup>), Theodoros Pouletidis<sup>1</sup>), Charalampos Leloudas<sup>1</sup>), Michalis Mintzas<sup>1</sup>)

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**Background:** Bullous pemphigoid (BP) is a rare, chronic skin disease, which is associated with increased mortality if left untreated. BP is the most common dermatopathy in patients older than 65 years of age.

**Aim:** to investigate the association between BP and other comorbidities and medications in the elderly.

**Design and Methods:** Between February 2015 and March 2018, we followed up 4 patients older than 65 years of age (3 men and 1 woman), who attended Amfikleia

Health Centre with BP. All patients suffered from generalized skin blisters, which were not improving with oral corticosteroid therapy alone. Although BP is the most common autoimmune blistering disease, comorbidities and polypharmacy can have a great impact on the natural course of the disease.

**Results:** All 4 patients suffered from diabetes mellitus (100%), 3 patients - from ischaemic heart disease and hypertension (75%) and 2 patients - from heart failure (50%). All patients were under treatment with more than 4 medications for their comorbidities. On top of these medications, patients also received antihistamines, local and oral corticosteroids, antibiotics and immunosuppressants for their BP. Half of the patients responded to the treatment and their symptoms resolved. The other half didn't improve and, unfortunately, passed away from complications related to BP and their other comorbidities.

**Conclusion:** Patients who responded to the treatment for BP had also achieved optimal anginal, glycaemic and blood pressure control and compensated heart failure, under the close supervision of their GP. Patients should also aim at very good skin hygiene and care with moisturizers.

Conflict of interest

no

## Contribution ID: 181

### Presentation form

Poster

### Localized systemic sclerosis

### Authors

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**Aim:** 70 year old woman with no drug allergies and no significant familial antecedents. Chronic treatment with levothyroxine, statin and antidepressant (anxiety disorder). During the last year she has been studied due to a bilateral palpebral ptosis, finding no clear etiology. Along this time she complains of swelling, skin thickening, rigidity and color changes in hands.

**Materials and methods:** Physical examination reveals hand deformity and problems for finger extension. Capillaroscopy is performed, revealing incipient secondary Raynaud phenomenon. With clinical suspicion of localized systemic sclerosis, the patient is referred to rule out compromise of other organs.

**Results:** Complete blood cell count, biochemistry, proteinogram, C3 and C4 fractions, immunoglobulins (IgG, IgA and IgM) and urine analysis are normal. Autoimmunity panel reveals antinuclear autoantibodies (1/320) with positivity for anti-centromere and negativity of anti-DNA, anti-Ro, anti-La, anti-SCL-70. ANCA are negative. EKG, echocardiogram, chest X-ray and abdomen ultrasound are normal. Electromyography reveals compressive neuropathy of both median nerves in their distal segment.

**Conclusion:** Localized systemic sclerosis (LSE) is a connective tissue disorder with immune basis. It causes fibrosis and degenerative changes, mainly in skin. The most frequently affected internal organs are lungs, kidneys, heart and digestive system. It is a rare condition, with a prevalence about 1/50000, appearing more often in median age females. Raynaud phenomenon can be associated to progressive systemic sclerosis, sometimes heralding it by years. Disease course is slow, although depending on the degree of clinical compromise. There is not disease modifying therapy, being symptomatic relief the goal of treatment.

Conflict of interest

no

## **Contribution ID: 353**

### **Presentation form**

Poster

### **BEST POSTER: Melanoma**

### **Authors**

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**Introduction/Aim:** Male 55 years old, truck driver, with good family coverage, who consulted at our health center for an ulcerated lesion on the 5th toe that appeared 3 months ago, and that does not cure despite treatment with topical and oral antibiotics, antifungals and different hygienic-dietetic measures. His personal history shows mild psoriasis and more than 50 pigmented nevus, especially on the trunk and back, none with signs of atypia. The patient is referred to dermatology.

**Materials and Methods:** Ulcerated lesion of 1.5x2.5 cm of the same color of the skin on its edges, bleeding and not painful, on the 5th right toe. The rest of the exploration did not present alterations. Biopsy lesion: malignant melanoma with epithelioid cells infiltrating the dermis. Clark IV Stadium. Negative CT and negative sentinel lymph node.

**Results:** Surgical treatment with excision of wide margins. Currently in remission, following close control by our part as a family doctor and every 6 months by dermatology.

**Conclusion:** Amelanocytic melanoma is a rare neoplasm with no melanin pigment, and usually presents as a pink nodular lesion. It is very important to make an early diagnosis to initiate appropriate treatment and improve the patient's prognosis. Because it is difficult to diagnose it from our consultations in primary care, it is important to pay attention to ulcerated lesions that do not heal in a period of 2-3 weeks in order to be studied in this way.

Conflict of interest

no

## **Contribution ID: 355**

### **Presentation form**

Poster

### **Keratoacanthoma of rapid evolution in anticoagulated woman**

## Authors

Fátima Silva Gil, Esther Navarrete Martínez  
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**Introduction/Aim:** Woman, 86 years old, with history of diabetes, atrial fibrillation. Chronic treatment: metformin 850, digoxin 0.25, acenocoumarol, pantoprazole 40 mgs, with a skin lesion nodular, verrucous, violaceous appearance on the back of the left wrist, one week after onset, caused pain, suppuration and an offensive odor. Antibiotic therapy is prescribed, and measures are indicated to prevent bleeding. The evolution is towards crusted-ulcerated lesion, size 2.5x2.5 cm without other satellite lesions.

**Materials and Methods:** The case was referred to Dermatology for evaluation, where a differential diagnosis is made between keratoacanthoma and squamous cell carcinoma, and extirpation is carried out, with examination of biopsy material and strict control of coagulation.

**Results:** keratoacanthoma.

**Conclusions:** The keratoacanthoma usually appears in sun-exposed areas, such as the hands, of rapid onset, reaching a maximum at 6-8 weeks, after which it begins to return. Rapid evolution is a characteristic that we must explain to our patients, because it causes them a lot of concern. And this has been our case: in general, although surgical removal is recommended, it occurs in cases in which there is no involution, or we have diagnostic doubts. Although the evolution was good, the patient had to be controlled in hospital, having to change acenocoumarol for heparin.

Conflict of interest  
no

## Contribution ID: 359

### Presentation form

Poster

**Solar exposure or secondary effect of hydrochlorothiazide? Actinic keratosis of repetition**

### Authors

Fátima Silva Gil, Esther Navarrete Martínez  
*Servicio Andaluz de Salud, Cordoba, Spain*

**Introduction/Aim:** A-80-years-old woman, personal history of arterial hypertension. Chronic treatment with irbesartan 300, hydrochlorothiazide 25 mgs. Presents a pigmented lesion on the left cheek, about 3 months of evolution.

**Materials and Methods:** A photograph of the lesion and telematic derivation is carried out, which is reported as actinic keratosis, and treatment with imiquimod. In October 2018 an informative note indicates that hydrochlorothiazide, due to its phototoxic action, is able to induce non-melanocytic skin cancer, so we proceed with the withdrawal of the drug. We reviewed previous history and the patient has suffered 4 premalignant lesions in areas exposed to the sun.

**Results:** Actinic keratosis by sun exposure vs antihypertensive medication side effect.

**Conclusion:**The main reason for the appearance of premalignant skin lesions is continued sun exposure, which in cases such as the one we present has been for long periods of time, taking into account the type of work what he has had. However we must not forget other factors, exogenous as in this case, that although we can not prove their causality, we must take them into account. According to The Spanish Agency of Medicines and Medical Devices "hydrochlorothiazide: continuous and prolonged use over time may increase the risk of non-melanocytic skin cancer", is explained by its phototoxic action. Although it is not possible to know what is the cause of the lesions, it is necessary adapt antihypertensive treatment by removing or replacing hydrochlorothiazide, as well as educating our patients about the dangers of sustained sun exposure.

Conflict of interest

no

## **Contribution ID: 400**

### **Presentation form**

Poster

### **Beyond a skin rash.**

### **Authors**

Romero Portero Victoria, Herrada Diaz Elena Isabel, Castillo Fernandez Nerea  
*Distrito Poniente. Almería., Almería, Spain*

**Introduction/Aim:** Moroccan of 35 years who comes to the hospital presenting skin rash for five days, treated with antihistamines and corticosteroids in another center without improvement, temperature of 38°C and odynophagia. Personal history: epilepsy with generalized partial seizures that began two weeks ago, being treated with Lamotrigine.

**Material/Methods:** generalized skin redness with involvement of the trunk, abdomen, extremities, with maculopapular lesions that include palms and plants with erythematous stippling without blistering. Affectation of oral cavity and hard palate. Bilateral ocular redness.

**Results:**Toxic epidermal necrolysis secondary to Lamotrigine. Treatment: Withdrawal of the drug, replacing it with Levetiracetam, measures of maintenance and entering Internal Medicine where it evolves favorably.

**Conclusions:** The diagnosis was made by the clinic and confirmed by a skin biopsy. It begins a week after being exposed to the drug, in case of anticonvulsants up to eight weeks later. It differs from the Stevens-Johnson syndrome in that it affects more than 30% of the body surface, while the latter less than 10%. It begins with nonspecific prodromal phase, followed by erythematous macules that progress to flaccid blisters with epidermal necrosis with positive Nikolsky. It is distinguished by erosions of mucous membranes, massive apoptosis of keratinocytes with detachment of the epidermis and severe constitutional symptoms. The annual incidence is estimated at 0.4 to 2 cases per million inhabitants, with a mortality rate of 15 to 40%. It consists of an abnormal immune response of some individuals to certain drugs, which causes a type IV mediated hypersensitivity reaction.

Conflict of interest

no

**Contribution ID: 520**

**Presentation form**

Poster

**Psoriasis: the psychosocial impact of a chronic disease**

**Authors**

Joana Fiúza<sup>1)</sup>, A. Catarina Ribeiro<sup>2)</sup>, Álvaro Mendes<sup>3)</sup>, Sandrine Dias<sup>4)</sup>

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**Introduction/Aim:** Psoriasis is a chronic inflammatory skin disease that affects 1 to 3% of the world's population. Clinically it's characterized by erythematous-scaling plaques that often affects the scalp, elbows and knees. Chronic skin diseases have a profound negative impact on patients quality of life presenting repercussions at the psychosocial level due to their disfiguring nature. The impact varies individually depending on the adaptive characteristics of the patient. The present research aims to review the psychosocial, modulating factors and mechanisms of adaptation in patients with Psoriasis.

**Materials and Methods:** Reared scientific articles published in indexed databases (Pubmed, UpToDate, b-on and Medscape) and consulted reference books of Dermatology. Articles published between 2010 and 2018 were considered of most interest, however, articles dating back to 2000 with potential relevance were not neglected.

**Results:** It has been found that Psoriasis has a profound psychosocial impact. Individuals with more severe clinical conditions and visible lesions presented greater impairment in quality of life. Patients with personality traits of vulnerability, inadequate acceptance strategies and poor social, family and institutional support have greater impact. Stress as a triggering and aggravating factor of the disease and its impact were evident.

**Conclusion:** The analysis, inferred in this review, found that the psycho-social impact of Psoriasis influences the perception of the patient about his own condition and quality of life. It concludes the importance of the multidisciplinary evaluation of Psoriasis and the individualized analysis of the impact on each patient, allowing the physician a more adequate follow-up.

Conflict of interest

no

**Contribution ID: 548**

**Presentation form**

Poster

**Laboratory evaluation of the hair loss patient in the primary care setting**

**Authors**

Catarina Macedo<sup>1)</sup>, Bernardo Pereira<sup>2)</sup>, Rita Pinheiro<sup>1)</sup>, Marina Gonçalves<sup>2)</sup>

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**Introduction/Aim:** Hair loss affects up to 50% of men and women throughout their lives. Family doctors are often the first contact with the patient, so they should be prepared to management this cases. The aim of this review was to systematize the initial laboratory investigation in the approach of alopecia.

**Materials and Methods:** review of the literature using Medline®, UpToDate®, Cochrane Library® to identify guidelines, meta-analyzes and systematic reviews.

**Results:** In female androgenetic alopecia, such tests are helpful for identifying an underlying hyperandrogenic state: DHT, DHEA, DHEA-S, 17α-hydroxyprogesterone, Δ4-androstenedione. FSH, LH and prolactine maybe request in order to exclude PCOS. We also suggest testing for NCCAH by measuring 17-hydroxyprogesterone level. Women with suspected Cushing's syndrome should undergo testing for hypercortisolism. In selected cases, IGF-1 and RPR levels may be useful. CBC, ferritin, serum iron, TIBC, zinc or TSH may be considered depending on the individual history. In Male androgenetic alopecia, laboratory testing for the diagnosis is usually unnecessary. In particular cases of alopecia areata appropriate tests may include ANAs, RF and RPR. Every patients should be screened for anti-TPO and anti-TG antibodies. CBC, urine analysis, serum ferritin, T3, T4, TSH, ANAs, RPR and zinc should be performed in individual cases to detect the cause of Telogen effluvium.

**Conclusions:** Alopecia is a common and distressing clinical complaint in the primary care setting and can arise from heterogeneous etiologies. Laboratory tests are helpful to early etiological diagnosis and institution of appropriate treatment.

Conflict of interest

no

## Contribution ID: 578

### Presentation form

Poster

### Hidradenitis suppurativa - a diagnostic challenge

#### Authors

Ana Cardoso, Ana Cláudia Carneiro

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**Introduction/Aim:** Hidradenitis Suppurativa (HS) is a chronic and recurrent cutaneous inflammatory disease characterized by painful nodules, abscesses and fistulas in anatomical areas with apocrine sweat glands. It affects women more often and can occur at any time between puberty and middle age. The European prevalence is 1-4%, and the presence of a family history, smoking habits and overweight/obesity, are risk factors for its development. The diagnosis is clinical, and the treatment is based on the severity of the disease. Medical treatment of active HS includes topical and systemic antibiotic and biological therapy. Surgical procedures are advised in the noninflammatory phase of the disease. We intend to carry out a review of the literature on the diagnosis and therapeutic orientation of HS.

**Materials and Methods:** Bibliographical review in databases and scientific publications with the keywords: Hidradenitis suppurativa, apocrine glands, clinical manifestations, severity, diagnosis and treatment.

**Results:** Hidradenitis suppurativa is not a rare disease, but it is still an unknown pathology, even among health professionals, which leads to late diagnosis and, consequently, very late adjusted treatment.

**Conclusion:** This pathology must have a multidisciplinary approach and the family doctor is the patient's best intermediary between the different specialties needed in the different stages of the disease, and also plays a key role in reducing the associated risk factors.

Conflict of interest

no

## **Contribution ID: 596**

### **Presentation form**

Poster

### **Hidradenitis suppurativa - a challenging approach in primary care**

#### **Authors**

Cláudia Alves<sup>1,2)</sup>, Gustavo Santos<sup>2)</sup>, Ana Rita Aguiar<sup>2)</sup>, Diana Costa<sup>2)</sup>, Samuel Queirós<sup>2)</sup>

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**Introduction/Aim:** Hidradenitis Suppurativa (HS) is a frequent clinical condition with an estimated prevalence of about 1%. In addition, it is often underdiagnosed and there is a delay of several years in the diagnosis. This happens due to either higher prevalence of milder phenotypes or the lack of knowledge in the medical community. Although there are several available treatments, the quality of evidence is generally poor. The objective is to review the existing evidence and propose a management algorithm for HS approach in primary care.

**Materials and Methods:** The search engines used were "MeDLINE / PubMed" and "b-on", using the keywords: "hidradenitis suppurativa" combined with "treatment"; "management"; "lifestyle changes"; "therapeutics" and "surgery". Articles in English published since January 2006 were selected.

**Results:** Treatment is managed according to the severity of the disease and the first-line approach is based on antibiotic therapy, topical or systemic. In milder forms, there is some evidence of the usefulness of topical resorcinol and systemic treatments with acitretin, zinc gluconate and dapson, which can all be used in a primary care setting. In the most severe forms, biological therapy and surgical treatment can be used, hence why it is important to refer to differentiated health care. Nevertheless, recent data shows surgical management is useful in milder forms, in order to limit the disease's extension and progression.

**Conclusion:** Primary health care has an essential role in the diagnosis and initial management of HS, while also contributing to identify more severe forms which benefit from hospital referral.

Conflict of interest

no

## **Contribution ID: 608**

### **Presentation form**

Poster

## **Infantile Hemangiomas evaluation in primary care setting**

### **Authors**

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**Introduction/Aim:** Infantile Hemangiomas (IH) represent the most common tumor of infancy and are characterized by a rapid proliferation phase, usually during the first year, followed by a slow phase of spontaneous involution. The female, caucasian, preterm and low birth weight infants are at a high risk of developing this benign vascular tumor. Most hemangiomas have spontaneous regression, however some are associated with disfiguring aesthetic changes or severe complications that require therapeutic measures. The aim of this review was to systematize the initial approach and orientation of IH in the primary care setting.

**Materials and Methods:** review of the literature using Medline<sup>®</sup>, UpToDate<sup>®</sup> and MeSH terms "Hemangioma" and "infant".

**Results:** IH can be classified as focal, segmental or indeterminate. The presence of multiple hemangiomas ( $\geq 5$ ) may be associated with visceral hemangiomatosis, and abdominal ultrasound is necessary for an initial evaluation. For Cervicofacial hemangiomas an ophthalmologic and cardiac (echocardiogram) examination are recommended to exclude the PHACE syndrome. In the large segmental IH ( $>2,5$  cm) located in the midline lumbosacral region, abdomino-pelvic and spine Doppler ultrasound, MRI of spine and urodynamic studies are recommended to exclude LUMBAR syndrome. "Beard" hemangiomas are at high risk for laryngeal hemangioma.

**Conclusions:** Most cutaneous hemangiomas present spontaneous resolution but others can be a sign of possible complications that require timely evaluation by different hospitality specialities. So, the Family Doctor plays a central role in the initial management of IH, especially when IH cause visible dysmorphism, feeling of loss of self-esteem or bullying in children.

Conflict of interest

no

### **Contribution ID: 621**

#### **Presentation form**

Poster

## **BEST POSTER: Break the "stressful snowball effect" by treating alopecia areata**

### **Authors**

Ines Madanelo, Tiago Sanches, Vanda Godinho, Helena Sousa, Cecilia Natividade, Fernando Tavares

*UCSP Vouzela, ACeS Dão Lafões - Portugal, Vouzela, Portugal*

**Introduction:** 28-year-old healthy male turned to his physician because of focal beard hair thinning for one month. Trauma or other injuries were denied, although

he assumed personal and professional issues as well as cannabis consumption some months before.

**Methods:** Emotionally stable since his problems were solved, he was no longer consuming drugs. Upon physical examination, there was a 4cm diameter lesion in the left inframandibular region with hair follicle rarefaction but no inflammation. Diagnosing alopecia areata, we began empiric treatment with clobetasol and minoxidil, and agreed on monthly check-up. Resorting to teledermatology, the family doctor validated his diagnosis and plan. After 3 days we got feedback (waiting time for non-urgent consultation gets close to 2 years). After 6 months, there was significant hair growth, verified through sequential clinical photographic recording.

**Results:** The lack of dermatologists in isolated regions creates the undeniable need of family physicians in rural contexts as the intermediary to second level care. Teledermatology can help solve problems and decrease waiting times. This narrative reports a case of Alopecia areata, which is a recurrent nonscarring type of hair loss that can affect any hair-bearing area. Although it's benign condition and lack of other symptoms, it can curse with emotional and psychosocial distress.

**Conclusion:** The knowledge of dermatological pathology allowed prompt treatment, in a non-urgent situation but with harmful impact on the patient's self-esteem. The multidisciplinary collaboration of teledermatology allowed validation for the measures instituted. Continuity of care enabled the control of therapeutic effects by the family physician.

Conflict of interest

no

## Contribution ID: 760

### Presentation form

Poster

### Community Marsa. About a case

#### Authors

ANA FRANCO, PILAR NAVARRETE, VERONICA DOMINGUEZ  
*FAMILY MEDICINE, 2B VIA ROMA ICS, BARCELONA, Spain*

**Description:** Male of 24 years. Chef. Allergy to pollen and cat hair. Low risk enolic consumption. Physical exercise regularly. No risk of STIs. Consultation: pain and multiple capillaries in the legs and 1 lesion in the left axilla of 3 days.

**Exploration:** Phlegmonous lesion, not fluctuating, painful in left axilla. Phlemonic boil, central necrosis. Hard edema, flushing and heat the right lower extremity. Abscess on the external face of the right lower extremity. Afebril 119/53, 75lpm.

#### Diagnostic:

1. Axillary hidrosadenitis and multiple furunculosis. We prescribed tetracycline 250mg / 8h. At 4 days he reconstructs, he has not found the treatment. We give: doxycycline, sodium fusidate and mupirocin topical, do not perform the oral treatment. At 24 hours: intense pain, swelling, difficulty in walking and edema in the right lower extremity. He has not taken the oral antibiotic. EF: malaise, lameness, swelling and erythema on the entire right thigh. It is referred to hospital emergencies due to severe cellulitis. Enter Positive cultures to MRSA. Treatment:

Clindamycin 500mg / 6 hours 7 days. Since work manipulating food is kept low due to epidemiological contamination risk.

**Differential diagnosis:**

1. Multiple furunculosis/Axillary hidrosadenitis/ Cellulite./Spider bite./CA-MRSA.

**Discussion:** There is an increase in infections due to CA-MRSA. Patients without risk factors for the infection. Epidemic in USA. They tend to be mild infections of the skin and soft tissues, necrotizing pneumonia, sepsis and other invasive diseases. Crucial early detection . More recognition work is needed. Treatment: incision and drainag. Treatment: 1st choice: clindamycin, tetracyclines . 2nd choice daptomycin, linezolid or vancomyciD.

Conflict of interest

no

**Contribution ID: 778**

**Presentation form**

Poster

**Scattered painful nodules with sudden onset as the first manifestation of acute myeloblastic leukemia.**

**Authors**

Maria del Carmen Arias-Blanco<sup>1,2)</sup>, Belen Muñoz-Diaz<sup>1,2)</sup>, Pedro Jesús Gómez-Arias<sup>1,3,2)</sup>, Manuel Rico-Cabrera<sup>1,2)</sup>, Francisco Escribano-Villanueva<sup>1,2)</sup>, Antonio Vélez García-Nieto<sup>1)</sup>, Irene del Carmen Gómez-Arias<sup>1,2)</sup>, Juana Redondo-Sánchez<sup>4,2)</sup>

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67-year-old woman with thalassemia minor and arterial hypertension came to her Health Center due to a two days flare of hard, shiny, erythematous and painful nodules located on wrist and finger of her hand, pectoral region, chin, nose, forehead and scalp. The patient did not have other symptoms. The exploration did not reflect other findings. Urgently valuated by a Dermatologist, a general analytical and a punch biopsy were performed due to a high clinical suspicion of acute haemopathy.

Blood analysis results showed 12,700 leukocytes /  $\mu$ L, relative neutropenia and monocytosis. Peripheral blood smear revealed 80% of monocytoid blasts. Bone marrow aspirate and punch biopsy confirmed the infiltration by acute myeloblastic leukemia. Our Health Center was communicated immediately by Haematology Department of the result of the smear in order to referral the patient for admission through Emergency Department. She is currently receiving induction chemotherapy.

**Discussion:**The appearance of cutaneous lesions due to infiltration by acute leukemia (leukemia cutis) can often be the first manifestation of this pathology, being more frequent in cases of acute myelomonocytic and acute monocytic leukemias. It can be presented as indurated nodules, papules or plaques usually distributed by the trunk, head and extremities.

**Conclusion:** Scattered painful nodules of sudden onset as the first manifestation of acute myeloblastic leukemia. Seeing these striking symptoms, the family doctor should suspect an underlying leukemia and consider referral to the Dermatology / Emergency Department for screening of acute hemopathy including blood count and peripheral blood smear in order to start treatment as early as possible.

Conflict of interest

no

## Contribution ID: 835

### Presentation form

Poster

### Usefulness of teledermatology in the diagnosis and treatment of skin lesions in Primary Health Care.

#### Authors

Maria del Carmen Arias-Blanco<sup>1,2)</sup>, Juana Redondo-Sánchez<sup>1,3,2)</sup>, Pedro Jesús Gómez-Arias<sup>1,4,2)</sup>, Francisco Escribano-Villanueva<sup>1,2)</sup>, Irene del Carmen Gómez-Arias<sup>1,2)</sup>, Antonio Velez Garcia-Nieto<sup>1,4,2)</sup>

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Skin Cancer had increased in the world, especially to elder population and the sun exposition areas especially in the rural zones. Teledermatology has been used for more than a decade.

**Aim:** to help to the diagnostic and treatment of skin lesions suspected of malignity and to avoid displacement specially in the elder and immobilized patients and distant rural areas from Hospital using de dermatoscopy in Primary Care Heath Center

**Material and methods:** 297 patients has been studied from two Health Center (HC) by teledermatology techniques using dermatoscopy for the diagnostic of skin lesions in Primary Care (PC). The photos of the skin lesions were sending in that moment by e-mail-intranet to Dermatologist (D) for diagnostic and treatment, the results had been done in the same day by the specialist and sent us the response.

**Results:** Women 44,4%, men 55,6%. Midle age 61,6. Diagnostic skin lesions: Athinic Queratosis 20%, Basocellular Cancer 18,6%, Epidermoid Cancer 4,3%, Melanoma 1,4% Atypical melanocitic nevus 13,6%, Benin melanocitic nevus 11,4%, Seborreic Keratosis 21,6%, Angioms 2,9%, other lesions 6,2%. Dermatologist response: Dermatology consultation in the Hospital 39,7%, Indication of treatment in Primary Health Center 20,9%, Don't needed treatment 36,4%, others 3%.

Displacement of the patients were avoided in a 60,3%.

Kappa Index Dermatologist/ Primary Care Health Ceter, without dermatoscopy 0,41, with dermatoscopy 0,67.

**Conclusions:** Teledermatology avoid unnecessary displacement to patients especially elder and immobilized and is a quickly procedure.

Dermatoscopy improve the teledermatology technique for the diagnostic and treatment of malignant skin lesions in Primary Care.

Conflict of interest

no

## **Contribution ID: 898**

### **Presentation form**

Poster

### **Erythema Migrans**

#### **Authors**

Giovanna Lovatón Villena

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An Spanish woman of 22 years old with no toxic habits or allergies, was sent to internal medicine because of a nodular lesion located in left submandibular region that was excised and described as compatible with a cutaneous mixed tumor compatible vs chondroid syringoma. In the meanwhile she explained 3 months of a 8cm diameter skin lesion located in abdomen, she was sent to dermatology where took a biopsy describing a lymphocytic vasculopathy.

Clinically compatible with erythema migrans, initiated Doxycycline 100mg every 12 hours for 21 days.

The patient reconsults months later with a history of lesions similar to previous that comes and goes in arms and thorax, a total of 5 lesions in the course of a year.

We request for Borrelia burgdorferi antibodies that gave us an IgM positive.

A second antibiotic treatment was prescribed -doxycycline every 12 hours for 10 days - and after 5 weeks asked for Borrelia burgdorferi total antibodies, IgG and IgM by ELISA, and it turns negative.

Erythema migrans, formerly known as erythema chronicum migrans, is the distinctive cutaneous lesion of the multisystem tick-borne spirochetosis and is the most common manifestation of Lyme disease in Europe

Histopathologically, it is characterized by a dense lymphocytic infiltrate in the dermis or subcutaneous tissue that can be difficult to differentiate from lymphoma.

Antibiotics appear to prevent or limit long-term complications such as acrodermatitis chronica atrophicans.

Conflict of interest

no

## **Contribution ID: 951**

### **Presentation form**

Poster

### **We must (h)ear the signs – about a case report**

#### **Authors**

Inês Correia Tavares, Sara Oliveira Nunes, Leila Marques, Pedro Godinho Fernandes, Mónica Cró Nóbrega, Marta Maria Duarte

*USF LoureSaudável, Loures, Portugal*

**Introduction:** A 56-year-old man presented to his primary care doctor with a three-week history of pain and swelling of both ears. He had gone to the emergency room with similar complaints 10 days earlier and was treated with antibiotics, without improvement.

**Methods:** During the last year he had several skin infections, mostly furuncles on his occipital scalp and left elbow; these were treated with antibiotics, some of them guided by exudate culture, with frequent relapses. His medical records were notable for a 7-year history of poorly controlled type 2 diabetes, hypertension and obesity. He worked as a miner and had history of smoking.

Given the specificity of the new symptom and the relapsing character of the older ones, the hypothesis of relapsing polychondritis was considered as the hypothesis of recurrent infections, supported by a poorly controlled diabetes, high-risk profession and poor adherence to therapeutic regimens became less probable. He started corticotherapy and was referred to Internal Medicine.

**Results:** After extensive studying this auto-immune disease was assumed and after 1 year treatment with methotrexate and prednisolone he has infrequent relapsing of furuncles but maintains some pain and pruritus of the ears. For now, there is no sign of involvement of other organs.

**Conclusion:** The role of the family doctor was crucial because only his suspicion broke the vicious cycle of infection and treatment. For now, the biggest difficulty is to manage the medication's side effects on his chronic diseases - as stopping corticotherapy was not possible his diabetes was uncontrolled.

Conflict of interest

no

## Contribution ID: 990

### Presentation form

Poster

### Basal cell carcinoma: a case report

#### Authors

Francisco Espínola Gonzalez, Maria Maldonado Muñoz, Patricia Montes Romero  
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**Introduction/Aim:** A 79-year-old woman with a personal history of AF anticoagulated with Xarelto and HTN treated with Enalapril 20 mg, goes to our primary care clinic, worried about a wound over the right eyebrow of about 2 years of evolution that has not been cured since then and that has been growing. Given the evolution and appearance of the lesion derives to dermatology.

**Materials and Methods:** Phototype II-III. Rounded, scabby tumor with some hyperpigmented region, about 2 cm, raspy to the touch. Dermatoscopy (dermatologist): crusted ulcer, with a raised, translucent border, pearly with telangiectasias on its surface and firm consistency. Some lentiginous lesion on the face and neck. No alarm data. Seborrheic keratosis on the chin.

**Results:** Finally, the lesion corresponded to a basal cell carcinoma, which was completely removed by local surgery under anesthesia.

**Conclusion:** Screening of tumor lesions on the skin is important, since an early diagnosis can avoid long-term complications. In our case, basal cell carcinomas have

a slow and torpid evolution, which should make us suspect their presence. Basal cell carcinoma is the most common type of skin cancer. This malignant tumor is locally invasive, aggressive and destructive, but its ability to metastasize is very limited. There are different ways of treating a basal cell carcinoma (cryotherapy, photodynamic therapy, pharmacological ...) although the most radical and effective is local surgery, thus avoiding recurrences and future complications,

Conflict of interest  
no

## Contribution ID: 1023

### Presentation form

Poster

### Cutaneous leukocytoclastic vasculitis with Iga deposit or analoctoid purpura of Schönlein-Henoch

#### Authors

Marta Moya De La Calle<sup>1)</sup>, Angela Maria Arevalo Pardal<sup>2)</sup>, Susana Sanchez Ramon<sup>1)</sup>, Carlos Garcia Morras<sup>1)</sup>, Montserrat Alvarez Rabanal<sup>1)</sup>

<sup>1)</sup>Emergency Department, Rio Hortega University Valladolid, Valladolid, Spain

<sup>2)</sup>SACYL, Valladolid, Spain

**Introduction:** Some skin lesions go further the main diagnosis. We need to keep an eye when thing don ´t evolve correctly.

**Material and methods:** Male, 34 years Tuberculosis one year before, treated correctly. He reported diffuse abdominal pain during five days without nausea, vomiting or alteration of intestinal transit. Non-pruritic skin lesions on both legs appeared 48 hours before. Intense asthenia without anorexia or weight loss. Pharyngeal discomfort and cough without fever on previous days. No hematuria. On physical examination, a purpuric exanthema in legs predominantly distal in feet, in different stages of evolution, and palpable in some locations was found. Diffuse abdominal pain, more intense in both iliac fossae, with voluntary defense without clear signs of peritoneal irritation. Blumberg and Murphy negative. Noises preserved. No masses. No ascites semiology. No more pathological findings.

**Results:** Lab tests: leukocytosis with neutrophilia and C-reactive protein 62. Urinary tests: proteinuria without haematuria. Chest X-ray: reticular pattern in upper lobes, inrelation to past pulmonary infection. Electrocardiogram, abdominal Rx and abdominal ultrasound: normal.

Patient improves with treatment and a skin biopsy was performed, revealing analoctoid purpura from Schonlein-Henoch (SHP)

**Conclusion:** SHP is a small vessel vasculitis characterized by palpable generalized purpura, abdominal pain, arthralgias and / or arthritis, which is sometimes associated with renal involvement and glomerulonephritis. It is more common in children and is usually preceded by a respiratory infection. It usually presents IgA and C3 elevation titers and the diagnosis is confirmed by biopsy of the lesions.

Conflict of interest  
no

**Contribution ID: 1030**

**Presentation form**

Poster

**Headache and progressive dysarthria**

**Authors**

Marta Moya De La Calle<sup>1)</sup>, Angela Maria Arevalo Pardal<sup>2)</sup>, Susana Sanchez Ramon<sup>1)</sup>, Rosa Castellanos Florez<sup>1)</sup>, Inmaculada Garcia Ruperez<sup>1)</sup>

<sup>1)</sup>*Emergency Department, Rio Hortega University Valladolid, Valladolid, Spain*

<sup>2)</sup>*SACYL, Valladolid, Spain*

**Introduction:** Although neurovascular injuries are a frequent cause of dysarthria, there are other conditions that can cause it, and must be taken into **account during diagnosis.**

**Material and methods:** A 55-year-old male presented with a progressive dysarthria and intense occipital oppressive headache. In previous days he presented somnolence, bradypsychia and generalized awkwardness. He also refers to painful oral ulcers, accompanied by long-standing, recurrent and receding genital ulcers, and for which she never underwent specific treatment.

**Results:** Physical examination: dysarthria. Oral ulcers difficult to assess for coexisting candidiasis. Chest x-ray: normal, brain CT: normal. Serologies for HIV, VDRL-TPHA, hepatitis virus, HSV, VZV, Brucella, Borrelia and ANA negative. The patient is admitted with suspicion of tumor disease. A left fronto-parietal lesion was confirmed in brain magnetic resonance (BMR), suspecting a tumor and performing a brain biopsy. During admission weakness in the right extremities of brachial predominance and visual deficit in right visual field regions appeared. New BMR revealed worsening of the previous lesion, adding a new one in the right thalamus, as well as a bilateral uveitis. Suspecting Behçet's disease, methylprednisolone was initiated with clinical improvement.

**Conclusion:** Behçet's disease is an inflammatory, chronic and systemic disease that usually affects males. It commonly manifests with recurrent oral and genital ulcers, polyarthritis, skin and eye disorders (uveitis).

Neurological involvement is rare and exceptional at the time of diagnosis. There are no formally established criteria to reach diagnosis, so high suspicion must be the key to reach it.

Conflict of interest

no

**Contribution ID: 1055**

**Presentation form**

Poster

**Glove finger erythema**

**Authors**

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**Introduction/Aim:** Exanthematic diseases are a frequent problem in the pediatric ages, and with which family physicians face numerous times. However, the diagnosis is not always easy and obvious, particularly when it is not a typical or acute presentation.

**Materials and Methods:** Clinical case report.

**Results:** 7-year-old female child who presented in the surveillance consultation with erythematous-desquamative cutaneous lesions of the fingers, in glove form, in both hands, with 2 months evolution. She was a healthy child without onychophagia, dyshidrosis, exposure to physical agents or chemical agents. It was decided to medicate with topical corticosteroid and expose the case with colleagues of dermatology. Based on a relationship of trust with the parents, the uncertainty regarding the nature of the lesions was exposed and the consultation scheduled for reassessment after the therapeutic test.

**Conclusion:** The skin is a source of multiple pathologies and a means of manifestation of numerous multisystemic pathologies. Thus, this clinical case is relevant to the extent that it is demonstrative of the uncertain and nonspecific terrain in which the family physician works in his day to day clinical practice. While the clinical presentations of rapid installation, such as some exanthematic diseases typical of childhood, are easy to diagnose, others challenge scientific knowledge and time, insofar as they do not allow to infer a diagnosis with the speed and certainty desired by both patients and physician. As such, knowledge sharing among professionals, communication and time are tools of major value in the clinical practice of family physicians.

Conflict of interest

no

## **Contribution ID: 1085**

### **Presentation form**

Poster

### **Woman in red**

#### **Authors**

Nieves López-Delmas, Maitane Barrera-Larrauri, Montserrat Porta-Borges, Montserrat Llevet-Planas, Elizabeth Gregorutti, Laura Closa-Carné, Elisenda Guarné-Vidal, Sonia Baró-Sabaté, Jaume Romaguera-Lanau, Silvia Barro-Lugo  
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**Introduction/Aim:** Allopurinol is the gold standard treatment for hyperuricemia. Side effects are well known, being skin affection the most common one, but not always considered.

**Materials and methods:** A 86-year-old woman with a 1-month history of asymptomatic hyperuricemia, with chronic kidney disease worsening, started therapy with allopurinol and 2 weeks later she refers necklace maculopapular rash that spread to back and limbs despite topical therapy (oral rejected), without mucosal involvement, in addition to low-grade fever and malaise. There was no history of drug hypersensitivity reactions. She was referred to Emergency Department.

**Results:** Physical examination revealed, in addition to skin lesions, axillary lymphadenopathies. Abnormal laboratory results included C reactive protein (CRP) 9mg/dL, 10% eosinophils (EAC  $990 \times 10^9/L$ ), increased levels of liver enzymes (alanine aminotransaminase 75UI/L and gamma-glutamyltransferase 112UI/L) and creatinine 2.17mg/dL (CKD-EPI 16.1mL/min/1.73m<sup>2</sup>) with mild hyponatremia (130mmol/L) and hyperkalemia (5.69mmol/L). She was diagnosed as having a drug rash with eosinophilia and systemic symptoms (DRESS), so Dermatology service was reported and she was finally admitted and treated with endovenous and topical corticosteroids in addition to oral antihistamines. A week later, she was discharged for clinical and laboratory improvement with a prescription of oral prednisone to be tapered.

**Conclusion:** Allopurinol is a commonly used drug, but not risk-free. Thus, at Primary Healthcare we should consider performing a comprehensive monitoring of treatment changes and their possible side effects in a wider time window, especially in multi-pathological patients to nothing over 15 days.

Conflict of interest

no

## Contribution ID: 1119

### Presentation form

Poster

### Purple by Henoch-Schönlein on the adult, a discovery after an abdominal pain

#### Authors

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**Introduction:** Henoch-Schönlein Purpura (HSP) is a vasculitis of small vessels with the deposit of IgA immunocomplexes. It is characterized by palpable purpura, arthralgia / arthritis, abdominal and renal involvement. Its etiology remains unknown; however, several possible triggering factors have been proposed, among them, infectious agents, drugs, tumour antigens, with possibility of association with malignancy and autoimmune diseases.

**A case study:** A 53-year-old woman with a rheumatoid arthritis and treated with etoricoxib, methotrexate and etanercept. She started having abdominal pains in the right iliac region (RIR) which evolved within 3 days with fever associated, leading to her being transported to the emergency service. After an examination, the patient presented pain with palpation of the right lumbar and iliac regions, with positive for Blumberg, having performed abdomino-pelvic CT that showed presence of lipomatous lesion in the ascending colon (lacking in study), reason why she was hospitalized. On the 3rd day of hospitalization, there was an appearance of purpuric lesions in both lower limbs. Rheumatology collaborated with a skin lesion biopsy. She initiated oral corticosteroid therapy and suspended etanercept. The patient presented substantial improvement of cutaneous lesions as well as of the inflammatory parameters after a-5-day-treatment, being discharged and referred for a rheumatology appointment. The anatomo-pathological report revealed presence of leukocytoclastic vasculitis, compatible with PHS.

**Debate / Conclusion:** PHS is a multisystemic and heterogeneous disease, with worse prognosis in adults. The authors present the case for the rare occurrence of HSP in an adult which is under biological therapy.

Conflict of interest

no

**Contribution ID: 1144**

**Presentation form**

Poster

**Sjogren syndrome a defying diagnosis**

**Authors**

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**Introduction:** Sjögren syndrome (SS) is an autoimmune disease characterized, among other features, by the lymphocytic infiltration (CD4 +) of the exocrine glands, mainly of the lacrimal and salivary glands. Clinical presentation varies considerably from ocular, oral mucosa or other exocrine glands involvements, resulting in a spectrum of mild symptoms with manifestations of sicca syndrome (quistoconjuntivite sicca, xerophthalmia and xerostomia), fatigue and arthralgia, to even severe systemic presentation with neurological disorders, vasculitis and glomerulonephritis.

**Material and Methods:** We present the clinical case of a 59-year-old woman with immune thrombocytopenic purpura as relevant antecedents that in the etiological study of subjective and recurrent dyspeptic complaints, we found leucopenia, thrombocytopenia and sedimentation velocity of 43 mm/h. When questioned she concomitantly refers dry mouth and dry cough, xerophthalmia with ocular burning and arthralgia (mainly cervical and lumbar spine).

**Results:** Of the later study, among others, we highlight the electrophoresis of plasma proteins with polyclonal hypergammaglobulinemia and serologies with anti-nuclear and anti-SSA positive antibodies. Even though parotid ultrasound and sialography did not show any significant changes, the Schirmer test was positive. The patient started Prednisolone 5mg/day with gradual clinical improvement - resolution of thrombocytopenia and reduction of symptoms of sicca syndrome (despite the need of maintenance symptomatic supportive treatment).

**Conclusion:** This clinical case aims to demonstrate the systemic manifestations of Sjögren syndrome, which are sometimes insidious, and in this way, alert to the need for effective communication between the different specialties of general and family medicine, internal medicine, ophthalmology, ORL, rheumatology, among others.

Conflict of interest

no

**Contribution ID: 1156**

**Presentation form**

Poster

**BEST POSTER: Teledermatology in the NHS: The GP's Perspective**

## Authors

Luke Kane

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**Introduction:** A new NHS teledermatology service for GPs was setup to send in digital images of skin lesions to secondary care dermatologists. The aim was to receive rapid advice about management and onwards referral of skin lesions in a shorter time-frame than a standard dermatology referral. The scheme is also designed to save money on referrals and increase the confidence of GP management of common skin conditions.

**Materials and Methods:** We analysed the outcomes of all teledermatology referrals between February 2019 and May 2019. We looked at whether the dermatology response was a rejection of the referral due to inadequate information or poor photography, a management plan to be initiated and followed up in primary care or whether they wanted to see the patient in a dermatology clinic. A GP survey on the effectiveness and usefulness of the teledermatology service was carried out and will be presented here. We will also look at the cost-effectiveness of the programme.

**Results:** Pending.

**Conclusion:** Pending

Conflict of interest

no

## Contribution ID: 324

### Presentation form

Poster

### Running away from burnout

#### Authors

Maria Sousa, Bruno Batista, Carlos Albuquerque, Bernardete Machado, Marília Lima, Rita Nécio, Maria Almeida

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**Introduction:** Burnout is a "state of mental and physical exhaustion caused by one's professional life". Between 2011 and 2013, 21.6% and 47.8% of Portuguese healthcare professionals showed moderate and high burnout, respectively. In our Family Health Center (FHC), 10% and 20% of the professionals showed moderate and high burnout, respectively. These results indicate the need of occupational interventions, such as team building (TB) activities.

**Objective:** To develop TB activities in our FHC to improve psychological and physical well-being; empower the quality of the professionals' work with patients; and reduce burnout levels.

**Results:** In 2018 we developed 3 TB activities: an urban walk (May); a 24-hour running race (July); and kayaking (September). All the activities had a high number of participants, especially the 24-hour race. In December, the professionals answered the annual satisfaction survey, which revealed a significant increase on the item "My FHC provides me good moments of conviviality and leisure": on a scale of 1 to 4, the average value of satisfaction was 3.17, comparing to 2.96 in 2017 and 2.78

in 2016; this corresponds to 84% of “satisfied/extremely satisfied” professionals (78.5% in 2017).

**Conclusions:** These results highlight the importance of “quinquenary prevention”, which aims to prevent damage in patients by preventing burnout in professionals. TB has been identified as “an important method of improving the psychological climate and overall team functioning”. We strongly believe that in our FHC these activities improved personal well-being and work environment, which might have resulted, ultimately, in better professional performance and patient care.

Conflict of interest

no

## Contribution ID: 515

### Presentation form

Poster

### Consequences of styrene intoxication

#### Authors

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**Introduction:** Case report about a patient who suffered a central sensitization at work, because of an exposure to resins.

**Materials and methods:** A 36-year-old female patient who 3 years ago, working in the shipyard in contact with styrene resins, suddenly suffered intense epigastric pain, dizziness, intense paresthesias in the arms and face, nausea, visual blurring and loss of consciousness later. Since then, she presents cervicalgia and oppressive fronto occipital headache, paresthesia, hypoesthesia, photopsies, and memory alterations. Also since the accident suffers a secondary multiple chemical syndrome, with central sensitization to multiple products. All the complementary tests, including computerized tomography and magnetic resonance are normal.

**Results:** Diagnosis: Central sensitization of occupational chemical origin after exposure to resins. Chemical sensitivity to multiple products. Functional limitation of physical and neurocognitive activity (memory, concentration).

**Conclusion:** The symptoms of the patient correspond to a central sensitization after exposure to resins. It is described as having chemical sensibilization to multiple products, chronic fatigue syndrome, dry mucosal syndrome, and disautonomic phenomena. The origin is neurological, with limbic diffusion in predisposed persons. The diagnosis is based on clinical criteria, on self-reported symptoms, and on the exposure history of the affected persons, since there is lack of specific biomarkers. There is no specific treatment. The treatment is aimed at improving the quality of life of the patients.

Conflict of interest

no

## Contribution ID: 100

### Presentation form

Poster

### Acromegaly a case report

#### Authors

Theocharis \_\_\_\_\_ Lepenos<sup>1)</sup>, Maria \_\_\_\_\_ Liarou<sup>1)</sup>, Maria \_\_\_\_\_ Grammenou<sup>2)</sup>, Georgia Karageorgiou<sup>1)</sup>, Myrto \_\_\_\_\_ Konstantelaki<sup>1)</sup>, Evangelia \_\_\_\_\_ Dimitriadou<sup>1)</sup>, Panagiota Nasiou<sup>1)</sup>, Dimitrios Amorgianos<sup>3)</sup>

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**Introduction:** Acromegaly is a rare endocrine disorder that results from excess production of growth hormone (GH) after the closure of the epiphyseal plates in adulthood. In most cases the cause is the excessive and unregulated production of GH from pituitary adenomas. There is often significant delay in the diagnosis, which may result in increased morbidity and mortality.

**Case report:** A 42-year-old woman presented in the Health Centre with headache and paraesthesia in the hands, after she was treated unsuccessfully with NSAIDS for twenty days, by an orthopaedic surgeon. History and physical examination revealed insidious development over the last twenty years of features suggestive of acromegaly, like tall stature, enlargement of extremities, coarsening of facial features, prognathism, macroglossia, hoarseness, hipertrichosis, snoring and palpitations. Blood tests revealed high levels of IGF-1, GH, PRL and ACTH. PTH, TSH, cortisol, lipid profile, glucose and insulin levels were in normal range. Abdominal ultrasound and echocardiogram were unremarkable. MRI revealed a macroadenoma in the anterior pituitary.

The patient was started on somatostatin and hydrocortisone and was referred to a specialised centre for endoscopic transsphenoidal pituitary adenoma resection.

**Conclusion:** We would like to stress out the importance of good history taking and thorough physical examination for the early diagnosis and successful management of rare diseases, which often present with a variety of non-specific symptoms.

Conflict of interest

no

## Contribution ID: 125

### Presentation form

Poster

### Intrahepatic cholangiocarcinoma with fudroajant flow

#### Authors

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**Introduction:** Cholangiocarcinoma is a malignant tumor originating from the ductal epithelium. It is divided into intrahepatic, cancer of the gallbladder and peripheral cholangiocarcinoma. The prevalence depends on the region, ethnicity, gender, and localization of the tumor. The most common symptoms are jaundice, pain, nausea and weight loss. The tumor is frequently detected in the advanced stage when it has metastases. Median survival rate in patients who are in an advanced unresectable stage is 3.9 months.

**Case report:** A 60-year-old patient came in January 2018 with pain in the epigastrium, weight loss and nausea. Objectively positive Murphy sign and enlarged liver. The ultrasound showed a lobulated, heterogeneous, steady liver and a tumour mass in the right liver lobe, which had over 12 cm in diameter. Laboratory findings: alpha-fetoprotein 13.0 ng/mL, carcinoembryonic antigen 7.25 µg/ml, carbohydrate antigen 19-9 56.7 U/ml, erythrocyte sedimentation rate 29, bilirubin 24.7 µmol/L, alanine aminotransferase 32.0 U/L, aminotransferase 56 U/L, alkaline phosphatase 181 U/L, C-reactive protein 43.1 µg/mL, acidum uricum 561 µmol/L. Computerized tomography showed an enlarged, lobular, non-homogeneous liver and non-homogeneous, hetero-dense changes of unsharp contours, measuring 98x90x80 and 8x16mm, stand out. The magnetic resonance confirms this. Chest x-ray displays multiple metastases. Liver biopsy confirmed primary malignancy of the bile. The patient was palliately treated and passed away in March, two months after the onset of the disease.

**Conclusion:** Prevention of cholangiocarcinoma implies early diagnosis in the risky population. Early diagnosis improves chances of treatment and a better prognosis.

Conflict of interest

no

## Contribution ID: 137

### Presentation form

Poster

### How to deal with the dead: our first time.

#### Authors

Estefanía Pérez Nicolás<sup>1)</sup>, David khazzoum Collado<sup>2)</sup>, Esther Tortola Ventura<sup>1)</sup>, Maria Mora Moya<sup>3)</sup>, Ana Ruiz Garcia<sup>4)</sup>, Cristina Donato Ripoll<sup>4)</sup>

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Who doesn't remember the first time when we face the death of a patient?

She was Juana, aged 84, antecedents: asthma, Diabetes Mellitus and heart failure. Independent. I attended her for the first time during an emergency for dyspnoea. Physical examination: Oxygen saturation: 85% and sibilants in auscultation. Usual treatment was administered. An ambulance was requested in order to transfer to hospital but she refused. After that, I called her to give a date to reevaluation. However, she came before as an emergency. When I indicated the transfer, she only wanted to go by car. I refused and patient responded: "you are too young to be a doctor" (how can I deal with this?).

I concerted weekly home visits. That's how we got to know each other and the issue of death came up. It was the first time I approached with a patient and I felt uncomfortable throughout the conversation. Next time, I realized how conscious she was dying. I tried through questionnaires to know when it will happen (was impossible).

And that day arrived. When I went home, Juana squeezed my hand and thanked me. He died in hours.

Next week her daughter appeared with a bouquet of flowers. She had left said that, when she died, they would bring it to me as a gratitude.

Conclusion: this case helped me face my fears around death, reflect on what I did right / wrong, and, above all, to explore the more human side of medicine.

Conflict of interest

no

## **Contribution ID: 176**

### **Presentation form**

Poster

### **Solitary bone plasmacytoma, rare but possible - a case report**

#### **Authors**

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**Introduction:** The solitary bone plasmacytoma (SBP) is an uncommon tumor in the bone, resulting from the proliferation of neoplastic monoclonal plasma cells (PC), histologically identical to multiple myeloma (MM). The median age at diagnosis is 55–60 years, and the main signs/symptoms are skeletal pain, pathologic fracture and neurologic compromise. The diagnosis requires a PC infiltration lower than 10% and lack of myeloma-related organ dysfunction. The treatment of choice is Radiotherapy, Surgery or both.

**Materials/Methods:** Patient's clinical files consultation

**Results:** A 61-year-old woman, with personal history of lumbar discopathy with root compromise, resorted to her general practitioner for low back pain, limitation of gait and paresthesias of both lower extremities (LEs), with 6 months evolution. Upon physical examination, strength and sensitivity were preserved, with no other changes. The analytical and electromyographic study did not reveal alterations and due to maintenance of symptomatology (despite analgesia and gabapentin therapeutics), a new lumbar CT was requested. Two weeks later, the patient resorts to the ER due to a fall from which resulted an LE paraparesis. Dorsal CT revealed a lytic lesion in D10 and the patient was submitted to surgery (decompressive and excisional). With established histological diagnosis of plasmacytoma, the patient underwent radiotherapy and initiated physiotherapy with progressive recovery of LEs strength and gait autonomy.

**Conclusion:** POS presents a high prevalence of progression to MM, whereby it is important to know its characteristics in order to perform a correct follow-up. Diagnosing it allows an early therapeutic institution with repercussion in the patient's survival.

Conflict of interest

no

## Contribution ID: 346

### Presentation form

Poster

### Evacuating paracentesis at patients' homes safe and efficient technique

#### Authors

Carmen Valdes Gomez<sup>1)</sup>, Jose Maria Fernandez Rodriguez-Lacin<sup>2,3)</sup>, Jose Fuentes Vigil<sup>4)</sup>, Maria Fernandez Valdes<sup>5)</sup>

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**Introduction/Aim:** Paracentesis carried out at patients' homes are reviewed by the Support Team of Home Care (ESAD in Spanish) from Gijón's SESPA's V area, during the years 2017-2018.

**Materials and Methods:** The clinical and epidemiologic characteristics obtained from patients who have undergone an evacuating paracentesis at home are analysed, as well as the complications arising from performing this technique outside the hospital, the survival of patients since the first paracentesis, the presence of clinical complications and/or intercurrent hospitalizations.

**Results:** 32 paracentesis were performed on 20 terminal oncological patients. 45% women and 55% men aged 67.5 on average. Hepatocarcinoma 30%, Colon 20%, Pancreas 15%, Gynaecological 5%, other locations 30%. In 14 patients (70%) only one paracentesis is performed. In 6 patients (30%) paracentesis were repeated 2 to 4 times, 2 on average. The amount of liquid extracted was from 2 to 8.5 litres, 4.8 on average. Complications, no fluid extraction in 3 cases (9.38%). Survival time from the first paracentesis: 26 days on average (2 to 190). Symptoms' control that motivated paracentesis in 80% (pain 50%, dyspnoea 40%, vomits 5%, others 5%). No hospitalizations nor serious complications during survival time.

**Conclusions:** Evacuating paracentesis at patients' homes is a safe technique that improves patients' life quality during the survival time and avoids hospitalizations in terminal oncological patients.

Conflict of interest

no

## Contribution ID: 347

### Presentation form

Poster

### Atypical onset of lung cancer

#### Authors

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**Description of the case:** Male, 49 years old, smoker 1 package / day 25 years, drinker 3-5 L of beer a day, anxiety (refuses to receive treatment. The patient goes to hospital emergencies for the state of important anxiety through discussion in the family environment. Refers to a feeling of tightness in the chest that has been present for months, which is more intense today and which the patient associates with anxiety. He also complains of persistent dry cough and a "feeling of suffocation" also months of evolution that also associated with his state of anxiety. Mucocutaneous pallor. Eupneic at rest. Hypofosis in right lung basal field. No axillary, cervical and inguinal adenopathies. Rx Thorax: Right pleural effusion of 1/3. CT Thorax: Findings compatible with bilateral parahilar pulmonary neoformative process, with bilateral pleural effusion and raised nodular formations that could depend on the right inferior mediastinal pleura. It also presents an intraabdominal adenopathic conglomerate. T4N3M1 is confirmed. AP: Compatible with Small Cell Lung Carcinoma

**Diagnostic orientation:** Small cell carcinoma of lung

**Final comment:** The patient is stable although the prognosis is ominous. Follow-up on Oncology pending the start of chemotherapy treatment. It is important to be careful with the polyconsultant patients and the tendency that we may have to trivialize their process .

Conflict of interest

no

## Contribution ID: 358

### Presentation form

Poster

### Metastatic cancer

### Authors

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**Introduction/Aim:**43-year-old woman. Family history, two aunts, breast cancer. He consulted us for asthenia, headache and insomnia, we gave him lorazepam and an analytic with normal results. She went to the emergency for hemiparesis in the right arm and dysarthria.

**Materials and Methods:**A cranial CT scan was requested, showing a rounded lesion with a hypodense center, perilesional edema and a mass effect at the left parietal level. She is referred to neurosurgery, where MRI is performed, and there is a doubt between a glioblastoma or a metastasis of an unknown primary. A complete study was done, including a mammogram, and the results of which required the realization of a breast MRI. RM breast: multifocal BR-5 lesion in the left breast. **Results:**They remove the brain lesion (anatomical study: metastasis of breast cancer) and left mastectomy. Currently, she is undergoing treatment with chemotherapy and going to primary care for anxiety and insomnia control.

**Conclusion:** Cerebral metastases are the most common type of intracranial neoplasia and in women 30% come from breast cancer, they are increasing and are a problem due to the lack of effective treatments and unknown molecular mechanisms. Women with metastases from breast cancer have a life expectancy of approximately two years and present multiple somatizing and psychological symptoms. In primary care should recognize their limitations in their management, with close monitoring of the patient can provide more quality of life and control of that symptomatology, recommending in addition to medication, activities such as yoga or mindfulness.

Conflict of interest

no

## Contribution ID: 398

### Presentation form

Poster

### Primary sterility with very bad prognosis

#### Authors

Cintia Montilla Martínez<sup>1)</sup>, Silvia Milán Gutiérrez<sup>1)</sup>, Antonio Mora López<sup>2)</sup>

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<sup>2)</sup>*ABS Palafrugell, Girona, Spain, Girona, Spain, Spain*

**Introduction:** 38 years old woman without family or personal history of interest, who consults in Primary Care due to the impossibility of becoming pregnant, for 3 years. In addition, she reports asthenia related to stressful work situation and pain in the lower right limb twin of 1 day of evolution.

**Objective:** Good general condition. Cardiopulmonary auscultation: rhythmic tones, without murmurs, tachycardic, vesicular murmur preserved without pathological noises added.

Abdomen: depressible, not painful on deep palpation. A large pelvic mass is palpable, predominantly in the right ovarian fossa.

Lower members: erythema and increase in temperature and diameter of RLL. Homans +. LRD: last month. MF: 5/31. OF: 0-0-0-0-0. She is referred to the Emergency service to continue with supplement tests and admission.

Emergency Analytics: hypochromic microcytic anemia. Dímero D 950 ng / dl. No more alterations.

RLL Doppler ultrasound: Venous thrombosis in the external iliac and femoral veins. She is admitted to the Internal Medicine service.

CT with abdominal-pelvic contrast iv: large mass in right hemipelvis suggesting retroperitoneal leiomyosarcoma. Infiltration of common iliac veins and proximal segment of right external iliac vein. Thrombosis of the external iliac and ipsilateral femoral vein. Biopsy: compatible with epithelioid leiomyosarcoma.

**Results:** Uterine leiomyosarcoma. Thrombosis external iliac vein and ipsilateral femoral.

**Conclusions:** The uterine leiomyosarcoma (LMS) is a rare and aggressive uterine malignant neoplasm that arises from the smooth muscle of the uterine wall and that requires strict surveillance through imaging tests, since it has a high risk of

recurrence and death, regardless of the stage of presentation. The average age of diagnosis is 60 years.

Conflict of interest

no

## Contribution ID: 401

### Presentation form

Poster

### Back pain – be aware of the red flags

#### Authors

Catarina Dias Rosa<sup>1)</sup>, Ana Margarida Adão<sup>2)</sup>, Daniela Coelho<sup>3)</sup>, Sandra Almeida<sup>1)</sup>, Mariana Bastos<sup>1)</sup>, Luis Francisco<sup>3)</sup>

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<sup>3)</sup>Serviço Hematologia, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal

**Introduction:** Primary Central Nervous System Lymphoma (PCNSL) is a rare form of extraganglionic non-Hodgkin's lymphoma (NHL) with estimated incidence of 5 / 1,000,000 inhabitants per year. About 90-95% of the PCNSL are of the histologic subtype large diffuse non-Hodgkin B lymphoma (DLBCL). The most common clinical presentation is the presence of focal neurological signs (70%). Less frequently, neuropsychiatric symptoms (43%), signs or symptoms of intracranial hypertension (33%), epileptic seizures (14%) or visual symptoms may appear initially.

**Materials and Methods:** Clinical case description. Data collected through consultation of the clinical process.

**Results:** Woman, 51 years, went to the emergency department (ED) on 15/11/18 with cervicalgia with 1 week of evolution and parasthesias in the lower left limb. She did a head CT that did not reveal abnormalities. Given a personal history of herniated discs in C2-C3, it was assumed that the Symptoms would have this cause and she was medicated with analgesics. In 19/11/18 she went to her family doctor, who requested a cervical MRI referred her to an urgent neurology consultation. In the same day, the patient went to the ED of another hospital where a cervical MRI was performed revealing an extramedullary expansive lesion of C1-C4, that could correspond to a lymphoma. She was hospitalized in Neurology. A lesion biopsy was made on 27/12/18 that reveal a DLBCL.

**Conclusion:** It is crucial to know the warning signs of cervical pain as well as how to act there presence. Patient´s complaints should never be devalued.

Conflict of interest

no

## Contribution ID: 428

### Presentation form

Poster

### Dying at home with the support of the family doctor- About a clinical case

#### Authors

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**Introducion/Aim:** The family doctor provides holistic, person-centered and context-centered health care. In an integrated palliative care plan, the family doctor plays a key role in integrating outpatient care strategies, emphasizing the importance of communicating. The prevalence of incurable and progressive diseases is increasing, and a palliative approach is essential.

**Materials and Methods:** Case report.

**Results:** 89 year old woman. In March 2018, the patient presented with iron deficiency anemia, which led to an etiological investigation that was not completed due to the rapid deterioration of the clinical situation. In June 2018, due to onset of rapidly progressive symptoms with aqueous vomiting and abdominal pain, imaging was performed and peritoneal carcinomatosis was diagnosed of unknown primitive tumor. It was referred to the palliative care consultation, and a care plan was defined where symptomatic control was emphasized. From the first consultation the family decided that they wanted the death to happen at home. For oral loss due to vomiting and agitation, the family doctor was contacted to organize the subcutaneous catheter placement that would allow the administration of antiemetic. On that same day, the family doctor and the nurse went to the family's home to apply subcutaneous access and teach the care providers. The patient died 2 days after at home with her family, without pain, vomiting or agitation. **Conclusion:** Planning for the last days of life requires that family members understand what can happen and what forms of support they have. This case exemplifies cooperation between hospital and primary care.

Conflict of interest  
no

## **Contribution ID: 452**

### **Presentation form**

Poster

### **Bulge in the neck**

### **Authors**

Enrique Almenar Cubells, Veronica Vicent Varon, Jose vicente Alcaide Domingo, Alfredo Quiles Raga, Lucia Aznar Basset, Enriqueta Hernandez Hernandez  
*Centro De Salud De Benifaio ( Valencia) Spain, Agencia Valencina de Salud Spain, Benifaio ( Valencia ), Spain*

**Introduction:** A 69-year-old patient with no history of interest who presents with a right submandibular tumor one month old. Not dysgeusia. No odynophagia. No dysphagia. No dysphonia. No constitutional syndrome.

**Objective:** On physical examination, a right laterocervical tumor, stony, adhered to deep, non-painful planes of 5-6 cm, was detected. Bilateral laterocervical and right supraclavicular adenopathies of small size.

**Results:** Lymph node biopsy and immunohistochemistry: diffuse large CD20 + B cell lymphoma.

Normal analytics

**Conclusions:** Diffuse large-cell B-cell lymphoma is one of the most common types of lymphoma and accounts for approximately 30% of non-Hodgkin's lymphoma cases in our setting.

It is so called because they have their origin in B-line cells, the tumor cells are large lymphocytes, and have a diffuse pattern of invasion of the lymph nodes.

It is a rapidly growing lymphoma, with a high rate of cellular proliferation and aggressive behavior, so that tumor locations tend to increase in volume over days or weeks, until the patient perceives it and goes to the doctor.

If the patient abandons without requesting medical attention, the LBDCG has a marked tendency to produce symptoms, to spread or to affect the function of the organs in which it grows, with which its prognosis is darkened.

It is important to make a preventive medicine with advice to patients to see their doctor in the presence of new tumors in the maxillofacial area, due to the high prevalence of this disease and its poor prognosis without early treatment.

Conflict of interest  
no

## **Contribution ID: 647**

### **Presentation form**

Poster

### **Leukemia detected in primary health care. A case study**

#### **Authors**

Paulo Lopes, Cátia Nunes, Carlos Cardoso, Luís Almeida  
*USF Condeixa, Condeixa-a-Nova, Portugal*

**Introduction/Aim:** Chronic Lymphocytic leukemia (CLL) is the most common leukemia in adults in Western countries, with a median age at diagnosis of approximately 70 years. Most patients are asymptomatic at the time of diagnosis; others report painless swelling of lymph nodes, often in the cervical area; other presenting symptoms are possible. This work aims to report a case study of CLL initially detected in Primary Health Care (PHC).

**Materials and Methods:** Case study. The information was consulted in the integrated network system of the patient (SClínico and SAM) that contains both the clinical records made in Primary Care and in the Hospital where the patient had the follow-up.

**Results:** A male patient, 80 years old, with Hypertension, Dyslipidemia and Benign Prostatic Hyperplasia presents itself for an acute disease medical consultation in our PHC unit complaining of nodules in the cervical area with 4 days of evolution. With careful physical examination multiple large cervical lymph nodes, some larger than 2 centimeters, were detected. After discussion with other colleagues, the patient was referred to an emergency room. It was identified hepatosplenomegaly and involvement of multiple lymph node chains. The patient was later diagnosed with CLL.

**Conclusion:** With this clinical case we can highlight the importance of being alert to this condition, with which we can find in the PHC. It also highlights the importance of

a good articulation between colleagues in PHC and between PHC and Secondary Health Care, always taking into account the best patient care.

Conflict of interest

no

## Contribution ID: 712

### Presentation form

Poster

### Doctor I have something in my tongue

#### Authors

Laura Mesa Diez, Miriam Fornieles Medina, Ariadna Delgado Sala  
*Consorti Sanitari de Terrassa, Terrassa, Spain*

**Introduction/Aim:** A 34-year-old man, smoker and with a history of paranoid schizophrenia and sleep apnea, who visited the general practitioner due to discomfort in his tongue that had lasted more than a month but had worsened in recent days, without fever or dyspnea, without another companion. . clinic. The physical examination revealed an indurated peritonsillar swelling, not fluctuating or painful, displacing the entire uvula to the right, so the patient was referred to the emergency department of the hospital.

**Materials and Methods:** The blood analysis showed leukocytosis  $18.15 \times 10^9 / L$  (4.00-10.00), rest without significant alterations. Magnetic resonance imaging (MRI) was performed, showing a well-defined solid nodular mass of 30x40x58 mm (APxLLxCC) in size, centered in the left parapharyngeal space, compatible with pleomorphic adenoma. Currently the patient is awaiting surgical intervention.

**Results:** Pleomorphic adenoma.

**Conclusion:** A correct anamnesis and physical examination can tell us a lot about the patient's current pathology. As family doctors we must pay attention to all the symptoms in order not to lose important information about patients

Conflict of interest

no

## Contribution ID: 719

### Presentation form

Poster

### Study of lymphadenopath

#### Authors

Beatriz López Serrano<sup>1)</sup>, Ana Isabel Cordero Sanz<sup>1)</sup>, Felix Millán Pacheco<sup>1)</sup>, Jeannet Dolores Sánchez Yepez<sup>2)</sup>, Petra Maria Cortés Durán<sup>2)</sup>, Pedro Medina Cuenca<sup>3)</sup>, Adrián Wojcik Hamza<sup>2)</sup>, Pablo Macazaga Millán<sup>2)</sup>

<sup>1)</sup>Family Medicine, SERMAS. Primary Care., El Escorial, Spain

<sup>2)</sup>Family Medicine, SERMAS. Primary Care, Leganés, Spain

<sup>3)</sup>Family Medicine, SERMAS. Primary Care, Madrid. DAN, Spain

**Introduction:** A 36-year-old female patient, with hypothyroidism that refers to present a lump in right supraclavicular región without local pain, afebrile, non-growth in recent days. No other symptomatology.

**Material and methods:** Exploration: In right supraclavicular zone, a lump of hard consistency is palpable, not adhering to deep planes, non-painful to local palpation. No lymph nodes are palpable in any other location. We applied for complete analytical study, radiography of thorax and requested for fine needle aspiration. **Results:** The result of pathological anatomy is a Hodgkin's lymphoma. After complete study starts Quimioterapic treatment that completes successfully. The most common symptom of Hodgkin lymphoma is a slow growing lymphadenopathy in the neck, under the arm, or in the groin. It might grow larger over time, or new lumps might appear near it. Some people with Hodgkin disease have what are known as B symptoms: Fever (which can come and go over several days or weeks) without an infection, night sweats, weight loss without trying. These symptoms are also important in determining the stage of Hodgkin lymphoma and a person's prognosis. Once Hodgkin lymphoma is diagnosed, other tests can help find out the extent of the disease :CT scan, PET CT scan, bone marrow aspiration and biopsy. Most patients even stage I or stage II, often receive chemotherapy. In some patients, this is followed by radiation therapy to the affected lymph node areas.

**Conclusions:** Is important to know the different forms of clinical presentation of lymphomas for early diagnosis.

Conflict of interest  
no

## **Contribution ID: 745**

### **Presentation form**

Poster

### **The key finding in the blood count**

### **Authors**

*Sánchez Infante Marina, Romero Portero Victoria, Herrada Díaz Elena Isabel  
Distrito Poniente, El Ejido, Spain*

**Introduction/Aim:** Essential thrombocythemia is a hematological neoplasm that is part of the so-called chronic myeloproliferative syndromes that affect the myeloid line of hemopoiesis. This condition is usually asymptomatic, although thrombotic phenomena that lead to microvascular ischemia and large arteries and veins can occur.

**Materials and Methods:** A 41-year-old man presented with a sudden episode of intense dizziness, malaise, nausea with recurrent vomiting and difficulty swallowing. He consulted in the emergency department where febrile peak and major dysphonia were found, being diagnosed with a right peritonsillar abscess. At 24 hours after admission, palpebral right ptosis and comparative sensory deficit in the left side of the body were observed. Imaging tests show subacute ischemic infarction in the territory of the right PICA, affecting the medial and inferior part of the right hemiserebellum and the right lateral bulbar area; and in the analytical, 752,000

platelets, remainder of the normal blood count; confirming the thrombocytosis in successive control analytics.

**Results:** The diagnosis was ischemic stroke in the territory of the right phallus (Wallenberg's syndrome) secondary to essential thrombocytosis.

**Conclusion:** Although essential thrombocythemia is a rare and rare neoplasm before 40 years of age, in the beginning it can appear with apparently banal symptoms (chronic headache, vertigo, aphasia, scotomas, blurred vision and erythromelalgia); it is important to suspect this neoplasm due to possible complications related to the arterial involvement of organs of the central nervous system, cardiac and peripheral arterial circulation; as of the venous system.

Conflict of interest

no

## Contribution ID: 784

### Presentation form

Poster

### Itching, just a symptom?

#### Authors

Silvia Milán Gutiérrez, Marina Sánchez Infante, Montilla Martínez Cintia  
*Distrito Poniente Almería, El Ejido, Spain*

**Introduction:** A 50-year-old male consulted for generalized pruritus (2 months) moderate intensity, intermittent and nocturnal, without skin lesions.No family affectation.No change of work(farmer) no trips.No change hygiene habits.Personal history:No allergies.Ex-smoker and ex-drinker for years.No treatment.Moroccan,30 years in Spain.treated with suspicion of scabies, in follow-up for 3 months without improvement.The patient revisits 4 months later at Emergency Room for the same clinic and from a month ago, loss of 7kg and abdominal pain at epigastrium, unrelated to the intake,nausea and constipation.Isolated fever and night sweats.

**Materials and Methods:** Acceptable-general-state.Eupneic.Well hydrated and perfused.Very thin.ACR:normal.Axillary adenopathies right, painless, hard consistency, up to 3-4cm.Two adenopathies of about 3cm in right elbow.Small laterocervical adenopathies.No inguinal.ABDOMEN:tender, depressible, painful at epigastrium with mass sensation in the right hypochondrium.Hepatomegaly painful.Limbs:without alterations.SKIN:dryness,punctate scarring and generalized scratching injuries.Ecography Abdomen:Multiple hepatic LOES by both hepatic lobes.Voluminous masses of up to 10cm central abdominal location (adenopathies).TAC thoraco-abdominal:right axillary adenopathies up to 54mm.Mediastinal adenopathies in right phrenic, paraaortic and perisophagic heart sinuses up to 3cm.Well ventilated pulmonary parenchyma and vascular structures within normality.Multiple hepatic lesions,retroperitoneal and mesenteric adenopathies up to 9cm.Lymph node biopsy:lymphoproliferative process compatible with anaplastic lymphoma, which after immunohistochemical study results Hodgkin lymphoma.

**Results:** CLASSIC HODGKIN LYMPHOMA (mixed cellularity).

**Conclusions:** Chronic pruritus occurs in many processes of systemic disease and we must rule out mainly:renal alterations, liver diseases, infections and neoplasms,

mainly hematological. In LH, pruritus is commonly a primary symptom preceding the clinical presentation even 5 years. It is often found in the lower limbs and is nocturnal, with changes cutaneous trophism.

Conflict of interest

no

## Contribution ID: 813

### Presentation form

Poster

### Drumstick fingers

#### Authors

Diego Ámez Rafael<sup>1)</sup>, Silvia Milan Gutiérrez<sup>2)</sup>, Carmen Aguilera Montaña<sup>3)</sup>

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**Introduction:** The "Drumstick fingers" are the thickening of distal phalanges of fingers and toes, which may go unnoticed to the patient and whose diagnosis must be based on a correct physical examination. Their presence forces us to seek an underlying disease.

**Material and Methods:** A 51-year-old female, smoker of 10 cigarettes a day for 17 years, consult us for dysthermia with nocturnal sweating, generalized joint pain and loss of 6 kilograms in the last 3 months.

During physical examination only highlights the presence of non-painful drumstick fingers in both hands and feet that the patient did not present before the onset of symptoms and to those who had not given importance.

**Results:** We requested an analysis and a chest X-ray as complementary tests, giving the first anodyne results and the second a nodular image of 35 mm in diameter in the upper lobe of the right lung.

In view of the high suspicion of malignancy of the radiological finding, a computerized axial tomography (CAT) was requested, and a derivation was made to the pneumology department of his referral hospital for anatomopathological and extension studies.

**Conclusion:** In the present case, the finding of this sign allowed an early diagnosis and an improvement in the therapeutic approach and prognosis of the patient's disease.

Conflict of interest

no

## Contribution ID: 905

### Presentation form

Poster

### An approach to rapid diagnostic units in Spain

#### Authors

Vanessa Diaz Olazabal, Luz amelia Tezen Valderrama, Diana patricia remolina Cabrera

*ICS, Barcelona, Spain*

Rapid diagnostic units (RDU) offer a fast approach to patients with suspected severe conditions, especially neoplastic pathologies. The average mean time to offer a diagnosis is 9 days. Primarily, most patients are transferred from urgency services, and secondly, from primary care centers.

**Aim:** To outline that RDUs are meant to improve coordination with primary care units, reduce delays in diagnosis, and provide early treatment, especially in severe diseases.

**Method and results:** A 75-year-old male with history of smoking, alcoholism, hypertension, dyslipidemia, type 2 diabetes. The patient has a four month complaint of bilateral lower limb edema, without further signs or symptoms. The physician started treatment with a diuretic (furosemide) with lack of improvement. The patient presented himself several times with the same complaint; until, he was sent to the hospital for further testing. A chest x ray showed a round lesion in the left superior lobule, high probability of pulmonar neoplasia. Once there was a suspected neoplasia, the patient was sent to the RDU where they concluded with a diagnosis of lung cancer stage T3N0M0; and the bilateral lower limb edema being the only paraneoplastic sign. Finally, the patient was sent to Oncology.

**Conclusion:** To show the benefits of RDUs for patients: lack of delays, fast diagnosis, reduced emotional impact, and avoiding unnecessary hospitalization.

**Keywords:** rapid diagnostic units (RDU), lower limb edema, pulmonar neoplasia  
Conflict of interest  
no

**Contribution ID: 910**

**Presentation form**

Poster

**An approach to rapid diagnostic units in Spain**

**Authors**

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*barcelona, barcelona, Spain*

Rapid diagnostic units (RDU) offer a fast approach to patients with suspected severe conditions, especially neoplastic pathologies. The average mean time to offer a diagnosis is 9 days. Primarily, most patients are transferred from urgency services, and secondly, from primary care centers.

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neoplasia, the patient was sent to the RDU where they concluded with a diagnosis of lung cancer stage T3N0M0; and the bilateral lower limb edema being the only paraneoplastic sign. Finally, the patient was sent to Oncology.

**Conclusion:** To show the benefits of RDUs for patients: lack of delays, fast diagnosis, reduced emotional impact, and avoiding unnecessary hospitalization.

**Keywords:** rapid diagnostic units (RDU), lower limb edema, pulmonar neoplasia

Conflict of interest

no

## Contribution ID: 922

### Presentation form

Poster

### It is not always a simple sinusitis

#### Authors

Isabel María Martínez Ardil<sup>1)</sup>, Jaime López Díez<sup>1)</sup>, Carmen Celada Roldán<sup>2)</sup>, Vanesa Cascales Sáez<sup>3)</sup>, Julián López Marín<sup>1)</sup>

<sup>1)</sup>Isaac Peral Health Center, Cartagena, Spain

<sup>2)</sup>Los Dolores Health Center, Cartagena, Spain

<sup>3)</sup>San Antón Health Center, Cartagena, Spain

**Introduction:** A 39-year-old male who smokes two packs per day; no other relevant history. He went to the primary care clinic for left periorbital pain for three months, nasal congestion and headache. On examination, paresis of the sixth left pair was observed. He was referred to the emergency department for an urgent cerebral scan.

**Physical examination:** Normal pharyngoscopy and otoscopy. Cardiopulmonary auscultation normal. Paresis of the sixth left pair, rest cranial pairs conserved. No motor or sensory deficit.

**Method:** Brain scan: lesion in cavum with sphenoid sinus extension and left cavernous sinus with bone destruction of sphenoid sinus and clivus. Fibroendoscopy: mass in cavum with extension towards posterior pharyngeal wall. Nuclear magnetic resonance: large mass affecting cavum, mastoid cells, sphenoid sinus infiltrating pterygoid muscles, long neck muscle and left internal carotid artery. Adenopathy with necrotic area. Biopsy cavum: undifferentiated nasopharyngeal carcinoma (lymphoepithelioma type). PET-scan: cancer in cavum with lymph node involvement at right laterocervical level and metastatic extension at hepatic and bone level.

**Diagnosis:** Lymphoepithelioma of cavum.

**Differential diagnostic:** Sinusopathy, adenoid hypertrophy, mucous retention cysts, Thornwaldt cysts.

**Conclusions:** Most patients consult when the tumor is large and has produced obstruction of the nostrils or eustachian tube; or extension to the base of the skull, with involvement of the cranial nerves. A banal symptomatology such as mucus or nasal congestion should alert us if it includes symptomatology of double vision or headache, so a neurological examination should always be performed, being the family doctor the key for an early diagnosis.

Conflict of interest

no

## Contribution ID: 946

### Presentation form

Poster

### A supraclavicular lymph node as the first sign of a lung cancer

#### Authors

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**Background:** Unexplained lymphadenopathies are associated with many causes such as infections, cancers or auto-immune diseases. Supraclavicular lymphadenopathies are particularly associated with malignant aetiologies with this association being stronger in patients over the age of 40.

**Objective:** This case report intends to emphasize the strong association between supraclavicular lymph nodes and malignancies.

**Results:** A 49 year old woman with smoking habits presented to her family doctor with a painless supraclavicular node on the left side of the neck for the past 2 weeks. At the physical examination the only palpable lymph node was detected in the left supraclavicular fossa. In further investigation a thoracic CT showed multiple lymphadenopathies in the left supraclavicular fossa, both axillae and mediastinum, some eggshell calcifications, bilateral ground glass opacity, emphysema, a calcified granuloma on the medium lobe of the right lung, bilateral pleural thickening and also pericardium effusion. Lymph node biopsy revealed a papillary carcinoma pattern (TTF1 +; tireoglobulin -) with immunohistochemical analysis suggesting a primary lung tumour.

**Conclusion:** When swollen lymph nodes are found in patients over 40 years old malignant causes must be promptly excluded. The lymphadenopathies localization is important to narrow down the list of differential diagnosis and it allows us to infer the origin of the primary tumour when malignancy is highly suspected. However, biopsy remains the gold standard for diagnostic evaluation of unexplained lymphadenopathies.

Conflict of interest

no

## Contribution ID: 976

### Presentation form

Poster

### "I can't feel the left side of my face!" – a clinical case report

#### Authors

Ana Pinho  
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**Introduction:** Meningiomas represent almost a third of all the primary brain tumors in adults. About 90% of meningeal tumors are benign and have a positive response to the conventional therapies. Women have twice the chance to have a meningioma

during their life and the incidence raises with age. Signs and symptoms of the tumor depend on its size and localization.

**Materials and Methods:** This is a clinical case report about a 55 year-old woman with a history of depression, gastrectomy due to gastrointestinal stromal tumor and thyroidectomy due to papillary thyroid cancer. She set an appointment in her primary care unit due to complaints of left side facial paresthesias and headache with one year of evolution.

**Results:** A CT scan was requested and revealed a meningeal tumor. The patient was referred to Neurosurgery, where the diagnosis was confirmed by Magnetic Resonance. The hypothesis of metastatic tumor was excluded. The patient was submitted to surgery and remains asymptomatic until now.

**Conclusions:** This clinical case shows the importance of recognising common and nonspecific symptoms as possible manifestations of pathologies that require referral to secondary care. Valorizing the anamnesis of this patient could be difficult because of her history of depression. In this case it was also important to exclude metastatic tumors.

Conflict of interest

no

## Contribution ID: 1014

### Presentation form

Poster

### NK lymphoma with cutaneous involvement

#### Authors

Marta Moya De La Calle<sup>1,2</sup>, Angela Maria Arevalo Pardal<sup>2</sup>, Susana Sanchez Ramon<sup>1</sup>, Susana Manso Garcia<sup>1</sup>, Laura Fernandez Concellon<sup>1</sup>

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<sup>2</sup>SACYL, Valladolid, Spain

**Introduction:** Suspicion of signs of malignancy is important in febrile syndromes, because of the different etiology and prognosis that underlies the various pathologies that manifest with fever.

**Material and methods:** A 54 year old male with no personal history of interest, came to emergencies with fever of 39° C for 3 days, without accompanying general syndrome or other symptoms, except cutaneous nodules of necrotic appearance and rapid growth of 2 weeks of evolution, in left arm and in the right heel. General exploration was normal, except for necrotic nodular lesions with an inflammatory halo around, with a hard and mobile consistency of 5 cm in the left arm and 1 cm in the sole of the right foot. Normal complementary tests with blood, urine, blood cultures and negative urine cultures.

**Results:** The patient was admitted to internal medicine. HCV, HBV, HIV, Rickettsia, Coxiella Serologies: negative. PCR Epstein-Barr Virus negative. ANA and ANCA negative. BodyCT: bilateral axillary and bilateral inguinal adenopathies. Skin and Bone Marrow Biopsy: extranodal NK / NK lymphoma with cutaneous involvement.

**Conclusion:** Cutaneous NK lymphoma is rare in our environment, associated with EBV infection, which usually occurs with local nasal involvement, being more rare with generalized cutaneous involvement. The differential diagnosis of a febrile

syndrome with cutaneous lesions, includes from banal entities to serious pathologies that can compromise the life of the patient, so the correct approach of the process from the first attention in emergencies, is essential for a correct study and early treatment.

Conflict of interest

no

## **Contribution ID: 1048**

### **Presentation form**

Poster

### **When we do not believe what the patient tells us!**

#### **Authors**

Silva Joana, Sandrine Dias

*USF Alpendorada, Alpendorada, Portugal*

**Aim:** Squamous cell carcinoma and adenocarcinoma account for 95 % of esophageal malignant tumors. It is more common in males, older than 60 years and is diagnosed in late stages of the disease. Risk factors: smoking, alcohol consumption and HPV infection

**Materials/Methods:** Literature search in PubMed and guidelines.

**Result:** MFC, 69 yo, male, retired (bricklayer). Personal antecedents: Pulmonary tuberculosis; Pulmonary embolism; Silicosis; Moderate alcoholic habits; Ex-smoker (30 UMAs), Iron deficiency anemia; Antral Gastritis in EGD (05/05/2015). Usual medication: Acenocumarol, Formoterol and Glycopyrronium bromide. On January 2016, he resorted to the consultation due to malaise in the epigastric region associated with postprandial infarction. Medicated with Lansoprazole and Sucralfate. Due to lack of improvement, he resorted to the consultation on March 2016 with complaint of "difficulty swallowing" and "feeling of anxiety". He was treated with Clobazam, with the diagnosis of Anxiety Sensation. On June, he returns for having complaints of dysphagia. At the objective examination he had only a blushing oropharynx. Thyroid ultrasound was ordered and has showed "colloid cyst with 2 mm in the right hemithroid". For maintaining the complaints of dysphagia, it was decided to request new EGD. In August 2016, the patient brings EGD "Veggie lesion of the upper esophagus, with infiltrative process. Epidermoid Carcinoma ". Referred to General Surgery with urgency.

**Conclusion:** The decision to request new EGD was delayed, since a recent one showed no signs of injury. Physicians are responsible for timely diagnosis and guidance, but also to promote the adoption of healthy lifestyles and act at the level of primary prevention.

Conflict of interest

no

## **Contribution ID: 1058**

### **Presentation form**

Poster

### **The role of primary care physicians in cancer care**

## Authors

Fátima Daniela Almeida Ribeiro, Gabriela Poças  
*ULSM, Porto, Portugal*

**Introduction/Aim:** The incidence of oncological disease has increased progressively and the Family Physician is confronted daily with this pathology in his list of patients. These patients and their families have to deal with the diagnosis of a serious illness but also with subspecialty consultations, examinations and treatments that can condition morbidity.

**Materials and Methods:** Bibliographical research on the Evidence-Based Medicine Databases, using the terms "primary health care" and "neoplasms" in English language in the last 10 years.

**Results:** The Family Physician can be a support for the patient and this family by providing credible and empathetic information and psychological support. This should play an important role in the treatment of pathological complications, control of adverse effects of treatments, without neglecting pre-existing comorbidities, assuming the role of care manager. Physicians should also be alert to the signs and symptoms of medical emergencies that require specialized care. In cases of advanced oncology pathology, continuity of care, as well as articulation with palliative care, can improve symptom control, reducing recurrences to the emergency department. These patients are also more likely to die at home. Significant improvement in prognosis has led to the emergence of the problem of cancer survivors, with family physicians also playing a key role here.

**Conclusion:** The treatment of patients with cancer presents multiple and complex challenges that can be managed in Primary Health Care. In order to provide adequate care to this population, Family Physicians must first know their abilities and limitations, and further training may be necessary.

Conflict of interest

no

## Contribution ID: 1105

### Presentation form

Poster

### Can't see the forest for the trees

#### Authors

M Dolores Vázquez García<sup>1</sup>, Julia Cuevas García<sup>1</sup>, Verónica Gil Caravaca<sup>1</sup>, Javier Aracil Fernández<sup>2</sup>, José Antonio Pascual López<sup>2</sup>, Pedro María Martínez López<sup>2</sup>, María Latorre Palazón<sup>1</sup>, Araceli Alfayate Torres<sup>1</sup>, Jose Juan Méndez Madrid<sup>1</sup>, Rosario Alcaraz Martínez<sup>1</sup>

<sup>1</sup>*Primary Health Center Santa María de Gracia, Servicio Murciano de Salud, Murcia, Spain*

<sup>2</sup>*Primary Health Center Calasparra, Servicio Murciano de Salud, Calasparra, Spain*

**Aim:** Chest radiography is one of the most requested complementary tests in primary care. In this clinical case, we present the important of its systematic reading.

**Clinical case:** A 49-year-old man was attended for chest pain of pleuritic and mechanical characteristic for the last month. AP: Smoker of 15 cig / day. Accidental fall in 2003. Previous month , one episode of low back pain and another for self-limiting hematuria . Physical examination:Lungs auscultation: wheezes on right lung base. We requested a chest radiograph : bony callus of bilateral ribs fractures, and previous fracture of the middle third of the left clavicle. Also we observed nodular images , so it was decided to complete the study with CT. CT chest: three nodular images in the pleura of right upper lobe. Thoraco-abdominal CT scan: a large tumor mass was observed in the left kidney, that associates metastatic disease in the ninth rib and pleural. Renal biopsy : Clear cell carcinoma of stage IV kidney with metastasis .The patient started chemotherapy,and antialgic radiotherapy treatment.

**Conclusions:** The importance of systematic and methodical reading of chest radiograph is well known . Sometimes an obvious pathological image, which can explain the symptoms, could avoid us to explore all the structures , so we could not see important alterations .Although we have many patients daily , between forty and fifty, and little time to see them, less than 6 minutes, we must pay attention, because perhaps it is where the most serious pathology lies. As we say ,“can’t see the forest for the trees”

Conflict of interest

no

## **Contribution ID: 1120**

### **Presentation form**

Poster

### **The importance of colonoscopy... a case report**

#### **Authors**

Marta Costa e Silva<sup>1)</sup>, Rita Cibrão<sup>2)</sup>

<sup>1)</sup>*USF Trilhos Dueça, Coimbra, Portugal*

<sup>2)</sup>*USF Serra da Lousã, Lousã, Portugal*

**Background:** Colo-Rectal cancer (CRC) is the third most diagnosed cancer worldwide and it's a major cause of death. Colo-rectal neoplastic polyps, tubular and villous adenomas, are precursor lesions of colorectal cancer. Personal history of adenomas presupposes an increased risk of this problem.

**Methods:** The patient was interviewed and the authors consulted his medical file for additional information.The patient gave his written consent for the presentation of this clinical case.

**Results:** On 19/09/2016, a 76-year-old male patient described altered intestinal transit with 1 month of evolution, episodic diarrhea without blood, mucus, tenesmus or false will, associated with abdominal pain in right hypochondrium. Objective Exam was normal.The patient performed the colonoscopy on 29/12/2016: "Depressed polypoid lesion, neoplastic aspect in the distal descending colon (Biopsy: tubular adenoma with low grade epithelial dysplasia and high degree of malignancy / high grade intraepithelial neoplasia); Pediculated polypoid lesion, 2.5cm, distal descending colon; Polyp sessil, 2cm, sigmoid colon". Performed abdominal and thoracic CT (01/01/2017): "Torax: possible adenopathies in the hilar region;

Abdomen: incaracterizable millimetric hypodensity in segment II, to watch, Retroperitoneal adenopathy 20x11mm (left renal hilum)". I referenced to the general surgery service of the Portuguese Institute of Oncology. Subtotal colectomy was performed on 26/03/2017, describing lesion in the transverse colon (splenic angle) and distal sigmoid, awaiting definitive histology

**Conclusions:** Considering the epidemiology of this pathology, this specific case and the significant interval from the prescription of the exam to its completion, it is important to reinforce the need to encourage the screening of CRC, according to guidelines.

Conflict of interest

no

## **Contribution ID: 1143**

### **Presentation form**

Poster

### **A benign mamary gland disease - dendritic gynecomastia**

#### **Authors**

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**Introduction:** Due to the low prevalence, the mammary pathology in the man is a subject little studied when compared with the situation in the women. A variant of nodular pathology is dendritic gynecomastia. It treats a radiological classification referring to a node of unknown etiology, retro-auricular, triangular shape with branches that prolong irregularly and that is moderately vascularized.

**Material and Methods:** We report a case of a 66 years old man, with irrelevant personal and family history, whom a year ago visited his family doctor because of a long-term swelling in the left breast, associated with pain and a palpable nodule. In the objective examination, a retro-auricular mass of solid consistency and little mobility was highlighted. We start the investigation of the case by an mamary ecotomographic study and later mammography, plus endocrinological blood tests.

**Results:** The imagiology exams revealed that it was a retro-auricular nodule with initially spiked contours of 25x11mm suggesting that it was a case of dendritic gynecomastia . This situation, associated with the disappearance of the symptomatology and subsequent reduction of the dimensions, has led to a vigilant attitude.

**Conclusion:** Dendritic gynecomastia is a benign condition, present in situations of prolonged gynecomastia. Although the clinical history and physical examination are sometimes sufficient to reach the definitive diagnosis, the fact that malignant mammary tumors in man are rare situations should not neglect attention in dubious situations and may motivate a thorough investigation for a correct differential diagnosis.

Conflict of interest

no

**Contribution ID: 1170**

**Presentation form**

Poster

**Thyroid MALT lymphoma**

**Authors**

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**Background/Aim:** MALT (Mucosa associated lymphoid tissue)lymphoma is a rare type of Non-Hodgkin lymphoma(NHL). The most common localisation is gastrointestinal tract but they have also been described in sites such as thyroid,salivary gland,even in intracranial dura.Acquired MALToma develops in site of inflammation in response to either infectious conditions such as Helicobacter pylori gastritis or autoimmune processes such as Hashimoto`s thyroiditis.MALToma requires a high degree of suspicion for diagnosis and it is important to be considered in patient with chronic inflammatory conditions of thyroid and enlarging neck mass.Here,we present a case of a female patient with thyroid MALToma.

**Methods:** Descriptive.Analysis of patient`s medical file. A 63 years old female has been presented to endocrine surgeon because of the fast growing,painfull neck mass. She had a history of Hashimoto`s thyroiditis for 10 years.Ultrasound revealed a diffuse enlargement of the thyroid with hypoechoogenic nodus in the right lobe.Thyroid function tests were within normal ranges.Fine needle aspiration of the mass revealed lymphocytic thyroiditis.But with concern for malignancy,CT scan was done and showed a large right neck mass that invades nearby tissue but also retrosternal tumor.The patient underwent excisional biopsy of the tumor.

**Results:**Histopathological examination of the specimen was suggestive of diffuse large B-cell NHL.Patient started treatment with corticosteroids and then chemotherapy in combination with rituximab.Treatment achieved remission with no pathological findings on CT scan.

**Conclusion:** Although thyroid lymphoma is a rare cause of thyroid malignancy,awareness of this disease is important to achieve an early diagnosis and implement treatment.

Conflict of interest

no

**Contribution ID: 537**

**Presentation form**

Poster

**The knowledge levels of most known complementary and alternative medicine methods among adults between the ages of 20-64 living in Edirne city center**

**Authors**

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**Aim:** The aim of this study was to investigate the knowledge levels of most known complementary and alternative medicine methods among adults aged 20-64 living in Edirne city center.

**Material and Methods:** In order to reach 1% of 114,258 people living in Edirne between the ages of 20-64, 1250 people were selected with random sampling. The data were collected using a 46-item questionnaire to assess the sociodemographic characteristics of participants, their knowledge about complementary and alternative medicine, and whether they used them or not.

**Results:** The first three known methods were phytotherapy as 78.2% (n=977); cupping therapy as 60.6% (n=758); and hirudotherapy as 55.9% (n=699). The least known method was chiropractic as 97% (n=1212).

When participants' answers to 30 questions were evaluated, the most correct answers were about music therapy, while the least correct answers were about ozone therapy.

There was a positive correlation between the participants' level of knowledge and the correct answers given to the questions ( $p < 0,001$ ). In addition, the number of correct answers of participants using complementary and alternative medicine methods was found to be significantly higher than those who did not use these methods ( $p < 0,001$ ).

**Conclusion:** When the results of our study were evaluated, it was observed that participants using any complementary and alternative medicine methods tended to research the methods they used. For this reason, in order to prevent misinformation of the public, it would be beneficial to increase the audit and provide training about the methods they used.

Conflict of interest

no

## **Contribution ID: 687**

### **Presentation form**

Poster

### **IS 3D printing next step for advance primary care?**

#### **Authors**

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**Context:** 3D printing is currently the best tool for personalization of primary care offices.

At our workplace we use 3D printing for various purposes from therapeutic to marketing.

Thanks to the inexpensive 3D printers, 3D printing filament is a good and inexpensive

alternative to orhtesis, imaging phantom, manufacturing highly individualised patient ulities,

tools for treatment (experimantal wound covers)...

**Methods:** Introducing my own experience.

**Conclusion:** Thanks to modern technology, we move primary care closer to the individualized needs of the patient, but we also individualize the needs of our own

office. 3D print and telemedicine balance the difference between care and aftercare, especially in remote areas, where access to healthcare is complicated.

Conflict of interest

no

**Contribution ID: 1200**

**Presentation form**

Poster

**General measures and Phytotherapy in irritable bowel syndrome.**

**Authors**

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Irritable bowel syndrome is a very frequent and generally underdiagnosed digestive pathology, with a prevalence of 10-15%. It is characterized by chronic intermittent nonspecific abdominal pain accompanied by an alteration of the intestinal rhythm (constipation, diarrhea or both) and sensation of abdominal distension and dyspepsia. The chronicity of the condition, multiple visits to urgencies, polypharmacy and difficulty in treating the symptoms cause stress and worsening of the doctor-patient relationship. Spasmolytics, antidiarrheals, myorelaxants and antidepressants are abused; forgetting the importance of physical exercise, weight control, dietary measures and herbal medicine. Food suppressions only partially and temporarily improve symptoms. The abuse of fiber, fruits and vegetables causes increased meteorism and persistent constipation. Phytotherapy with antispasmodic, analgesic and sedative properties such as chamomile, thyme or ginger have shown better results in recent years than polypharmacy, specially accompanied by dietary recommendations and exercise. The new low diets FODMAP have also shown significant improvements. The usefulness of probiotics is even being studied.

Conflict of interest

no